



Re-Survey





Re-Survey



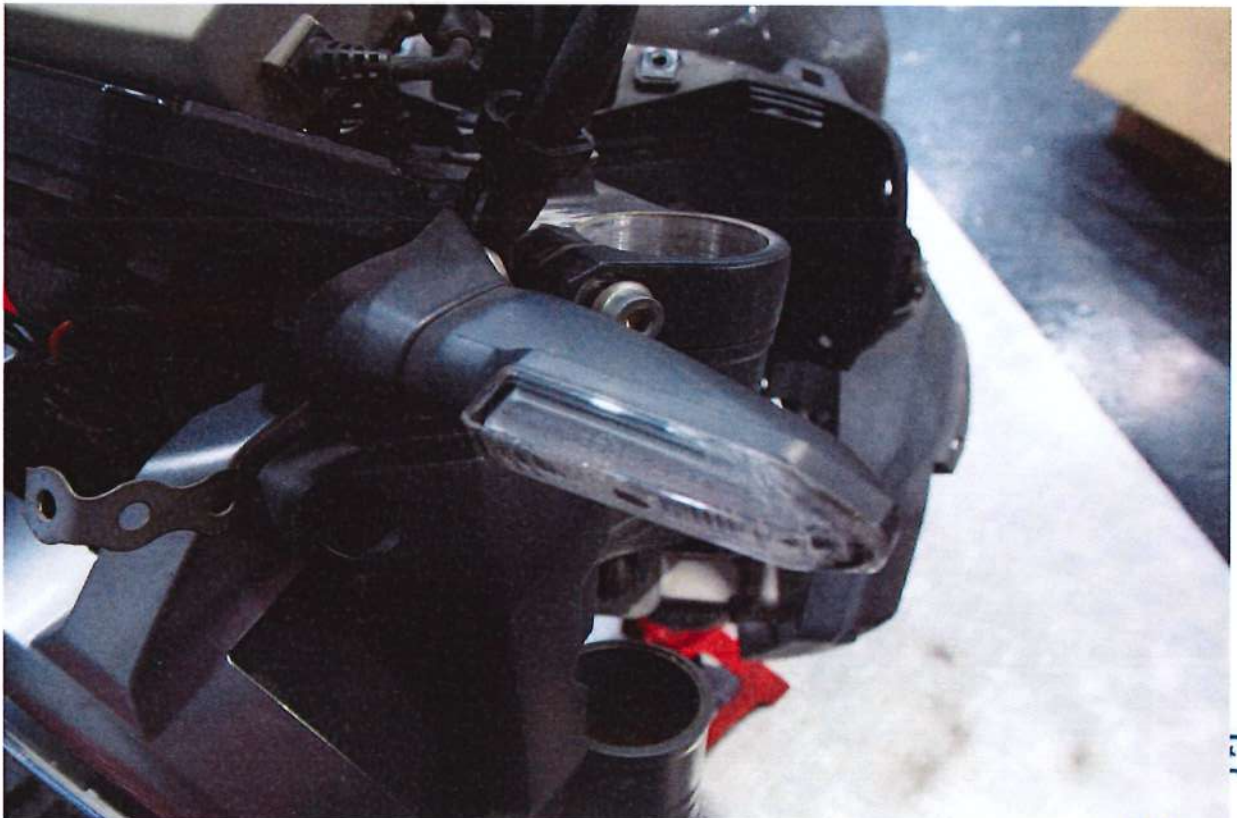


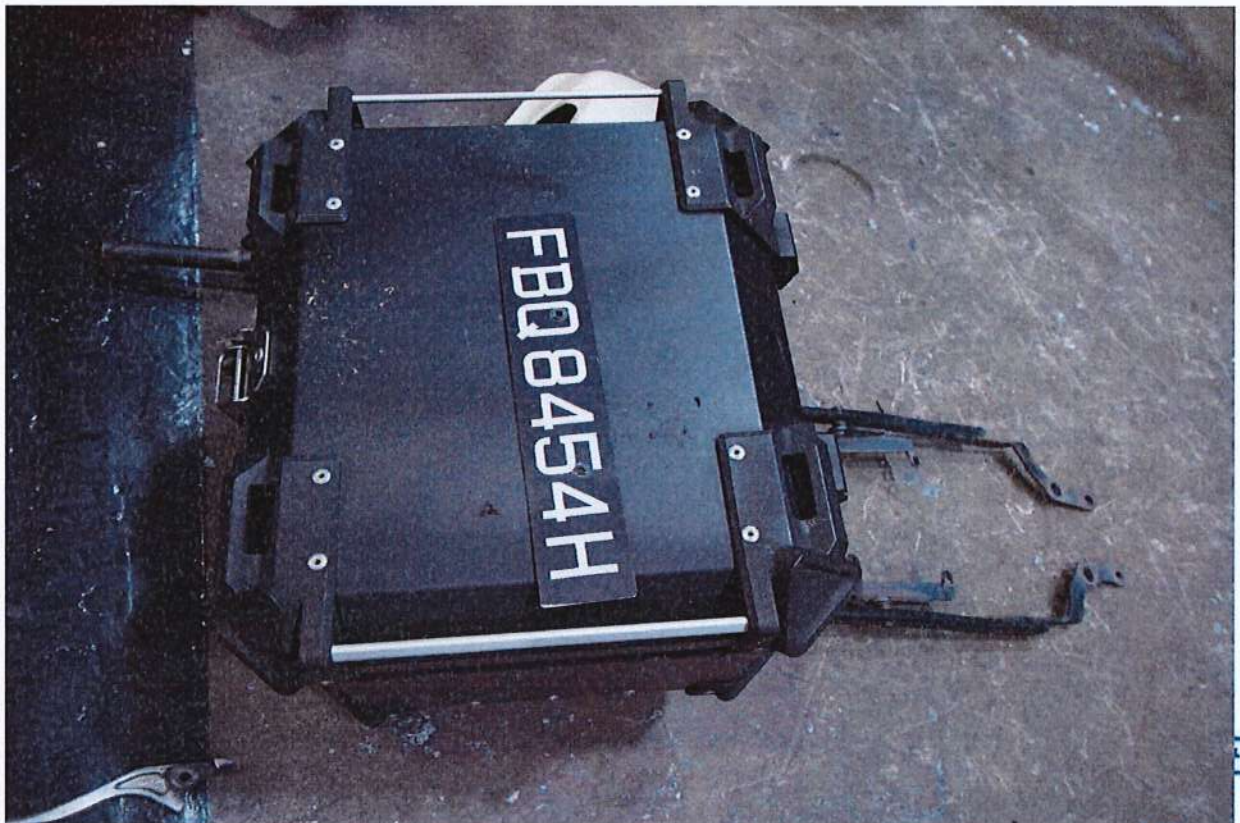
Re-Survey



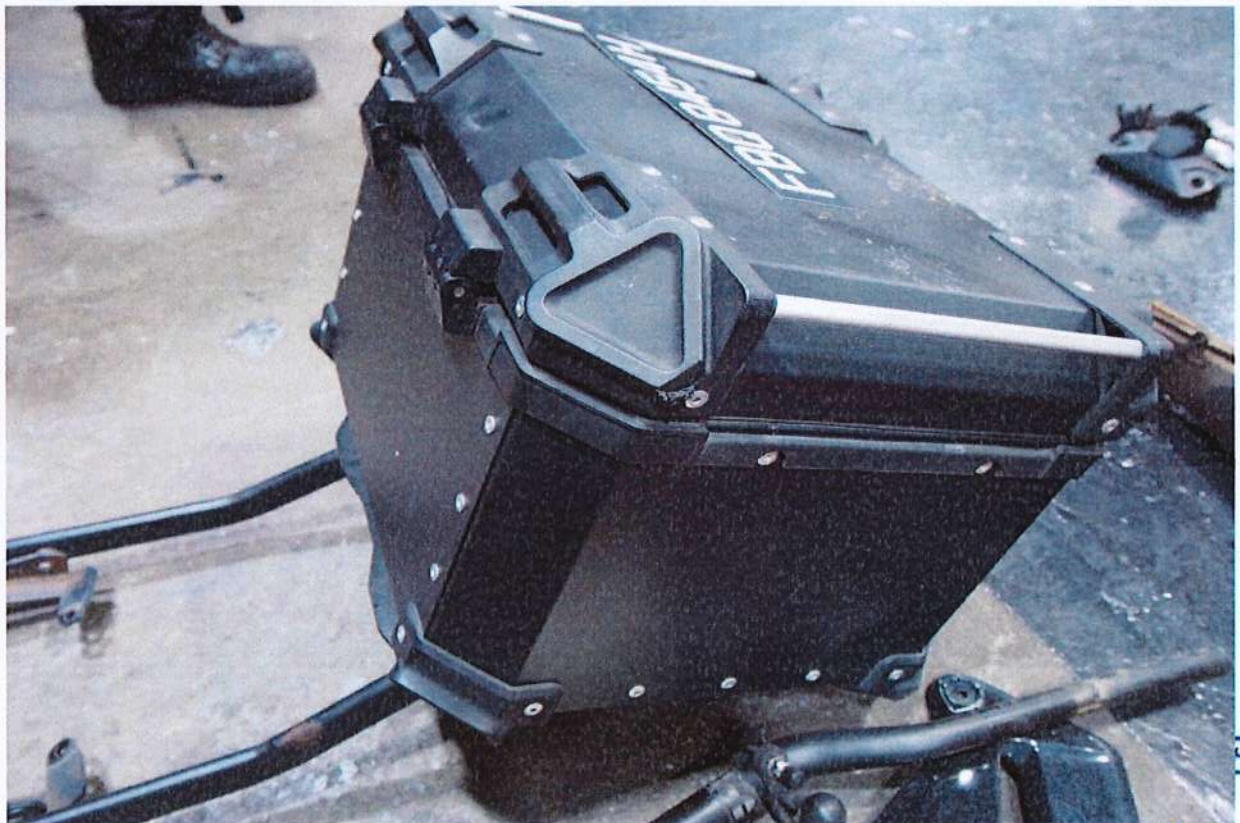


Re-Survey





Re-Survey





Re-Survey





Re-Survey
After Repair





Re-Survey
After Repair





Re-Survey
After Repair





Re-Survey
After Repair





Re-Survey
After Repair



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	11/01/2022 19:37 (SGT)
Date of Accident	06/01/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST STREET 42
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ8454H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EIZAZ HAIKAL BIN MOHAMED NASIR
NRIC No	S9417804E
Email Address	EIZAZHAIKAL93@GMAIL.COM
Mobile Phone No	(Phone) +65-96991267
Alternative Phone No	+65-96991267

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CB
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	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5116519240-01
Cover Note Number	-

DRIVER

Name of Driver	EIZAZ HAIKAL BIN MOHAMED NASIR
NRIC No	S9417804E

Date Of Birth	17/05/1994
Occupation	Indoor
Date Of Driving Pass	19/10/2015
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96991267
Alt. Phone Number	+65-96991267
Email Address	EIZAZHAIKAL93@GMAIL.COM
Address	BLK 538 #08-1122 JURONG WEST AVENUE 1
Address complement	-
Postcode	640538
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	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?	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	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 POLICE REPORT FOR STATEMENT

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	GBL2335J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MUHAMMAD JOHAN BIN BAKRI
NRIC No	S7826453E
Contact Number	(Phone) +65-87545709
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	EIZAZ HAIKAL BIN MOHAMED NASIR
Gender	Male
Phone No	(Phone) +65-96991267
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	27
Injuries Sustained	HOSPITAL LEAVE FROM THE 06/01/2022 TO 20/01/2022 SUFFERED BROKEN LEFT ANKLE
Injured person in which vehicle?	FBQ8454H
Were seat belts worn?	No
Was this Injured conveyed to hospital by ambulance?	Yes

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.



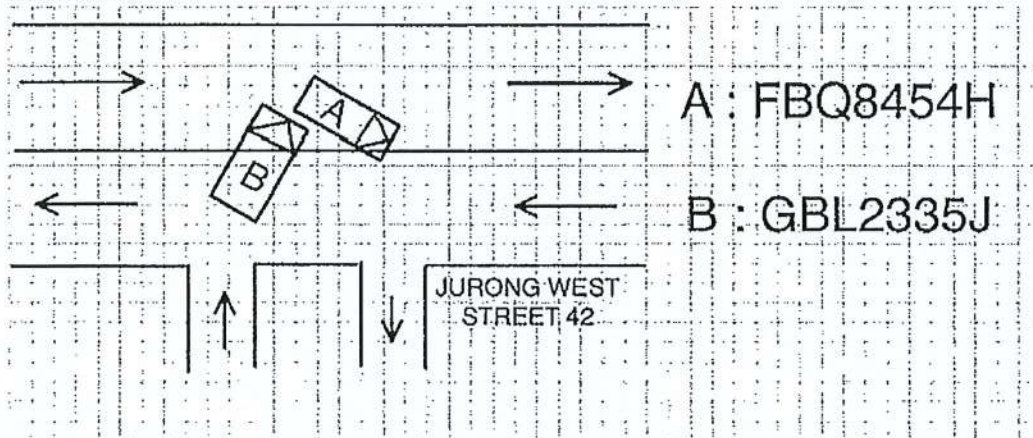
Policyholder's Signature
Date & Time: 11/01/2022
1930HRS

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



Reporting Centre Personnel's Signature
Name: SUMAN SUKUMAR
NRIC/FIN No.: S990968

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT FOR STATEMENT OF ACCIDENT

DECLARATION

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

Policyholder's Signature

Date & Time: 11/01/2022
1930HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: SUMAN SUKUMAR
NRIC/FIN No.: S990968



**SINGAPORE
POLICE FORCE**



T/20220111/7036

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

1 of 4

Report No. T/20220111/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2022 19:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: EIAZ HAIKAL BIN MOHAMED NASIR			Address: 538 JURONG WEST AVENUE 1 #08-1122 SINGAPORE 640538		
ID Type / ID No.: NRIC NO / S9417804E			Contact No.: Home/Office: Mobile: 96991267		
Nationality: SINGAPORE CITIZEN			Email: EIAZHAIKAL93@GMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 17/05/1994	Type of Informant: Rider		
Race: Boyanes			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/01/2022 11:30	Type of Location: Straight Road
Location: JURONG WEST STREET 42				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ8454H	Motorcycle	HONDA	CB150R+MA NUAL	White		0
GBL2335J	Van	TOYOTA	CB150R MANUAL	Red	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220111/7036

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

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Report No. T/20220111/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBQ8454H	NTUC Income Insurance Co-Operative Limited	5116519240-01	02/03/2021	01/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	EIZAZ HAIKAL BIN MOHAMED NASIR		ID No.	S9417804E
Related Vehicle	FBQ8454H (Motorcycle)		Contact No.	96991267
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	06/01/2022		Date	10/01/2022
No. of Days granted Medical Leave		15	Degree of	Serious
Driver				
Name	MUHAMMAD JOHAN BIN BAKRI		ID No.	S7826453E
Related Vehicle	GBL2335J (Van)		Contact No.	87545709
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

On 6/1/2022 at about 1130 hrs, I was riding my motorcycle V1) FBQ8454H along Jurong West St 42 to enter the cluster of Blk 409-416 to deliver Grab food. The oncoming traffic was clear & I had signal my intention to turn right into the cluster carpark. As I continued riding, all of a sudden a van V2) GBL2335J hit the right side of me & my motorcycle.

V2 had exited from the same carpark mentioned with intention to turn into my lane and failed to notice me and my vehicle causing the collision. Traffic Police was present at the accident scene (Report Number: J/20220106/0067). I wish to state that I had my right of way. I was conveyed via ambulance to Ng Teng Fong hospital, which I had to undergo an operation for my broken ankle on 07/01/2022 besides treatment for serious bruises & lacerations. The hospital has issued me 15 days hospital leave with effect upon my discharge on 10/1/2022 and I still have to undergo physiotherapy.

This report supercede earlier report as no amendment can be done on the earlier report. Report no: T/20220110/2085

Vide Report No: J/20220106/0067



**SINGAPORE
POLICE FORCE**



T/20220111/7036

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

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Report No. T/20220111/7036

CONTINUATION OF REPORT

