SC1K22620003 / ComfortDelGro Engineering Pte Ltd [579701] ENTRY DATE & TIME: 02/06/2022 11:07 (SGT) SUBMITTED BY: Brenda Ng VERSION: 1 (02/06/2022 11:07 (SGT))

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 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.

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 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 02/06/2022 11:07 (SGT) Date of Accident 31/05/2022 13:20 (SGT) Exact Location of Accident Near 1 Beach Rd, Singapore 189673 Additional Location Information JUNC OF NORTH BRIDGE ROAD / BRAS BASAH ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yamaha

Vehicle Registration Number FBQ8134G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD AZREE BIN SAHARI NRIC No S9050686B Email Address muhd.azree@outlook.com Mobile Phone No (Phone) +65-98513815 Alternative Phone No +65-98513815

VEHICLE PARTICULARS

Manufacturer

Model SNIPER T150 Variant Exact purpose for which vehicle was being used at time of accident Private use 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 **EQ Insurance Company Ltd** Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number DMMCHQ21-000164 Cover Note Number

DRIVER

Name of Driver MUHAMMAD AZREE BIN SAHARI NRIC No. S9050686B

Date Of Birth 29/12/1990 Occupation Indoor Date Of Driving Pass 09/07/2009 Driving experience 12 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98513815 Alt. Phone Number +65-98513815 Email Address muhd.azree@outlook.com Address 50 CHAI CHEE STREET #05-809 Address complement Postcode 461050 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGJ256Z Vehicle Manufacturer

Toyota

RAIZE

Private car

Official Accident report SC1K22620003

Vehicle Model

Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver	MR LOW
	S7532054B
Contact Number	(Phone) +65-91906184
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Bus Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident SERVICE NO: 145 No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD AZREE BIN SAHARI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FRACTURE ON RIGHT HAND , ABRASION ON BOTH HANDS AND LEG .
Injured person in which vehicle?	FBQ8134G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

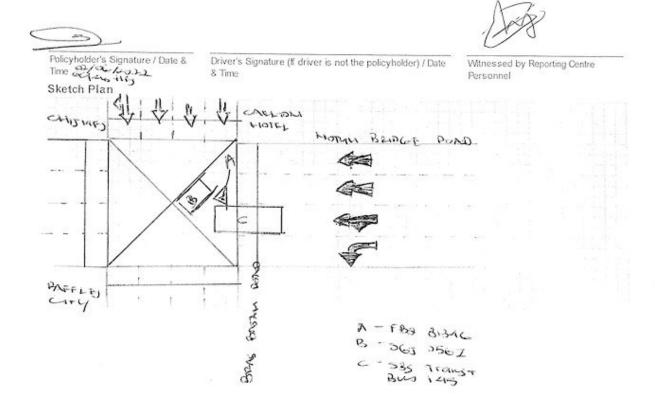
- Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident

On 319 May 2020 at about 1300 hrs, while I was riding along
North singe Hard towards CBD i met with an accident with
Vehicle SGIDGE Car model is Toyota PAIZE and have nice in
colour. The account occurs on the junction of morth Bridge fond
and Boys Basin Poold.
I was riding on the 2rd lane from the regula which is ment
for going Straight only when the car about of me sioned
cown abrupting and made and illegal test torn in the yellow
box. I managed to swerve but whate to break on time old
conided only the left side of the cot and the right side of
535 Bies 145 which is heading straight as well no myor
damage and only lyin deals and serveles on both relicles.
of the series of the relices
Tradicio police and ambalanc arrived to example the sometime
I decided to go to few Tock Seng hospital on my own ingread
of Racties hospital. They perform on X-ray and time of fraction
an my cight hand and I have a sent of the sent of the
reave.
Can deliver - and Law (MACL - 2022)
Middle for Children the Colored States admitted to her
mistake for causing the accident She also agreed and we
come to a term to claim against her insurance I have outso
tracked out to 385 Transit to be in touch with the Birs Driver
to be my man witness.

Declaration

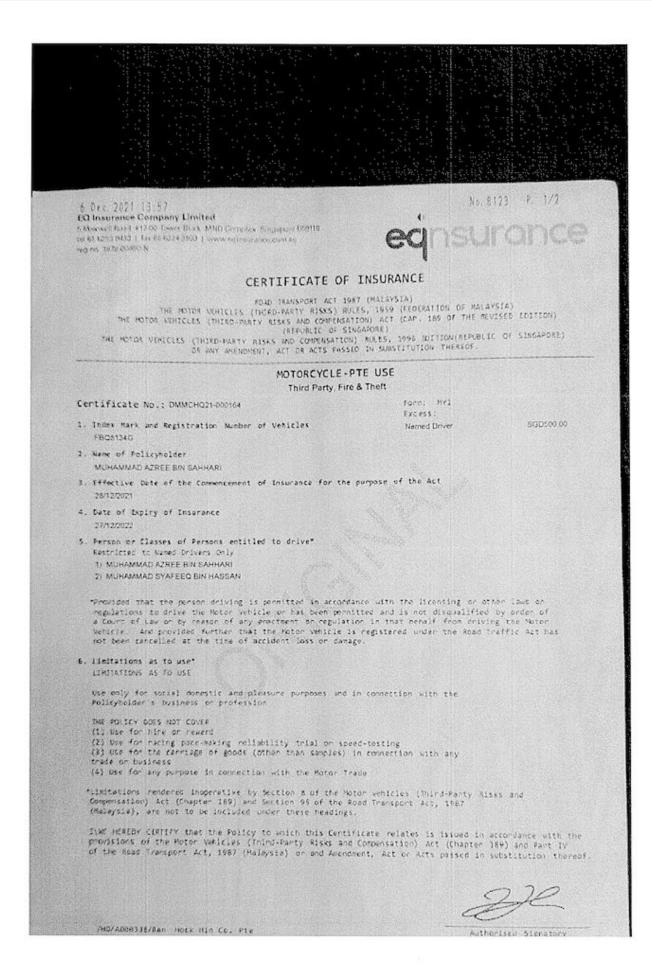
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 00/06-10-00 1

8

Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting

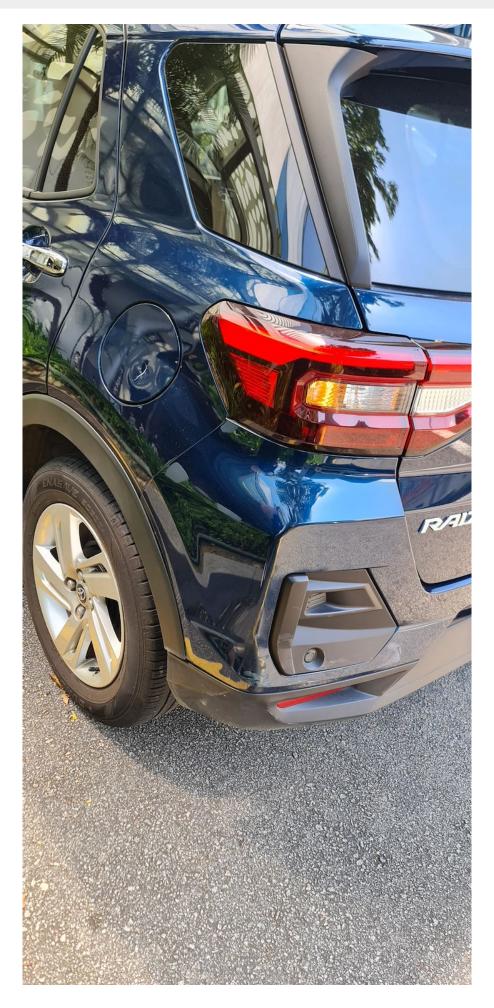
Witnessed by Reporting Centre Personnel



































Report No. T/20220601/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 022 10:06	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant:	EE BIN SAHHARI	Address: 50 CHAI CHEE STREE	ET #05-809 SINGAPORE 461050	
	/ ID No.: O / S90506	86B	Contact No.: Home/Office:	Mobile: 98513815	
National SINGAP	ity: ORE CITIZ	'EN	Email: MUHD.AZREE@OUTL	LOOK.COM	
Sex: Male	Age: 31	Date of Birth: 29/12/1990	Type of Informant: Rider		
Race: Malay		Language: English	Institution / School Name:		
Occupation:		Driving Licence Inform Class:	ation: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/05/2022 13:20	Type of Location: X-Junction	
Location: NORTH BRID Weather: Sunny	GE ROAD	Road Surface:		Road Speed Limit: 50 Km/h	
Traffic Flow: One Way				Traffic Volume: Moderate	
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking		

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ8134G	Motorcycle	YAMAHA	SNIPER+T1 50	Green		0
SERVICE 145 (Not Accurate)	Bus/Coach/Mi nibus					0
SJG256Ź	Car	HONDA	RAIZE	Blue		0





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

2 of 4 Report No. T/20220601/7009

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ8134G	EQ INSURANCE COMPANY LTD.	DMMCHQ21- 000164	28/12/2021	27/12/2022

Any Pedestrian Ir	nvolved: No						
No. of Pedestrian	ns Injured: NIL	11500000	Use of P	Use of Pedestrian Crossing: NA			
Rider		25-6/2-1			I STANKE		
Name	MUHAMMAD AZRE	E BIN SA	HHARI	ID No	Э.	S9050686B	
Related Vehicle	FBQ8134G (Motorcycle)			Cont	act No.	98513815	
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivir Licer Expir	ng nce &	Class: 2B,2A,2,3,4 Date of Expiry: NIL	
Date	31/05/2022 Date				31/05	5/2022	
No. of Days gran	ted Medical Leave	Degree	of	Sligh			
Rider							
Name	MUHAMMAD AZREE BIN SAHHARI			ID No	Э.	S9050686B	
Related Vehicle	FBQ8134G (Motorcycle)			Cont	act No.	98513815	
Hospital/Clinic	NIL			Class Drivin Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree	of	NIL		

Brief Details.

On 31st May 2022 at about 1320hrs, while I was riding along North Bridge Road towards CBD I met with an accident with vehicle SGJ256Z. Car model is Toyota RAIZE and navy blue in colour. The accident occurs at the junction near Carlton hotel/ CHIJMES/ Raffles City.

I was riding on the 2nd lane from the right which is meant for 'going straight only' when the car ahead of me slowed down abruptly and made an illegal left turn in the yellow box. I managed to swerve but unable to break on time n collided onto the left side of the car and the right side of SBS transit Bus 145 which is on the 3rd lane heading straight as well. No major damage and only light dents and scratches on both vehicles.

Traffic police and ambulance arrived to examine the situation. I decided to go to Tan Tock Seng hospital on my own instead of Raffles Hospital. They did an X-ray and found a fracture on my right hand and I was given 7days hospitalisation leave (which will be extended).





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

3 of 4 Report No. T/20220601/7009

CONTINUATION OF REPORT

Car driver - Ms.Low (NRIC S7532254B) admitted to her mistake for making an illegal left turn and causing the accident. She also agreed and we came to a term to claim against her insurance. I have also reached out to SBS Transit to be in touch with the bus driver to be my main witness.





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4 of 4 Report No. T/20220601/7009

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 01/06/2022 10:06
Officer In Charge Of Case: TP / TPIB / NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066	Classification Of Case: