

## 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              | 08/02/2022 17:55 (SGT)                         |
| Date of Accident                | 24/01/2022 12:30 (SGT)                         |
| Exact Location of Accident      | Singapore                                      |
| Additional Location Information | JALAN LANGGAR BEDOK AND BEDOK CLOSE T-JUNCTION |
| Country/State of Loss           | Singapore                                      |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | FBM3918R |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | Yes                    |
| Name Of Registered Owner | DR DELIVERY PTE LTD    |
| Company Reg No           | 202012099M             |
| Email Address            | drdeliverydd@gmail.com |
| Mobile Phone No          | (Phone) +65-88330051   |
| Alternative Phone No     | +65-88330051           |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Yamaha                    |
| Model  | NMAX155 ABS               |
| 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   | 155                       |

#### INSURANCE COMPANY

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | ThirdParty                             |
| Fleet Policy              | No                                     |
| Policy Number             | 5117265590-01                          |
| Cover Note Number         | 01/10/2021 TO 04/05/2022               |

#### DRIVER

|                |                          |
|----------------|--------------------------|
| Name of Driver | MOHAMED IRFAN BIN ISMAIL |
| NRIC No        | T0212103J                |

|  |   |
|--|---|
| Date Of Birth  | 28/04/2002                                      |
| Occupation   | Outdoor   |
| Date Of Driving Pass   | 18/03/2021                                      |
| Driving experience   | 10 MONTHS                                       |
| Gender   | Male  |
| Mobile Number  | (Phone) +65-96547428                            |
| Alt. Phone Number  | -   |
| Email Address  | drdeliverydd@gmail.com                          |
| Address  | APT BLK 171 BEDOK SOUTH ROAD #04-403 (S) 460171 |
| 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 - Major/Minor Rd |
| 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?  | 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                       | Bedok Neighbourhood Police Post                  |
| Police Station Phone No                   | (Phone) +65-18002419999                          |
| Alt. Police Station Phone No              | (Fax) +65-64431687                               |
| Police Station Address                    | Blk 15 Bedok South Road #01-117 Singapore 460015 |
| Was notice of intended Prosecution given? | No   |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SLQ564H     |
| Vehicle Manufacturer        | -           |
| Vehicle Model               | -           |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |

|   |                      |
|---|----------------------|
| Name of Driver                          | -                    |
| Contact Number                          | (Phone) +65-84993627 |
| 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                              | MOHAMED IRFAN BIN ISMAIL                        |
| Gender  | Male  |
| Phone No  | (Phone) +65-96547428                            |
| Address   | APT BLK 171 BEDOK SOUTH ROAD #04-403 (S) 460171 |
| Address Complement                                  | -   |
| Post Code   | -   |
| Approximate Age Years Old                           | -   |
| Injuries Sustained                                  | -   |
| Injured person in which vehicle?                    | FBM3918R  |
| Were seat belts worn?                               | -   |
| Was this injured conveyed to hospital by ambulance? | -   |

**SKETCH PLAN**

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

I understand, acknowledge, agree and consent that:

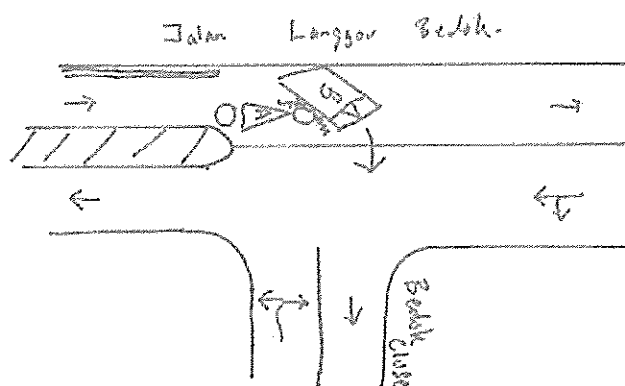
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

