

ASS. REC. BY: TGum

REF:

CS3/ABM21012592/BV43Veron

ASSIGNMENT

From:

Date: 14/12/2021

Veh No:

FBX 8308 Y Yr Regn: 24/12/2019

Estimated Cost:

Type: M/Car / ~~M/Cycle~~ / Bus / Van / Lorry / Taxi / Prime Mover /OD / ~~TP~~ / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No: FBX 8308 Y

Make:

Honda Fg 150f c.c. 149at Workshop m/s Hiap Lek Auto

Colour:

Blue

AC: Insured / Std / NI / NA

of 160 Sin Ming Dr # 05-17

Sp. Reading

12375

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

KC27E2231793

Policy No.

C/No:

PMKKC2760KB221451

Claims No.

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

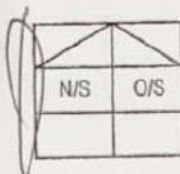
(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / ~~S/Rim~~ / STD A/Rim or

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

8,000/-

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS/WP

Vehicle: IN / OUT

Date:

Person Contacted:

Tyre Size:

F: 80/90/17R: 110/70/17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / ~~PM~~ / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bol.

6

mm

L/Bal.

6

mm

L/Bol.

0

mm

D.O.A.

6/9/2021

D.O.I.

14/12/2021

Survey held at

Hiap Lek AutoDes. of Damages: Frt / Rear / O/S / ~~HTS~~ / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Range <u>1,000/- - 2,000/-</u>
	Survey photos taken on <u>Tues 14/12/2021 @ 3:47 PM</u>
	<u>No Resurvey required, all external damages only</u>
	MV <u>8,000/-</u>
	PV <u>3,026/-</u>
	NV <u>4,974/-</u>

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format:

Lump Sum / L.R. / C

Add Fee:

☐

Site Insp

(\$ 1)☐

Interview

(\$)

☐

Tech. Invs

(\$)

☐

Week-end

(\$)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	992A
Vehicle Details	
Vehicle No.:	FBQ8308Y
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Jan 2022
Vehicle Make:	HONDA
Vehicle Model:	FS150F
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	KC27E2231793
Chassis No.:	PMKKC2760KB221451
Maximum Power Output:	-
Open Market Value:	\$2,425.00
Original Registration Date:	24 Dec 2019
First Registration Date:	24 Dec 2019
Transfer Count:	1
Actual ARF Paid:	\$364.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Dec 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,800.00
COE Rebate Amount:	\$3,026.00
Total Rebate Amount:	\$3,026.00

The information contained herein is correct as at 05 Jan 2022

OK

MV 8,000/-
 PV 3,026/-
 NV 4,974/-

Trina Nui
 5/1/2022



Honda FS 150 F

S\$7,500

📍 Used



S\$7,500 Used Meetup Lower Peirce Reservoir Park

👤 Meetup

📍 Lower Peirce Reservoir Park

Leon Or
5.0 ⭐⭐⭐⭐



Description

Bumped

Yesterday

Make
Honda

Type
Cub

Reg June 2017

Mileage less than 3000km

Very well maintained

Parked indoor & always covered

First owner

Nego only after viewing

No trading

Rfs: spare bike under utilised

Hi, is

Is the

Can I

Sign

SC1H21AU0001 / ComfortDelGro Engineering Pte Ltd [408649]
ENTRY DATE & TIME: 30/10/2021 19:40 (SGT)
SUBMITTED BY: JY Choo
VERSION: 1 (10/12/2021 15:30 (SGT))

Your NCD will be affected due to late reporting



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	30/10/2021 19:40 (SGT)
Date of Accident	06/09/2021 23:25 (SGT)
Exact Location of Accident	Near 488 Upper Bukit Timah Rd, Singapore 678091
Additional Location Information	Along Upper Bukit Timah Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ8308Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Zulkarnain Bin Zi Zaini
NRIC No	S8367992A
Email Address	Zulcamine1983@gmail.com
Mobile Phone No	(Phone) +65-88173734
Alternative Phone No	(Office) +65-88173734

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fs150f
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MSD/MS/20-513152-WT
Cover Note Number	-

DRIVER

Name of Driver	Zulkarnain Bin Zi Zaini
NRIC No	S8367992A



Date Of Birth	12/06/1983
Occupation	Outdoor
Date Of Driving Pass	02/11/2017
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88173734
Alt. Phone Number	(Office) +65-88173734
Email Address	Zulcamine1983@gmail.com
Address	Blk 16 Teck Whye Lane #12-101
Address complement	-
Postcode	680016
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan. Thank You.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL7654E
Vehicle Manufacturer	Honda
Vehicle Model	Cbf190wh
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Motorcycle

Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Zulkamain Bin ZJ Zaini
Male
(Phone) +65-88173734
Blk 16 Teck Whye Lane #12-101
-
680016
28
Fracture left elbow
6 weeks MC after surgery
FBQ8308Y
No
Yes

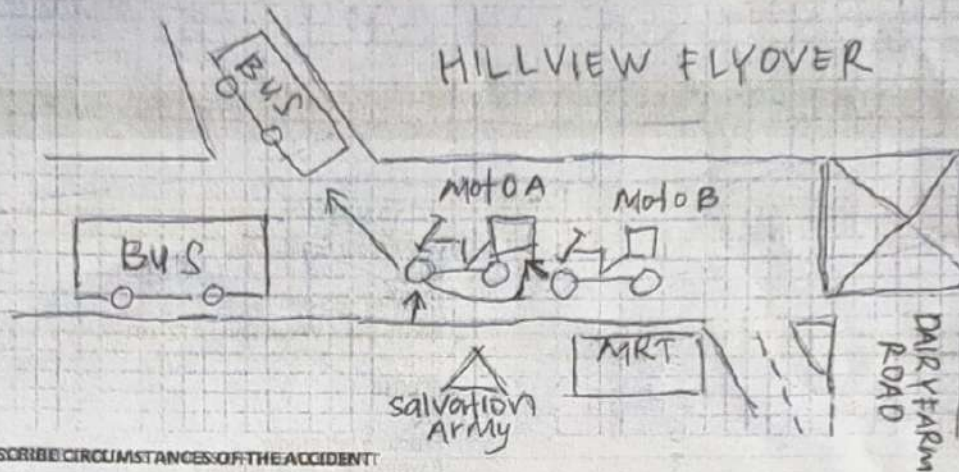
WITNESS DETAILS

WITNESS 1

Name
Phone
Email

Mr Ben
(Phone) +65-87950615
-

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

Hit and Run Injury

On 06/09/2021 around 2325hrs while I was travelling along Upper Bukit Timah road, near Salvation Army at Lane 2 towards The Rail Mall to pick up a food order at spring leaf prata, when out of a sudden, a motorbike tried to overtake me. However it crashed to the left back of my motorcycle box and my front wheel which resulted me to fall. He then fled towards the Hillview Road and did not render any assistance.

I did not recall the motorcycle bike number as I was badly injured. Mr Ben is the eyewitness and he call the ambulance and I conveyed to hospital. I was given 114 days of MC starting from 07/09/2021.

I suffered fracture of my left elbow and 2 screws was insert to my elbow

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 29/10/2021
20:55

Driver's Signature:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature:

Name:

NRIC/PIN No.:

SINGAPORE POLICE FORCE		1100109150100	
Police Station Of Origin: Choa Chu Kang N.P.C. 20 Choa Chu Kang Street #2 #01-02 SINGAPORE 690201 Tel No. 1800-7660000		Report No. E-202109150100	
REPORT OF A TRAFFIC ACCIDENT			
Date/Time Report Made 11/09/2021 18:07		Vide Report No. Station Diary No. 94	
Informant's Particulars			
Name of Informant ZULKARNAIN BIN ZI ZAINI		Address APT BLK 15 TECK WHYE LANE #12-101 SINGAPORE 680016	
ID Type / ID No. NRIC NO / S8067902A		Contact No. Home/Office Mobile: 88173734	
Nationality MALAYSIAN		Email	
Sex Male	Age 35	Date of Birth 12/06/1983	Type of Informant Rider
Race Malay	Language		Institution / School Name
Occupation GRABFOOD DELIVERY	Driving Licence Information Class: 2B.3		Date of Expiry
General Information of the Accident			
Type of Accident Hit and Run	Injury No	Drink Drive No	Date/Time of Accident 10/09/2021 23:25
Type of Location Straight Road			
Location UPPER BUKIT TIMAH ROAD			
Weather Clear	Road Surface Dry	Road Speed Limit 60 Km/h	
Traffic Flow One Way	Traffic Control Traffic Light - Working	Traffic Volume Light	
Type of Collision Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance No	
Details of Vehicle Involved			
Vehicle No. FBQ8308Y	Type Motorcycle	Make HONDA	Model FS150F
Color Blue		Condition Slightly Damaged	No of Passenger 0
Details of Vehicle Insurance			
Vehicle No. FBQ8308Y	Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD	Insurance No. MSDSMT20513152	Effective 26/12/2020
		Expiry Date 25/12/2021	

SINGAPORE POLICE FORCE		12021081102195	
Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 680286 Tel No: 1800-7659989		Report No: T2021081102195	
CONTINUATION OF REPORT			
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZULKARNAIN BIN ZI ZAINI	ID No.	56367992A
Related Vehicle	FBQ8306Y (Motorcycle)	Contact No.	86173734
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	06/09/2021	Date Discharge	09/09/2021
No. of Days granted Medical Leave	42	Degree of Injury	Serious
Brief Details. On 08/09/2021 around 2325hrs while I was travelling along Upper Bukit Timah road, near Salvation Army at Lane 2 towards Rail Way Mall to pick up a food order at spring leaf Prata when out of a sudden, a motorbike tried to overtake me. However it crashed to the back of my motorcycle box and my front wheel which resulted me to fall. He then fled towards the Hillview Road and did not render any assistance. I did not recall the motorcycle bike number as I was badly injured and conveyed to hospital. I was given 8 weeks of MC starting from 9 Sept 2021. I suffered fracture of my left elbow and 2 screws was insert to my elbow. Subsequently I received a letter from TP: TP/JP/42581/2021 to go to police station to lodge a report.			

SINGAPORE POLICE FORCE	
Police Station Of Origin: Choa Chu Kang N.P.C. 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 664285 Tel No: 1800-7859999	Report No: T 201691152195
CONTINUATION OF REPORT	
Sketch Plan Informant is not able to provide sketch plan	
<p>IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.</p>	
Signature of Officer Recording The Report Sgt 2 CHEN CHOW KOON	Signature Of Informant
Signature Of Interpreter Not applicable	Date/Time: 11/09/2021 19:07
Officer In Charge Of Case: TP/HRT/ Jia Huan	Classification Of Case:
Contact No: 6547 6170	
Authentication Stamp None	



T/20211210/2041

1 of 3

Report No. T/20211210/2041

Case Summary Form (CSF For NP158)

Manual NP158 Form Serial No T/20210911/2105
Report Number T/20211210/2041
Vide Report Number T/20211210/2037
Date/Time of Report Made 10/12/2021 13:38
Place Report Lodged Traffic Police
Type of Informant Rider
Name of Informant ZULKARNAIN BIN ZI ZAINI
ID Type / ID No. NRIC NO / S8367992A
Home/Office
Mobile 88173734
Email ZULCARNINE1983@GMAIL.COM
Type of Accident Injury / Others
Drink Drive No
Anyone conveyed by ambulance Yes
Date/Time of Accident 06/09/2021 23:25
Accident Location UPPER BUKIT TIMAH ROAD

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBL7654E	Motorcycle	HONDA	CBF190WH	Red		0
FBQ8306Y	Motorcycle	HONDA	FS150F	Blue		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20211210/2041

2 of 3

Report No. T/20211210/2041

Continuation of CSF For NP168

Rider			
Name	ZULKARNAIN BIN ZI ZAINI	ID No.	S8367992A
Related Vehicle	FBQ8308Y (Motorcycle)	Contact No.	88173734
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/09/2021	Date Discharge	09/12/2021
No. of Days granted Medical Leave	42	Degree of Injury	Serious

Brief Facts.

On 06th September 2021 around 2325hrs, while I was travelling along Upper Bukit Timah Road, near Salvation Army at Lane 2 towards Rail Way Mall to pick up a food order at Spring Leaf Prata, when out of a sudden, a motorbike registration number: FBL7654E tried to overtake me. However, it crashed to the back of my motorcycle box and my front wheel which resulted me to fall. He then rode ahead and stopped at the side of the road, did not render any assistance.

I was badly injured and was conveyed to hospital. Police was scene too. I was given 6 weeks of MC starting from 9 Sept 2021. I suffered fracture of my left elbow and 2 screws were inserted to my elbow. Subsequently, I received a letter from TP: TP/PI/42581/2021 to go to Police station to lodge a report.



T/20111210/2041

3 of 3

Report No. T/20111210/2041

Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / TAN JEOK LENG
Classification of Case	1) INJURY / OTHERS

N/A
1/10/2012

SN 070



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-03 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S63800006 / GST Reg. No.: N000017755

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1H21AU0001/computer/0619m ^{Engineering PHLA} Vehicle Registration No: FBE 8708Y
 Name (as shown in NRIC): Zulkarnain Bin Zi Zaini NRIC/FIN/Passport No: S8367992A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 81k 16 Teck Whye Lane #12-101 Singapore (680016)
 Contact (Tel): 88173774 Mobile No.: _____
 Email Address: zulkarnain1983@gmail.com
 Date of Accident: 06/09/2021 Time of Accident: 23:25
 Place of Accident: Near 488 Upper Bukit Timah Rd (S) 678091
 Insurance Company: MJLG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to amend and add in police report and
Third party's vehicle number to FBE 7654E

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

PCV Accident Report

(For Reporting only)



☒ Braddell ☐ Sin Ming ☐ Sp. Kadut ☐ Pandan ☐ Loyang ☐ Ubi

Section A - To Be Completed By Driver Who is Involved in The Accident

Date & Time of Accident	Date: 06/09/2021	Time: 2325hrs
Date & Time of Reporting	Date: 11/09/2021	Time: 1907hrs
Place of Accident	Upper Bukit Timah Road	
Vehicle Reg. No.:	FBQ8308Y	Make / Model: HONDA FS150F (BLUE)
Purpose of Use at Time of Accident: Goods transportation / private usage / others:	Grabfood Delivery	
Name:	Zulkarnain Bin Zizaini	NRIC / FIN No. S8367992A
Address:	Blk 16 Teck Whye Lane, #12-101	
Postcode:	680016	Date Of Birth: 12/06/1983
Home:	—	Handphone: 8817 3734
Email:	Zulkarnain1983@gmail.com	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
Occupation: Management / Sales / Retiree / Housewife / Technical / Education / Others:	GrabFood Delivery	
Type of Claims: <input checked="" type="radio"/> Third Party <input type="radio"/> Own Damage / Reporting Only	Licence Pass Date:	
Driver Status: <input checked="" type="radio"/> Owner <input type="radio"/> Non-owner	Years of Driving Experience: 4	02/11/2017
If you are not the owner, the owner's name & tel: _____		
Owner's Address: _____		
Relationship with Owner: _____ Owner's NRIC / Company Reg. No: _____		
Vehicle Towed In?	Yes <input type="radio"/> No <input checked="" type="radio"/>	My Insurance Company: MSIG Insurance (Singapore) Pte. Ltd.
Police Reported?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Police Report Reference No.: T/20210911/2105
Company's Vehicle?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Insurance Policy No: MSD-VMS/20-513152-WT
Do you have witness?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Type of Policy: Comprehensive <input checked="" type="radio"/> Third Party Fire & Theft <input type="radio"/> Third Party Only
(If Yes, Witness Name & Contact No: Mr Ben HP: 8795 0615)		
Weather Condition:	Clear <input checked="" type="radio"/> Cloudy <input type="radio"/> Light Rains <input type="radio"/> Heavy Rains <input type="radio"/>	
Road Condition:	Dry <input checked="" type="radio"/> Wet <input type="radio"/>	
Other vehicle or property damage?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Was anyone injured in the accident? Yes <input type="radio"/> No <input checked="" type="radio"/>
Was Notice of Intended Prosecution given? Yes <input type="radio"/> No <input checked="" type="radio"/>		

Describe How Accident Happened: Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model:	HONDA FS150F (BLUE)	Vehicle Reg. No.:	FBQ 8308Y
Name of Driver:	ZULKARNAIN BIN ZIZAINI	NRIC No.:	S8306 S8367992A
Insurance Company:	MSIG Insurance	Handphone:	8817 3734

Driver's Declaration: I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature:

Date:

29/10/2021

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 29/10/2021
22-06

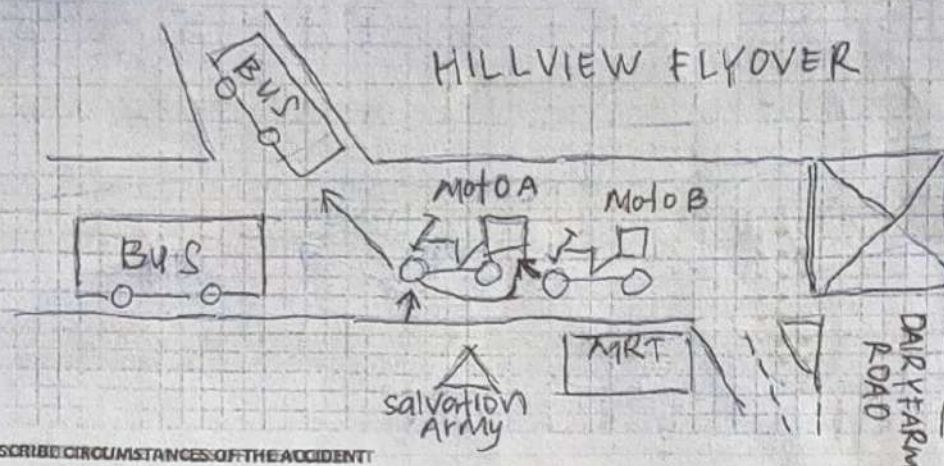
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Hit and Run Injury

On 06/04/2021 around 2325hrs while I was travelling along Upper Bukit Timah road, near Salvation Army at Lane 2 towards The Rail Mall to pick up a food order at springleaf prafa, when out of a sudden, a motorbike tried to overtake me. However it crashed to the left back of my motorcycle box and my front wheel which resulted me to fall. He then fled towards the Hillview Road and did not render any assistance.

I did not recall the motorcycle bike number as I was badly injured. Mr Ben is the eyewitness and he call the ambulance and I conveyed to hospital. I was given 114 days of MC starting from 07/09/2021.

I suffered fracture of my left elbow and 2 screws was insert to my elbow

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 29/10/2021
20:55

Driver's Signature:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature:

Name:

NRIC/FIN No.: