SK0L21B1000I-01 / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 29/11/2021 16:17 (SGT) SUBMITTED BY: Chau Chi Chen VERSION: 2 (30/11/2021 15:52 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

  2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 29/11/2021 16:17 (SGT) Date of Accident 26/11/2021 17:25 (SGT)

Exact Location of Accident Singapore

Additional Location Information ORCHARD ROAD LUCKY PLAZA DROP OFF POINT

Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBQ8869U

INSURED/POLICYHOLDER

is company? Yes

Name Of Registered Owner DR DELIVERY PTE LTD Company Reg No 2XXXXX099M

Email Address TWINCAR.RENTAL@N51.COM.SG

Mobile Phone No (Phone) +65-88330051 Alternative Phone No (Office) +65-88330051

VEHICLE PARTICULARS

Manufacturer Yamaha

Model MX KING T150 MANUAL

Variant Exact purpose for which vehicle was being used at time of

accident 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 NTUC Income Insurance Co-operative Ltd

Type of Coverage ThirdParty

Fleet Policy

Policy Number 5117265590-01

Cover Note Number 03/09/2021 TO 04/05/2022

DRIVER

Name of Driver MOHAMMED MISAR BIN JOHARI

NRIC No SXXXX383A



Date Of Birth 05/12/1983 Occupation
Date Of Driving Pass Outdoor 01/03/2007 Driving experience 14 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-88930959 Alt. Phone Number Email Address YEN30032014@GMAIL.COM Address 603A TAMPINES AVENUE 9 #04-916 S 521603 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Collision - Opening Door of Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident FILE SIZE TOO LARGE Was there any audio recorded?

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6273Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_



Vehicle Category	Taxi
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)	
5 · (	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC6397E
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	<del>-</del>
Vehicle Colour	_
Vehicle Category	Taxi
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 MOHAMMED MISAR BIN JOHARI Gender Male Phone No (Phone) +65-88930959 Address 603A TAMPINES AVENUE 9 #04-916 S 521603 Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? FBQ8869U Were seat belts worn? Was this injured conveyed to hospital by ambulance? No

## WITNESS DETAILS

## WITNESS 1

 Name
 TAY CHEE WAI

 Phone
 (Phone) +65-98399665

 Email

#### WITNESS 2

 Name
 ZHOU MENG

 Phone
 (Phone) +65-98399665

 Email

#### SKETCH PLAN

#### IMPORTANT NOTICE

- If Planse report <u>corroctly</u> the details of the accident to speed up the clams process.
- 2 This Formities the completed by the Policyholder and/or the Authorised Driver.
- I information provided must be as <u>truthful and accurate as nossible.</u> Any widelinsrepresentation or withholding of material facts may above its unance companies to <u>repudiate policy liability</u>.
- 4 The same and acceptance of this Formity insurance companies is not an admission of policy habity on the part of the insurance companies.

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- 6. The report will be for warded 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 fodgement 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)

funderstand, actinowledge, screep and consent that

(a) My insurer in 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 law yers/law fams, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(i) processing, handleg and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

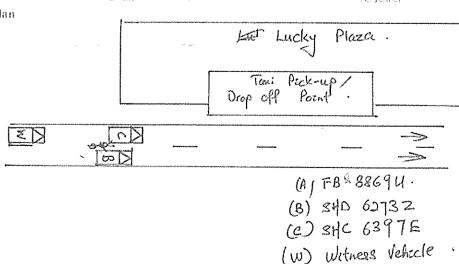
- in) exestigating the accident and/or my clams:
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by one:
- (iv) administering my claims (including the meang of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/met packages), and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing  $\mathbf{w}$  th my stams

### (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 Mormation for one or more of the above Purposes, and

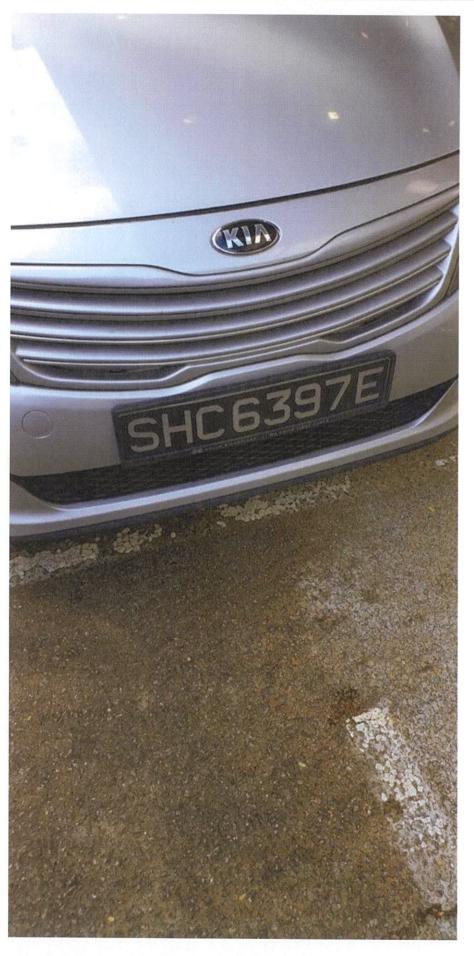
(c) my Personal Information may/can be disclosed by any of the traurers and/or GIA to their third party service providers or agents findleding their (awyers/law firms), which may be seed outside of Singapona, for one or more of the above Purposes.

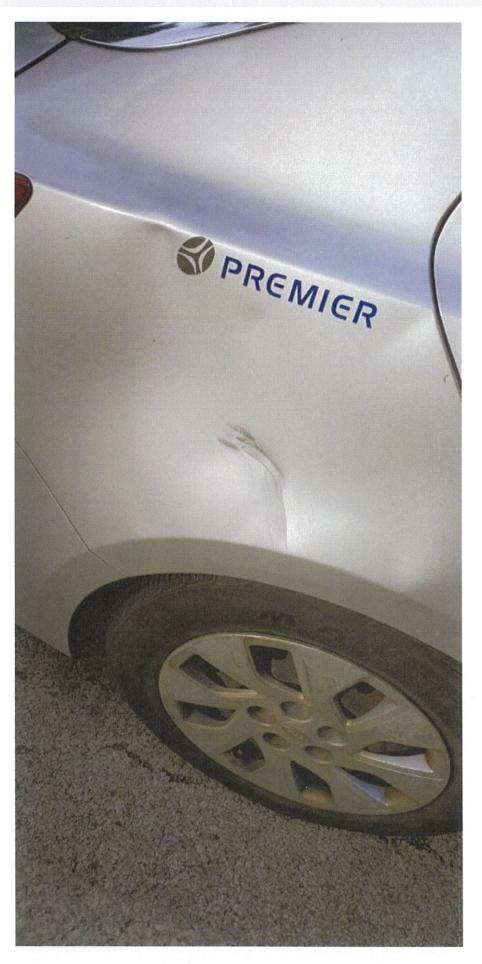


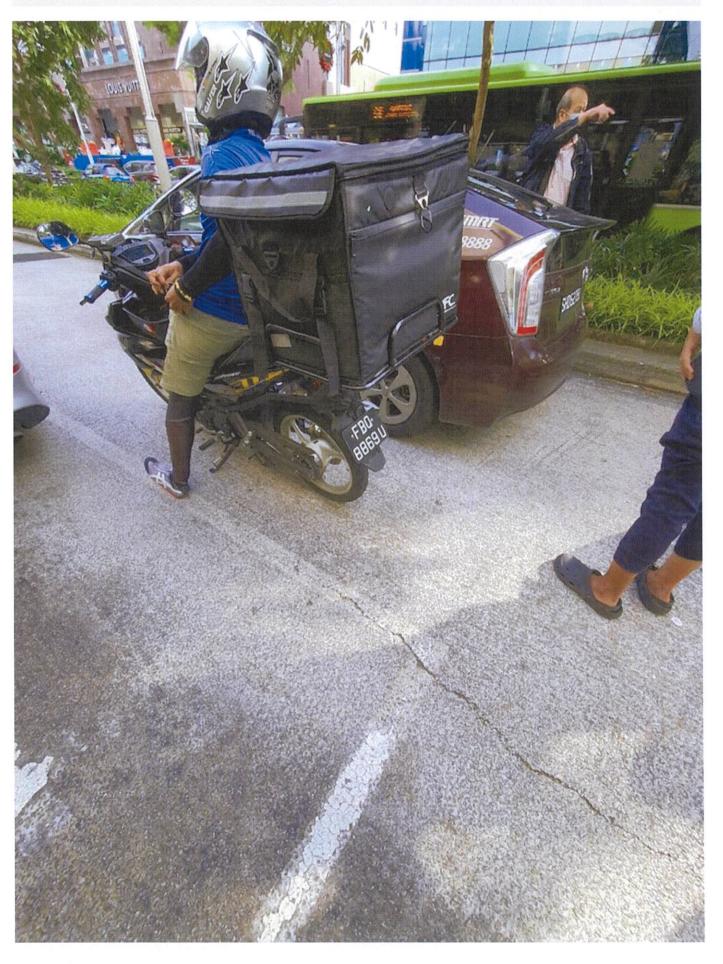


Control March 1997 Annual Report Francisco

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okynolders Signature / Date & Time	Driver's Signatu & Time	re y driver is not the policyholder) / Date	Winessed by Reporting Central Personnel





























Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. 7/20211127/7004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2021 10:01			Vide Report No.:	Station Diary No.:		
Informani	t's Partic	ulars				
Name of Informant: MOHAMMED MISAR BIN JOHARI			Address: 603A TAMPINES AVENUE 9 #04-916 SINGAPORE 521603			
ID Type / ID No.: NRIC NO / S8339383A			Contact No.: Home/Office: Mobile: 88930959			
Nationality: SINGAPORE CITIZEN		EN	Email: yen30032014@gmail.com			
Sex:         Age:         Date of Birth:           Male         37         05/12/1983			Type of Informant: Rider	na mana mangapat na katapananananan mangang mangang nganggang tabu biginin kamudang kama at kananang kama at katapat dan mangan kama kananang kama at katapat dan mangan kama kananang kama at katapat kananan kana		
Race: Malay			Language: English	Institution / School Name:		
Occupation: Despatch worker		ermen programme and an electric of 50 child region in electric 50 child section and an electric 50	Driving Licence Information: Class: 2B	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/11/2021 17:25	Type of Location Drop off point
Location: ORCHARD R	OAD			
Weather:	militaria mana saanta aasat 155 militari 550 militari 550 militaria marka aasat aa aa kaanda aa aa saanta aa a	under deutsche zu deutsche Zeigen gegen der geforde der menne und mit deutsche deutsche der deutsche deutsche der deutsche deutsc	The summany services that a finite stay to the forest services and the services are summarized as the services are summarize	
		Road Surface: Dry		pad Speed Limit:
Sunny Traffic Flow: One Way Type of Collis			50 Tr:	pad Speed Limit: Km/h affic Volume: pavy

Vehicle No.	Type	Make	Model	Color	Conditio	TNIA AF
FBQ8869U	Motorcycle	annessed and construction of the section of the sec			3000mmeo	0
SHC6397E	Car	KIA		Silver	Slightly Damaged	0
SHD6273Z	Car	TOYOTA		Brown	***************************************	1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20211127/7004

## CONTINUATION OF REPORT

volved: No	······································			A J. A D. A. C.	
and the second s			≥ of Pedestrian Crossing: NA		
			WITTERS	TIDL IVO	
MOHAMMED MISAR BIN JOHA	ARI	4		S8339383A	
FBQ8869U (Motorcycle)	ti wha dan Palan Annah fu a 1955 a labal Caralla da marana and an	Conta	ct No.	88930959	
CHANGI GENERAL HOSPITAL		Driving Licence	g ce &	Class: 2B Date of Expiry: NIL	
26/11/2021	Date		27/11	19094	
	voived: No s Injured: NIL MOHAMMED MISAR BIN JOHA FBQ8869U (Motorcycle)	voived: No s Injured: NIL Use of Pe MOHAMMED MISAR BIN JOHARI  FBQ8869U (Motorcycle)  CHANGI GENERAL HOSPITAL	roived: No s Injured: NIL Use of Pedestrian MOHAMMED MISAR BIN JOHARI ID No. FBQ8869U (Motorcycle) CHANGI GENERAL HOSPITAL Class Driving Licence Expiry	MOHAMMED MISAR BIN JOHARI ID No.  FBQ8869U (Motorcycle) Contact No.  CHANGI GENERAL HOSPITAL Class of Driving Licence & Expiry	

#### Brief Details.

I was riding along passing through lucky plaza drop off point. At a speed of around 20km/30km. When im going through in between 2 taxi. The passenger of the taxi open the door so hard and hit the rear of my bike and makes me fall. In that incident i fall to the left and hit on a stationary taxi waiting for a passenger on the taxi stand waiting area.

With me i do have the video footage from the accident happen that was given to me by an eye witness.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Informant is not able to provide sketch

Sketch Plan



3 of 3 Report No. T/20211127/7004

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2021 10:01
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

NP168



MP	ORTANT NOTE:	Please submit the completed Adwing you submitted the Origin	dendum form to the <u>same</u> Accident Reporting Centre with al Report.
ing yellonge	nderskriver (nder sterre for en	ADI	DENDUM
A)	PARTICULARS	of Person making the Amen	DMENTS:
	Original Report	No: SK0L21BT000I	Vehicle Registration No: FBQ8869U
	Name (as show	n in HRIC): DR DELIVERY PTE	ELTD NRIC/FIN/Passport No: 202012099M
	(*Vehicle Drive	r/Vehicle Owner) (*) Please dele	te as appropriate
	Address:		Singapore (
	Contact (Tel):_		Mobile No.: 88330051
	Email Address:	TWINCAR.RENTAL@N51.	COM.SG
	Date of Acciden	t: 26/11/2021	Time of Accident: 1725HRS
	Place of Acciden	t: ORCHARD ROAD LUCKY	PLAZA DROP OFF POINT
	Insurance Comp	Dany: NTUC INCOME INSUF	RANCE CO-OPERATIVE LTD
	OR DELIVERY		
	Policyholder / Di Date: 30/11/2	river's Signature 021	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:

GIARME Addendom Form