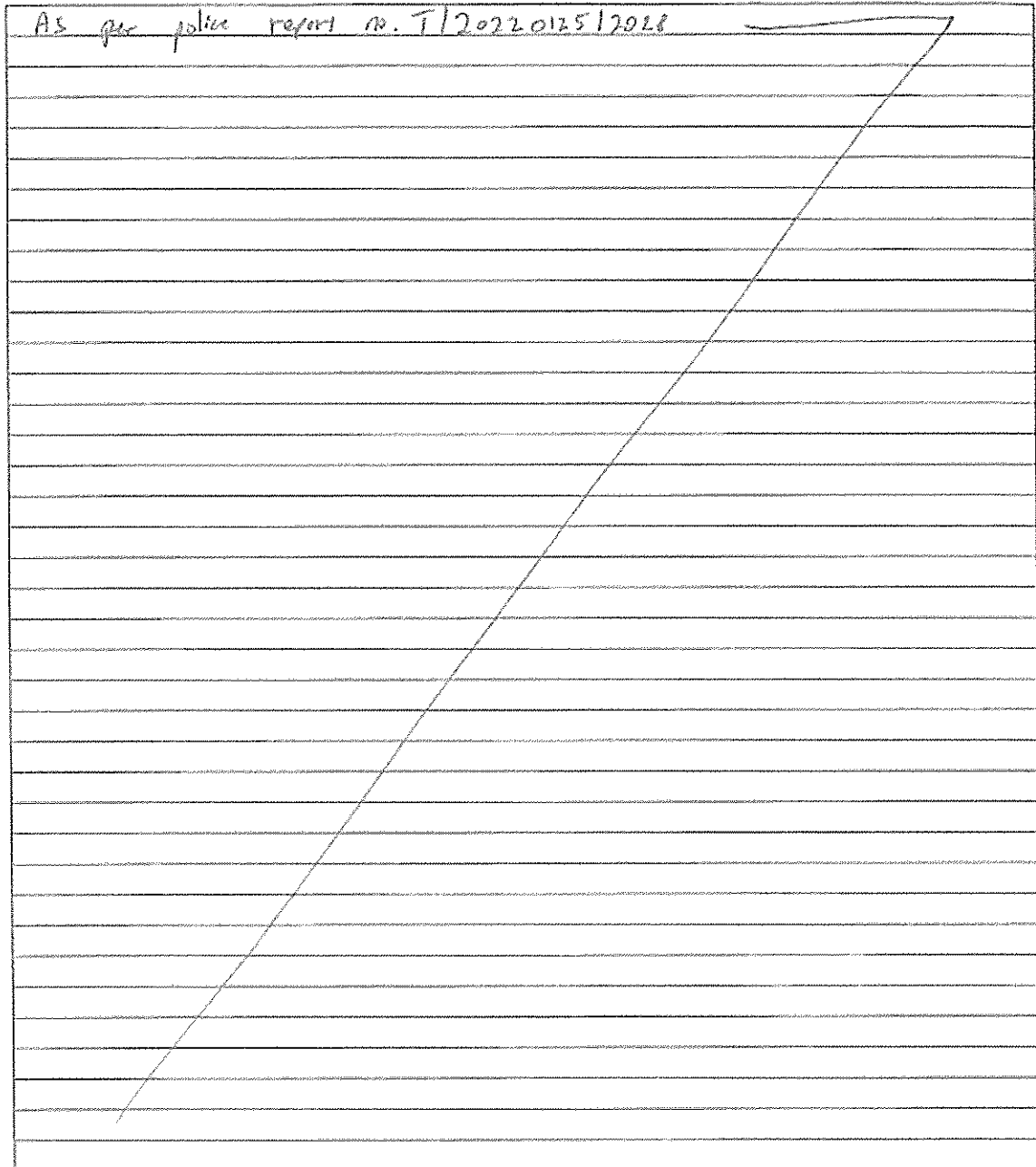
**Sketch Plan**



A - FBW3918R  
B - SLQ 564H.

Describe Circumstances of the Accident

As per police report N.T/20220125/2028



Declaration

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature / Date & Time

X 

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel







































**SINGAPORE  
POLICE FORCE**



T/20220125/2028

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20220125/2028

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |   |                          |                            |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made:<br>25/01/2022 09:51     |            | Vide Report No.:<br>G/20220124/0084 |   | Station Diary No.:<br>22 |                            |
| <b>Informant's Particulars</b>                 |            |                                     |   |                          |                            |
| Name of Informant:<br>MOHAMED IRFAN BIN ISMAIL |            |                                     | Address:<br>APT BLK 171 BEDOK SOUTH ROAD #04-403 SINGAPORE 460171 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / T0212103J       |            |                                     | Contact No.:<br>Home/Office: Mobile: 9654 7428                    |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN              |            |                                     | Email:  |                          |                            |
| Sex:<br>Male                                   | Age:<br>19 | Date of Birth:<br>28/04/2002        | Type of Informant:<br>Rider                                       |                          |                            |
| Race:<br>Malay                                 |            |                                     | Language:<br>English  |                          | Institution / School Name: |
| Occupation:<br>Motorcycle delivery man         |            |                                     | Driving Licence Information:<br>Class: 2B                         |                          | Date of Expiry:            |

|  |                           |                                    |  |                                      |
|--|---------------------------|------------------------------------|--|--------------------------------------|
| <b>General Information of the Accident</b>                   |                           |                                    |  |                                      |
| Type of Accident:  | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>24/01/2022 12:30 | Type of Location:<br>Straight Road   |
| Location:<br>BEDOK CLOSE                                     |                           |                                    |  |                                      |
| Weather:<br>Clear  |                           | Road Surface:<br>Dry               |  | Road Speed Limit:                    |
| Traffic Flow:<br>Two Way                                     |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>No Traffic        |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                           |                                    |  | Anyone conveyed by ambulance:<br>Yes |

| <b>Details of Vehicle Involved</b> |            |      |       |       |                  |                  |
|------------------------------------|------------|------|-------|-------|------------------|------------------|
| Vehicle No.                        | Type       | Make | Model | Color | Condition        | No. of Passenger |
| FBM3918R                           | Motorcycle |      |       |       | Slightly Damaged | 0                |
| SLQ564H                            | Car        |      |       |       | Slightly Damaged | 0                |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20220125/2028

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. 1/20220125/2028

**CONTINUATION OF REPORT**

| Rider                             |                          |  |                                  |
|-----------------------------------|--------------------------|--|----------------------------------|
| Name                              | MOHAMED IRFAN BIN ISMAIL | ID No.                                 | T0212103J                        |
| Related Vehicle                   | FBM3918R (Motorcycle)    | Contact No.                            | 9654 4428                        |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL  | Class of Driving Licence & Expiry Date | Class: 2B<br>Date of Expiry: NIL |
| Date Treatment                    | 24/01/2022               | Date Discharge                         | 24/01/2022                       |
| No. of Days granted Medical Leave | 14                       | Degree of Injury                       | Serious                          |

**Brief Details.**

On 24/01/2022 at around 1230hrs, I was riding my motorcycle, one Yamaha NMAX bearing the registration plate number: FBM3918R along Bedok Close. From a distance, I saw one white Toyota Prius (registration plate number: SLQ564H) parked by the side along Bedok Close. As I was approaching the said vehicle, the car suddenly turned right, causing the front of my motorcycle to collide into its right side door. The collision caused me to be thrown over the car's bonnet and onto the road. The driver of the said vehicle then stopped his car and called for ambulance. A few minutes later, I was attended by paramedics who arrived at scene. Additionally, Traffic Police also arrived at scene and provided me with the police report number: G/20220124/0084. The driver of the said vehicle also provided me with his handphone number: 8499 3627. I was subsequently conveyed to Changi General Hospital (CGH) via the ambulance. I received medical treatment at CGH for my injuries which were dislocated left shoulder, abrasion on my back and swollen left knee. I was then given 14 days of MC, from 24/01/2022 to 06/02/2022.



**SINGAPORE  
POLICE FORCE**



T/20220125/2028

3 of 3

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No: T/20220125/2028

## CONTINUATION OF REPORT

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.

Signature of Officer Recording The Report

G /

Sgt 3 AMIRUL HARITH BIN ABD  
MAJID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/01/2022 09:51

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD SYARIFUDDIN

MUHAMMAD AJMAIN

Contact No : 65476367

Classification Of Case:





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1969  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1969 (MALAYSIA)

Certificate Number : 5117265500-01-000043

Cover : Third Party

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | FBM3918R            |
| Chassis Number  | MH35G3110HK094167   |
| 2. Name of Policyholder   | DR DELIVERY PTE LTD |
| 3. Effective Date of Insurance  | 01 Oct 2021         |
| 4. Expiry Date of Insurance   | 30 Sep 2022         |
| 5. Persons or Classes of Persons entitled to drive  |                     |
| (a) The Policyholder.   |                     |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                     |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                     |
| 6. Limitations as to Use#   |                     |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession  |                     |
| (b) Use for food/parcel/other delivery services   |                     |
| This Policy does not cover  |                     |
| (a) Use for hire or reward.   |                     |
| (b) Use for racing, pace-making, reliability trial or speed-testing.  |                     |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business.  |                     |
| (d) Use for any purpose in connection with the Motor Trade.   |                     |

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

|                       |       |
|-----------------------|-------|
| EXCESS (SECTION 1)    | : N/A |
| EXCESS (SECTION 2)    | : N/A |
| INSURE WITH COE       | : N/A |
| NAMED DRIVER (1)      | : N/A |
| NAMED DRIVER (2)      | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED           | : N/A |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : B.A.S. INSURANCE AGENCY (000005/2236)  
 Date of Issue : 23 Apr 2021 15:55 hrs

For NYUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive