SM0M2268000A / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 08/06/2022 13:54 (SGT) SUBMITTED BY: Avril VERSION: 1 (08/06/2022 13:54 (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.

 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 08/06/2022 13:54 (SGT) Date of Accident 14/05/2022 16:00 (SGT) Exact Location of Accident Bedok North Ave 3, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE5788C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD AFIQ MIRZA BIN RAHMAT NRIC No T0325413A Email Address AFIQMIRZA3@GMAIL.COM Mobile Phone No (Phone) +65-85714549 Alternative Phone No +65-85714549

VEHICLE PARTICULARS

Manufacturer Yamaha Model T135 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 Auto CC 135

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdParty Fleet Policy Policy Number 5126606287 Cover Note Number

DRIVER

Name of Driver MUHAMMAD AFIQ MIRZA BIN RAHMAT NRIC No T0325413A

Date Of Birth 13/09/2003 Occupation Indoor Date Of Driving Pass 04/04/2022 Driving experience 1 MONTH Gender Male Mobile Number (Phone) +65-85714549 Alt. Phone Number +65-85714549 Email Address AFIQMIRZA3@GMAIL.COM Address APT BLK 44 BEDOK SOUTH ROAD Address complement #03-755 Postcode 460044 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 Collided into Motorcyclist 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? Nο 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 Tanah Merah Neighbourhood Police Post Police Station Phone No (Phone) +65-18004499999 Alt. Police Station Phone No (Fax) +65-62447251 Police Station Address Blk 51 New Upper Changi Road #01-1514 Singapore 461051 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE SKETCH PLAN 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 **GBE1053R** Vehicle Manufacturer

Commercial vehicle

Accident report SM0M2268000A

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	_
Contact Number	(Phone) +65-91820306
Address	_
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

 Name
 ASYARI

 Phone
 (Phone) +65-97280757

 Email

SKETCH PLAN

IMPORTANT NOTICE

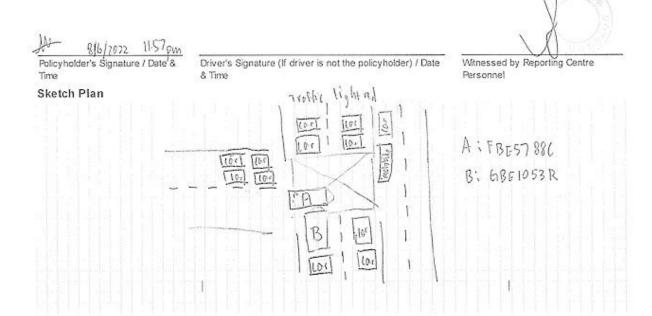
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.
- 6. The report will be forwarded by the insurers of the GA 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

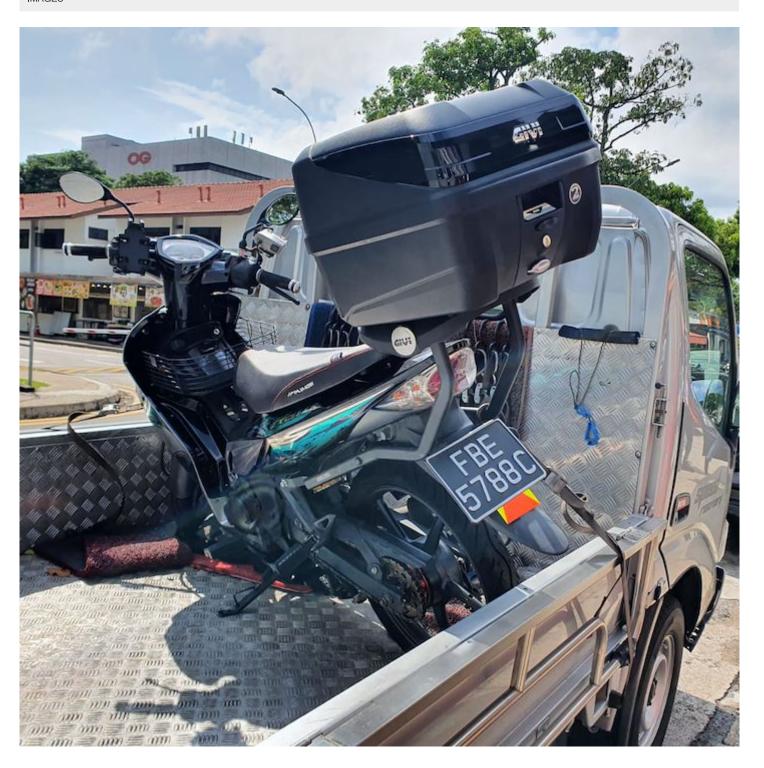
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

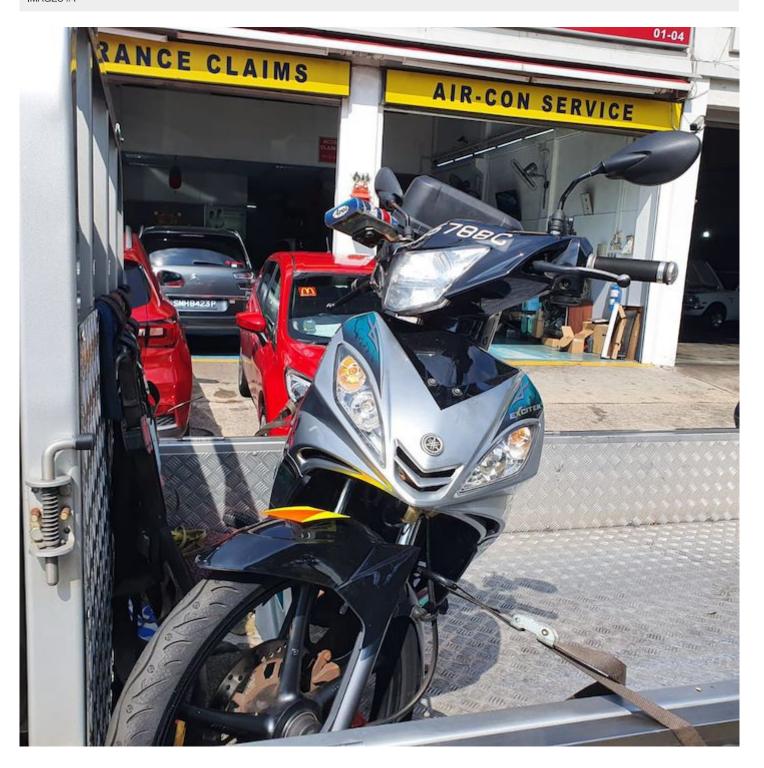


escribe Circumstances of th	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA		
CENSE PLATE: FBF 57886		ACCIDENT DATE & TIME: 14	May 2022 , 3.50gm-4pm a3 Ogmail low
NTACT NUMBER: 8571 49	;49	E-MAIL ADDRESS: a how 172	a3 Ogmail low
OCATION: BOLDE NOTE WERE	e 3 dunning right int	to Beloic Central	
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lease refer to the police rep	ord.		
		10 NO	
			Alexandra III
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W III	A		
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			www.
100000000000000000000000000000000000000	2012/05		
	16.7		
NOTE: PLEASE NOTE	E THAT YOUR INSURER M	AY HAVE 14 DAYS TIME FRAME FOR	YOU TO SUBMIT AN
OWN DAMAGE CLAIM L	JNDER YOUR OWN POLICY	Y. PLEASE CHECK YOUR POLICY FO	R MORE INFORMATION.
lease state:			
() Claim Own Policy	() Claim Third Party	(Claim OD TP at other workshop	() Reporting Only
		- V	
eclaration			0
We declare the foregoing particular	s are true in every respec	t.	
3 (2)			10 1
			W. W.
			/ ()
11			/ N
8/6/2012 1157pm			\sim
olicyholder's Signature / Date &		ver is not the policyholder) / Date	Witnessed by Reporting Centre
lime	& Time		Personnel











SINGAPORE POLICE FORCE



Report No. T/20220515/2052

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

	ne Report M 22 14:14	lade:	Vide Report No.:	Station Diary No. 9	
Informa	nt's Particu	ılars			
		MIRZA BIN	Address: APT BLK 44 BEDOK S 460044	OUTH ROAD #03-755 SINGAPORE	
	/ ID No.: O / T032541	13A	Contact No.: Home/Office: Mobile: 85714549		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 18	Date of Birth: 13/09/2003	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupa Student			Driving Licence Information: Class: 2B Date of Expiry:		

Type of Accident:	Injury Others	Drink Date/Time of Drive: Accident: No 14/05/2022 16		Type of Location: T-Junction	
	TH AVENUE 3	Good Stuffage			
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:	
Traffic Flow: Traffic Control: Dual Carriage Way Not Controlled Type of Collision:			1.7	raffic Volume: leavy	
oual Calllage			Anyone conveyed by		

Vahiala M-	The second second second		Model			
Vehicle No.		Make	T135	Color	Condition	No of Passenger
FBE5788C	Motorcycle	YAMAHA	1100	Black	Seriously	
GBE1053R	1/	TOVOTA	HIACE	-	Damaged	
OBC 1003K	Van	TOYOTA		White	Slightly	0
					Damaged	

Vehicle No.	Insurance Company	Insurance No	T-22 W	L Curie Dolo
FBE5788C		Edulatice No	Effective	Expiry Date
0007000	Limited	5126606287	30/03/2022	13/07/2023





2 of 3 Report No. T/20220515/2052

CONTINUATION OF REPORT

Details of Perso	n Involved		12.5			
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Rider					400268	
Name	MUHAMMAD AFIQ MIRZA BIN RAHMAT		ID No		T0325413A	
Related Vehicle	FBE5788C (Motorcycle)			Conta	ct No.	85714549
Hospital/Clinic	NIL			Class Drivin Licene Expiry	g	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	Slight	

Brief Details.

On 14/05/2022 at about 1600hrs I was riding along Bedok North Ave 3 towards Bedok central. Upon reaching the junction of Bedok North Ave 3 and Bedok Central, all vehicle vehicle heading towards Bedok North Road was stationary as it was a red light ahead. As other vehicles was already stopped behind the yellow box, I decided to moved ahead and turn right into Bedok Central. Out of a sudden, a van hit the rear of my motorcycle tyre. The impact cause me to fall together with the motorcycle and I suffered a slight abrasion at the right hand.

I also like to state that I did not require any medical attention and as such I did not visit any clinic or hospital for treatment. I am lodging this report for insurance claim.







3 of 3 Report No. T/20220515/2052

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 / SR STAFF SGT MOHAMED NOR BIN MOHAMED ALI JINNAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2022 14:14
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168

Tanah Merah Mpp glock 51 New Upp Changi Rd a01-1514/1516 Singapore 461051 fel: 1800-4493939





Date of Expiry:

Police Station Of Origin: Tanah Merah NPP

51 New Upper Changi Road #01-1514

SINGAPORE 461051 Tel No: 1800-4499999

Student

lof3 Report No. T/20220517/2048

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Date/Time Report Made: Vide Report No.: 18 17/05/2022 14:11 T/20220515/2052 Informant's Particulars Name of Informant: Address: APT BLK 44 BEDOK SOUTH ROAD #03-755 SINGAPORE MUHAMMAD AFIQ MIRZA BIN RAHMAT 460044 ID Type / ID No.: NRIC NO / T0325413A Contact No.: Mobile: 85714549 Home/Office: Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 18 13/09/2003 Rider Race: Institution / School Name: Language: Malay English Occupation: Driving Licence Information:

Class: 2B

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/05/2022 16:00	Type of Location T-Junction
Location: BEDOK NOR	TH AVENUE 3	896/1		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriag	e Way	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Colli	sion; ving Vehicles - Head	To Side		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	7		
		YAMAHA	T135	Color	Condition	No of Passenger
. 020,000	motorcycle	TOMOTIVE		Black	Seriously	0
GBE1053R	Van				Damaged	
	,				Slightly	0
Action Assessed					Damaged	o company

Expiry Date
122 13/07/2023
ve 20





2 of 3 Report No. T/20220517/2048

CONTINUATION OF REPORT

Any Pedestrian I	volved: No				-	
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Rider				Home San	SCHUDO	
Name	MUHAMMAD AFIQ MIRZA BIN RAHMAT		ID No		T0325413A	
Related Vehicle	FBE5788C (Motorcycle)			Contact No.		85714549
Hospital/Clinic	HEARTLANDHEALTH			Class Drivin Licend Expiry	g	Class: 2B Date of Expiry: NIL
Date Treatment	15/05/2022	Date Disc	Date Discharge 15/05		1/2022	
No. of Days granted Medical Leave 03			Degree of Injury 3			

Brief Details.

As per the original information provide in my earlier traffic report ref T/20220515/2052, I wished to provide the following addition information to my traffic investigation officer. On 15/05/2022 at about 1800hrs after I took a nap, I had felt pain towards the right side of my body as such I proceeded to a nearby clinic for a medical checkup. The doctor examine myself and noted that there were abrasion marks on both my hand, I had also suffered abrasion towards my right shoulder and I had difficulty in moving them, thus I was given a 3 days MC. On top of this, I also wished to inform that there was an independent witness that had contacted myself as he had seen the accident, he provided his contact number as Tel; 97280757 (Asyari) however I am not sure what is his name. That's all.





3 of 3 Report No. T/20220517/2048

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 / SI CHOO CHUN NAM	Signature Of Informant:			
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2022 14:11			
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:			
NP168				

Tanah Merah NPP atort 51 New Upp Changi &d an 1515/1516 Singapore 461051 int 1200 4200000