SL0Z22BM0001 / LKK Auto Consultants Pte Ltd [408933] ENTRY DATE & TIME: 22/11/2022 11:04 (SGT) SUBMITTED BY: LKK Auto PU VERSION: 1 (22/11/2022 11:04 (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 Actual 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.

- 4. The issue and acceptance of this is form by instrained 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 22/11/2022 11:04 (SGT) Reported by Date of Accident 01/11/2022 07:50 (SGT) Exact Location of Accident Singapore Additional Location Information **BARTLEY ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP2031P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NORWATI BTE AWANG NRIC No SXXXX046I Fmail Address igmalfinealways@gmail.com Mobile Phone No (Phone) +65-96272344 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Yamaha Model SNIPER 150 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

No - Reporting only your vehicle? Vehicle Category Motorcycle Transmission Manual CC 149

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number CN51008088

DRIVER

Name of Driver MUHAMMAD NUR IQMAL BIN MAZLAN NRIC No SXXXX609E Date Of Birth 15/07/1998 Occupation Outdoor

Date Of Driving Pass 01/11/2018 Driving experience 4 YEARS Gender Male Mobile Number (Phone) +65-84016601 Alt. Phone Number Email Address iqmalfinealways@gmail.com Address BLK 169 HOUGANG AVE 1 #04-1419 Address complement Postcode 530169 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured NAMED DRIVER Does Driver Own Other Vehicles? 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 No 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? No Was any injured conveyed to hospital by ambulance? 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **UNKNOWN**

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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)

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

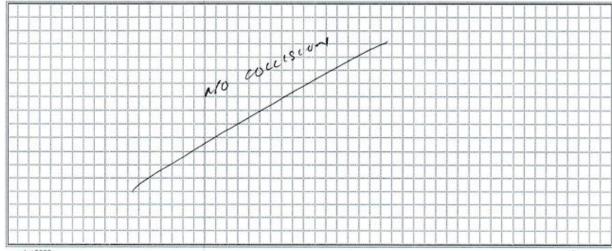
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

21/11/22

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

22/11/2022

Sketch Plan



vJun2022

ibe Circumstance of the Accident			
1/s reper to	the police rep	ort: 7/2002/115/7054	
			_
			_
			_
laration			
declare the foregoing particulars ar	e true in every respect.		
	Ingal 21/11	122 9V 22/11/202	1
cyholder's Signature / Date & Time	Actual Driver's Signature (if driver is no / Date & Time	the policyholder) Witnessed by Reporting Centre Per (Name as in NRIC/ID card)	son





2 of 3

Report No. T/20221115/7054

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

CONTINUATION OF REPORT

Rider								
Name	MUHAMMAD NUR IQMAL BIN MAZLAN			ID No).	S9822609E		
Related Vehicle	FBP2031P (Motorcycle)			FBP2031P (Motorcycle)		Conta	act No.	84016601
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ice &	Class: NIL Date of Expiry: NIL		
Date	NIL		Date	- VIII-	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL			

Brief Details.

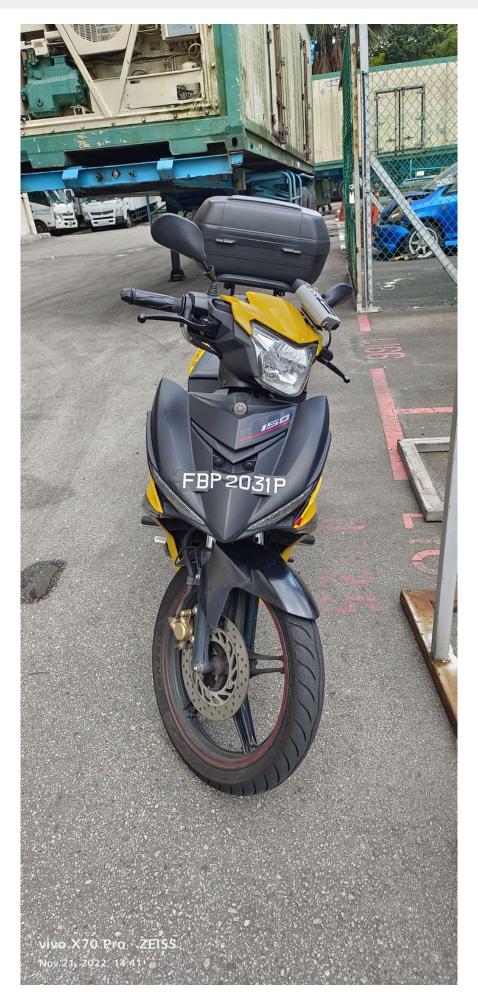
I am the rider of vehicle that was sadi to be involved. As i recall correctly, i did not got into an accident with any vehicle along the said road (along bartley road). It was a normal commute to work.















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20221115/7054	

1 of 3 Report No. T/20221115/7054

	ate/Time Report Made: 5/11/2022 16:48		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
		IQMAL BIN	Address: 169 HOUGANG AVEN	UE 1 #04-1419 SINGAPORE 530169	
ID Type / ID No.: NRIC NO / S9822609E			Contact No.: Home/Office: Mobile: 84016601		
Nationality: SINGAPORE CITIZEN		Email: iqmalfinealways@gmail.com			
Sex: Male			Type of Informant: Rider		
Race: Malay		Language: English	Institution / School Name:		
Occupation:		Driving Licence Information: Class: Date of Expiry:			

General Infor	mation of the Accide	ent			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/11/2022 07:50	Type of Location:	
Location: BARTLEY RO	DAD				
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBP2031P	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20221115/7054

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

CONTINUATION OF REPORT

Rider						
Name	MUHAMMAD NUR IQMAL BIN MAZLAN			ID No.		S9822609E
Related Vehicle	FBP2031P (Motorcycle)			Conta	ct No.	84016601
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	

I am the rider of vehicle that was sadi to be involved. As i recall correctly, i did not got into an accident with any vehicle along the said road (along bartley road). It was a normal commute to work.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221115/7054

CONTINUATION OF REPORT

Sketch Plan				
Informant is	not able	to	provide	sketch

Signature Of Officer Recording Not applicable	The Report:	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: 15/11/2022 16:48
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABD Contact No.: 65476219	UL RAHMAN	Classification Of Case:
NP168		