

## 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 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 .....              | 27/12/2022 17:42 (SGT)            |
| Reported by .....                     | Both                              |
| Date of Accident .....                | 22/12/2022 16:30 (SGT)            |
| Exact Location of Accident .....      | 205 Toa Payoh N, Singapore 310205 |
| Additional Location Information ..... | CARPARK                           |
| Country/State of Loss .....           | Singapore                         |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | FBR2009U |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | No                         |
| Name Of Registered Owner ..... | MUHAMMAD ARFIZAN BIN ARMAN |
| NRIC No .....                  | S9732615J                  |
| Email Address .....            | FIZAN97@HOTMAIL.COM        |
| Mobile Phone No .....          | (Phone) +65-93226469       |
| Alternative Phone No .....     | -                          |

#### VEHICLE PARTICULARS

|                                                                                    |                           |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer .....                                                                 | Honda                     |
| Model .....                                                                        | ADV150                    |
| 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 .....                                                                           | 150                       |

#### INSURANCE COMPANY

|                                         |                          |
|-----------------------------------------|--------------------------|
| Name of Insurance Company .....         | Income Insurance Limited |
| Policy Number / Cover Note Number ..... | 5124338062               |

#### DRIVER

|                      |                            |
|----------------------|----------------------------|
| Name of Driver ..... | MUHAMMAD ARFIZAN BIN ARMAN |
| NRIC No .....        | S9732615J                  |
| Date Of Birth .....  | 16/09/1997                 |
| Occupation .....     | Indoor                     |

|                                                                    |                                    |
|--------------------------------------------------------------------|------------------------------------|
| Date Of Driving Pass .....                                         | 26/02/2016                         |
| Driving experience .....                                           | 6 YEARS AND 10 MONTHS              |
| Gender .....                                                       | Male                               |
| Mobile Number .....                                                | (Phone) +65-93226469               |
| Alt. Phone Number .....                                            | -                                  |
| Email Address .....                                                | FIZAN97@HOTMAIL.COM                |
| Address .....                                                      | BLK 103 LORONG 1 TOA PAYOH #03-325 |
| Address complement .....                                           | -                                  |
| Postcode .....                                                     | 10103                              |
| 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 - Head on 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 .....                                                         | 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  |
| 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? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20221223/7006.

#### 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 ..... | SNB2336S |
| 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 ..... | VEHICLE B   |
| No. Of Passenger (Including Driver) .....     | 1           |

## INJURED PERSONS DETAILS

### INJURED 1

|                                                           |                            |
|-----------------------------------------------------------|----------------------------|
| Name of injured person .....                              | MUHAMMAD ARFIZAN BIN ARMAN |
| Gender .....                                              | Male                       |
| Phone No .....                                            | -                          |
| Address .....                                             | -                          |
| Address Complement .....                                  | -                          |
| Post Code .....                                           | -                          |
| Approximate Age Years Old .....                           | -                          |
| Injuries Sustained .....                                  | -                          |
| Injured person in which vehicle? .....                    | FBR2009U                   |
| Were seat belts worn? .....                               | -                          |
| Was this injured conveyed to hospital by ambulance? ..... | No                         |

## SKETCH PLAN

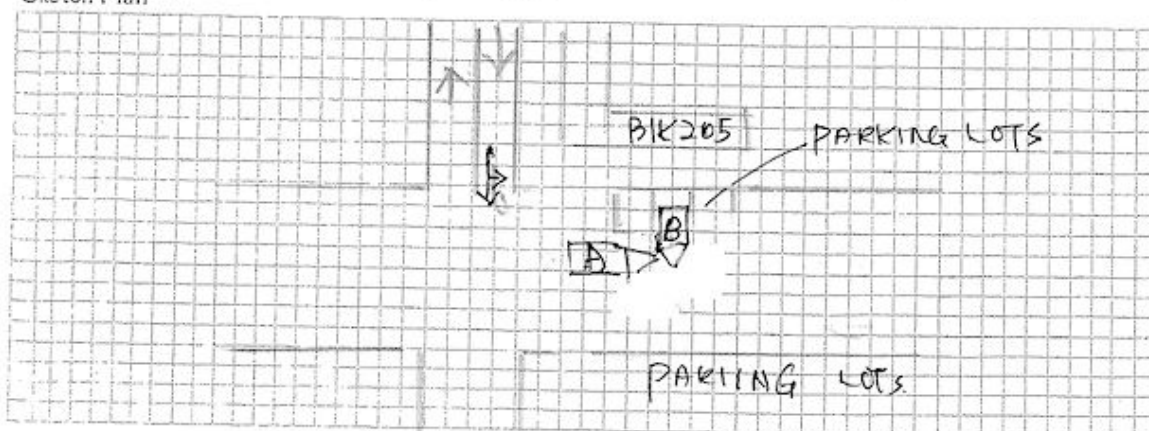
## IMPORTANT NOTICE

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

Policyholder's Signature / Date &  
Time 23/12/2022  
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date  
& Time 23/12/2022

27/12/22  
Witnessed by Reporting Centre  
Personnel



## Describe Circumstances of the Accident

Brief Details.

Before making a left turn from Toa Payoh North to towards toa payoh north block 205, opposite SPH building. I check both intersection before continuing my journey. After turning left and straightening my positioning of the bike. As I was picking up my speed after the left turn, the other party (SNB2336S) which was parked beside a van is out of sight moved the vehicle forward in my path, upon noticing it as the very last minute, I jammed both my brakes but did not manage to stop in time therefore I collided on the driver side of the vehicle. The impact did not cause me to flung because I jammed my brakes and I was not speeding but still did some damage. Still in pain and shocked, I put my bike on side stand and sit on a kerb, the driver moved the car forward to exit the vehicle because my front tyre was in the way of his door.

## Declaration

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

*Chien*

Policyholder's Signature / Date &

Time 23/12/2022

*Chien*

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

& Time 23/12/2022

Witnessed by Reporting Casualty  
Personnel















**SINGAPORE  
POLICE FORCE**



T/20221223/7006

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

1 of 4

Report No. T/20221223/7006

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                  |                    |
|--------------------------------------------|------------------|--------------------|
| Date/Time Report Made:<br>23/12/2022 02:50 | Vide Report No.: | Station Diary No.: |
|--------------------------------------------|------------------|--------------------|

**Informant's Particulars**

|                                                  |            |                              |                                                             |  |                            |
|--------------------------------------------------|------------|------------------------------|-------------------------------------------------------------|--|----------------------------|
| Name of Informant:<br>MUHAMMAD ARFIZAN BIN ARMAN |            |                              | Address:<br>103 LORONG 1 TOA PAYOH #03-325 SINGAPORE 310103 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S9732615J         |            |                              | Contact No.:<br>Home/Office: Mobile: 93226469               |  |                            |
| Nationality:<br>SINGAPORE CITIZEN                |            |                              | Email:<br>FIZAN97@HOTMAIL.COM                               |  |                            |
| Sex:<br>Male                                     | Age:<br>25 | Date of Birth:<br>16/09/1997 | Type of Informant:<br>Rider                                 |  |                            |
| Race:<br>Malay                                   |            |                              | Language:<br>English                                        |  | Institution / School Name: |
| Occupation:                                      |            |                              | Driving Licence Information:<br>Class: 2,3                  |  | Date of Expiry:            |

**General Information of the Accident**

|                                                              |                  |                                    |                                            |                                     |
|--------------------------------------------------------------|------------------|------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident:                                            | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>22/12/2022 16:25 | Type of Location:<br>Car Park       |
| Location:<br><br>TOA PAYOH NORTH                             |                  |                                    |                                            |                                     |
| Weather:<br>Cloudy                                           |                  | Road Surface:<br>Dry               |                                            | Road Speed Limit:<br>30 Km/h        |
| Traffic Flow:<br>Two Way                                     |                  | Traffic Control:<br>Not Controlled |                                            | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                  |                                    |                                            | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make  | Model              | Color | Conditio            | No of |
|-------------|------------|-------|--------------------|-------|---------------------|-------|
| FBR2009U    | Motorcycle | HONDA | ADV 150<br>ABS CVT | Red   |                     | 0     |
| SNB2336S    | Car        | HONDA |                    | Blue  | Slightly<br>Damaged | 0     |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE  
POLICE FORCE**



T/20221223/7006

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

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Report No. T/20221223/7006

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |                                            |              |            |             |
|------------------------------|--------------------------------------------|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No | Effective  | Expiry Date |
| FBR2009U                     | NTUC Income Insurance Co-Operative Limited | 5124338062   | 27/10/2021 | 09/03/2023  |

| Details of Person Involved        |                            |     |                                   |                                   |
|-----------------------------------|----------------------------|-----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                            |     |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                            |     | Use of Pedestrian Crossing: NA    |                                   |
| Rider                             |                            |     |                                   |                                   |
| Name                              | MUHAMMAD ARFIZAN BIN ARMAN |     | ID No.                            | S9732615J                         |
| Related Vehicle                   | FBR2009U (Motorcycle)      |     | Contact No.                       | 93226469                          |
| Hospital/Clinic                   | TAN TOCK SENG HOSPITAL     |     | Class of Driving Licence & Expiry | Class: 2,3<br>Date of Expiry: NIL |
| Date                              | 22/12/2022                 |     | Date                              | 23/12/2022                        |
| No. of Days granted Medical Leave |                            | 03  | Degree of                         | Serious                           |
| Driver                            |                            |     |                                   |                                   |
| Name                              | MUHAMMAD ZAHIR BIN MAZLAN  |     | ID No.                            | S94332121H                        |
| Related Vehicle                   | SNB2336S (Car)             |     | Contact No.                       | 80220558                          |
| Hospital/Clinic                   | NIL                        |     | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL   |
| Date                              | NIL                        |     | Date                              | NIL                               |
| No. of Days granted Medical Leave |                            | NIL | Degree of                         | NIL                               |

## Brief Details.

Before making a left turn from Toa Payoh North to towards toa payoh north block 205, opposite SPH building, I check both intersection before continuing my journey. After turning left and straightening my positioning of the bike. As I was picking up my speed after the left turn, the other party (SNB2336S) which was parked beside a van is out of sight moved the vehicle forward in my path, upon noticing it as the very last minute, I jammed both my brakes but did not manage to stop in time therefore I collided on the driver side of the vehicle. The impact did not cause me to flung because I jammed my brakes and I was not speeding but still did some damage. Still in pain and shocked, I put my bike on side stand and sit on a kerb, the driver moved the car forward to exit the vehicle because my front tyre was in the way of his door.



SINGAPORE  
POLICE FORCE



T/20221223/7006

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20221223/7006

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20221223/7006

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

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Report No. T/20221223/7006

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
23/12/2022 02:50

Classification Of Case:

NP168



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5124338062

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBR2009U

Chassis Number

: MH1KF6115KK014026

2. Name of Policyholder

: MUHAMMAD ARFIZAN BIN ARMAN

3. Effective Date of Insurance

: 27 Oct 2021

4. Expiry Date of Insurance

: 09 Mar 2023

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: MUHAMMAD ARFIZAN BIN ARMAN

NAMED DRIVER (2)

: NUR AFIQAH BINTE ARMAN

HIRE PURCHASE COMPANY

: YEW HENG CREDIT ENTERPRISE (PTE) LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : PEOPLES INSURANCE AGENCY PTE. LTD. (00000614852)

Date of Issue : 22 Aug 2022 18:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive