

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 09/12/2022 15:06 (SGT)
Reported by Driver
Date of Accident 27/11/2022 05:11 (SGT)
Exact Location of Accident Singapore
Additional Location Information TABAN GARDENS ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBU2125B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BIG DADDY BIKES PTE LTD
Company Reg No 202216881C
Email Address BENWONG@TMSBIKES.COM
Mobile Phone No (Phone) +65-87928268
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
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 - Reporting only
Vehicle Category Motorcycle
Transmission Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number M0027802

DRIVER

Name of Driver MUHAMMAD AZROY BIN JASNI
NRIC No S9705476B
Date Of Birth 15/02/1997
Occupation Outdoor

Date Of Driving Pass	19/07/2022
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84982536
Alt. Phone Number	-
Email Address	BENWONG@TMSBIKES.COM
Address	BLK 621 WOODLANDS DR 52 #01-40
Address complement	-
Postcode	730621
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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)	2
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	-

PASSENGER 1

Name	QURRATU,AINY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT:T/20221127/2065

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	SHB3084H
-----------------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	QURRATU,AINY
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBU2125B
Were seat belts worn?	-
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 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

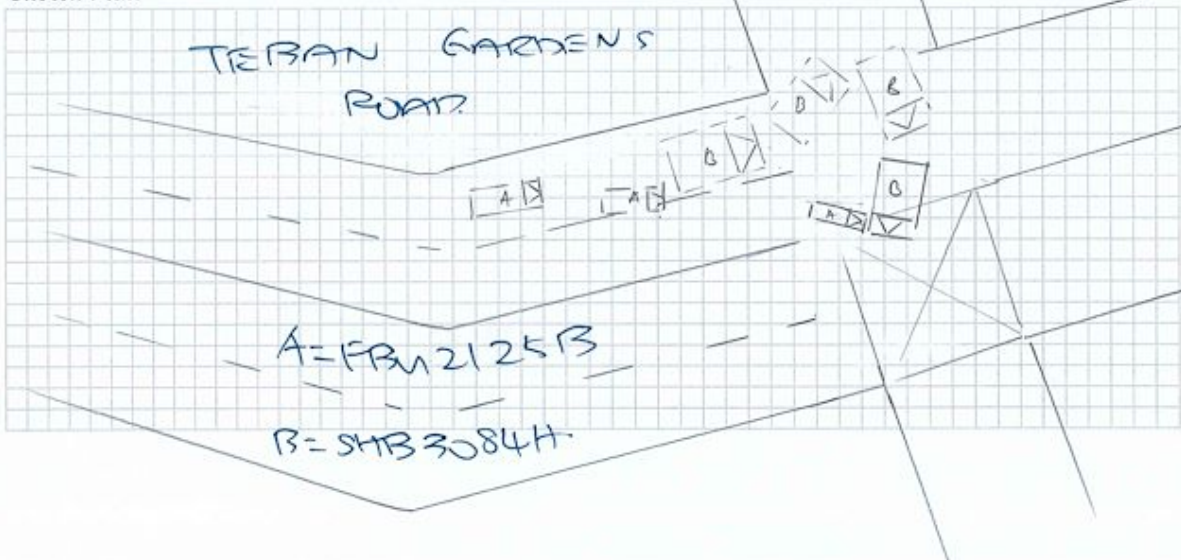
X

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER to police Report:
T/2022/127/2065

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X

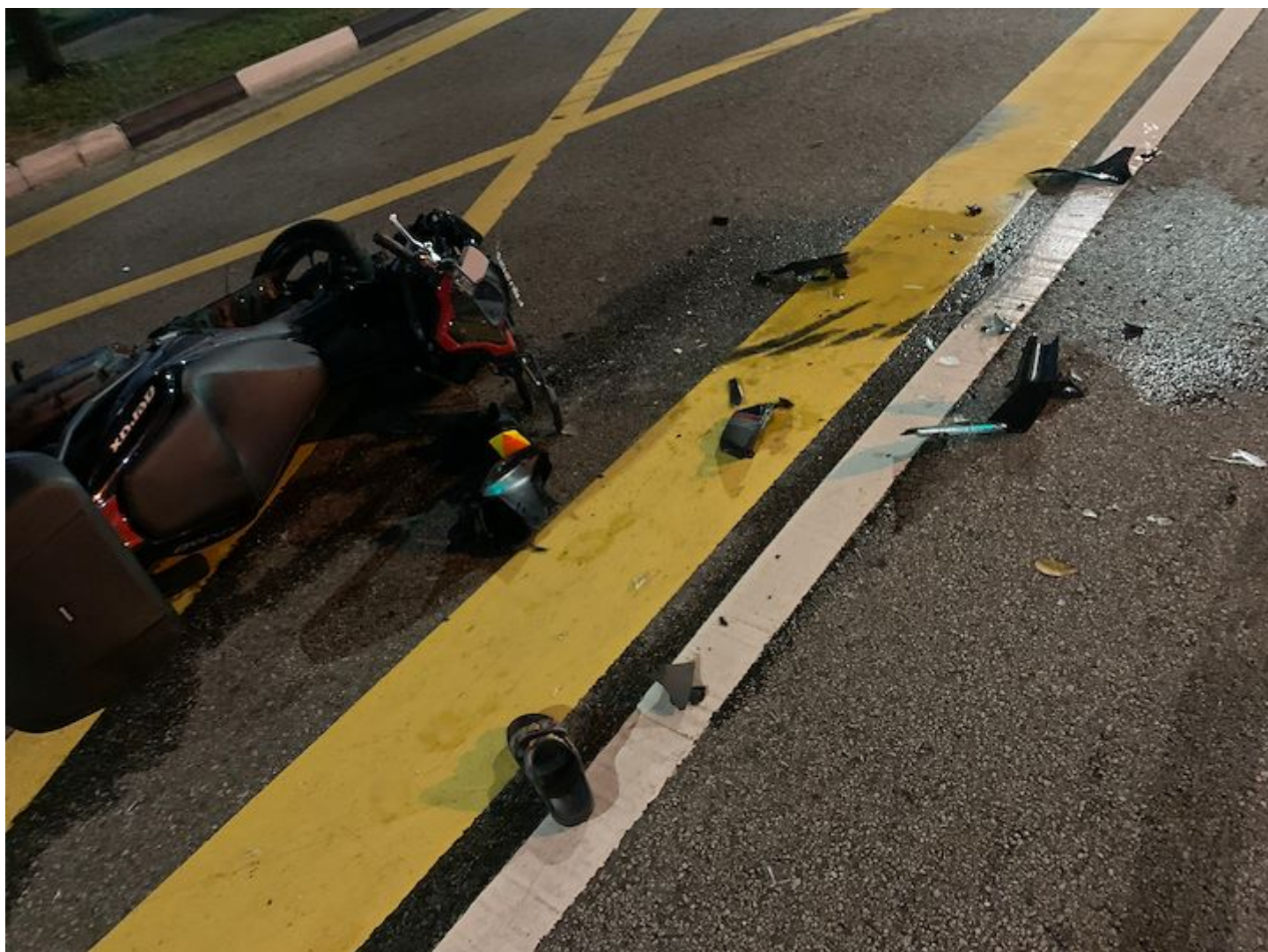
Driver's Signature (If driver is not the policyholder) / Date & Time

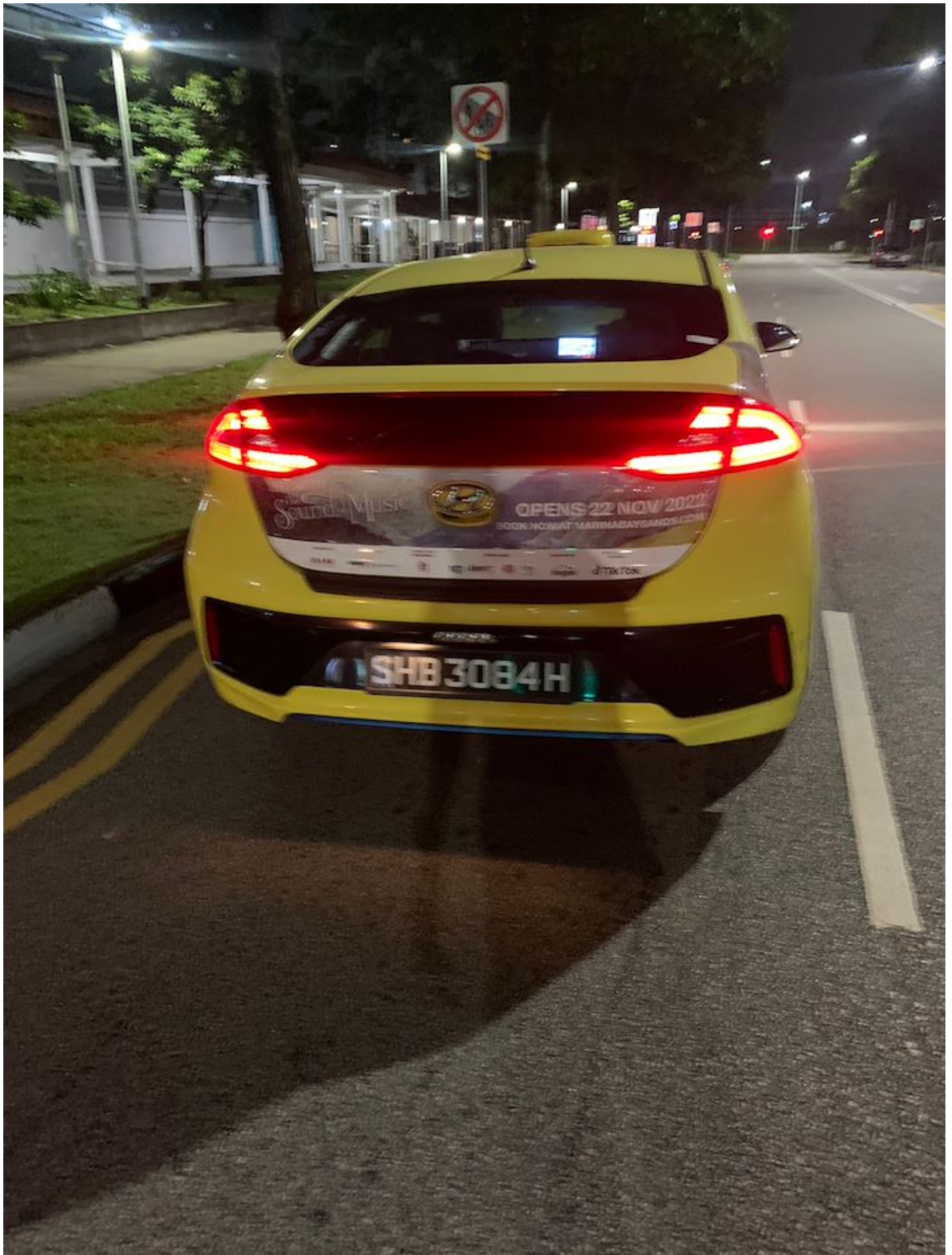
EL.

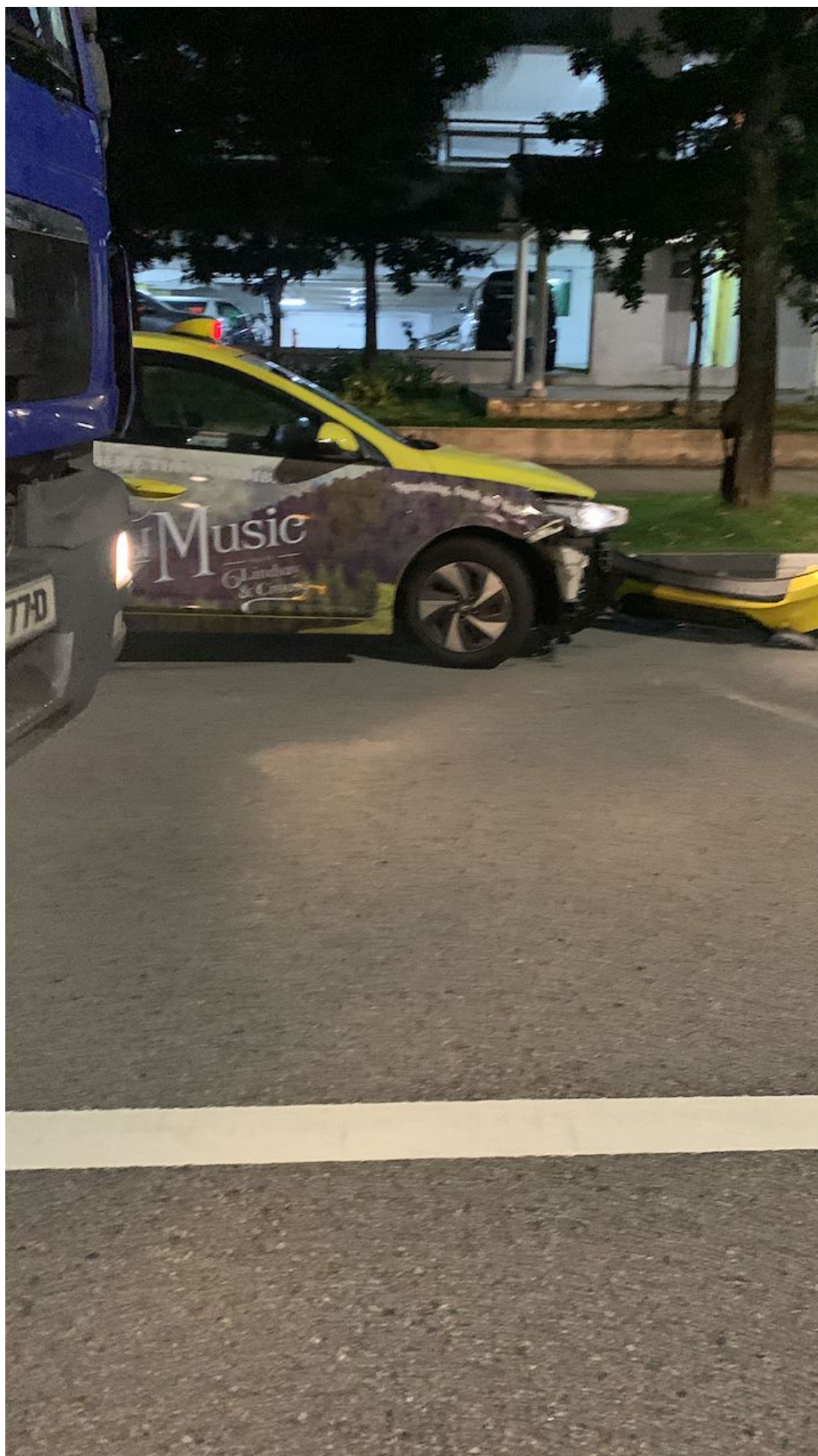
Witnessed by Reporting Centre Personnel

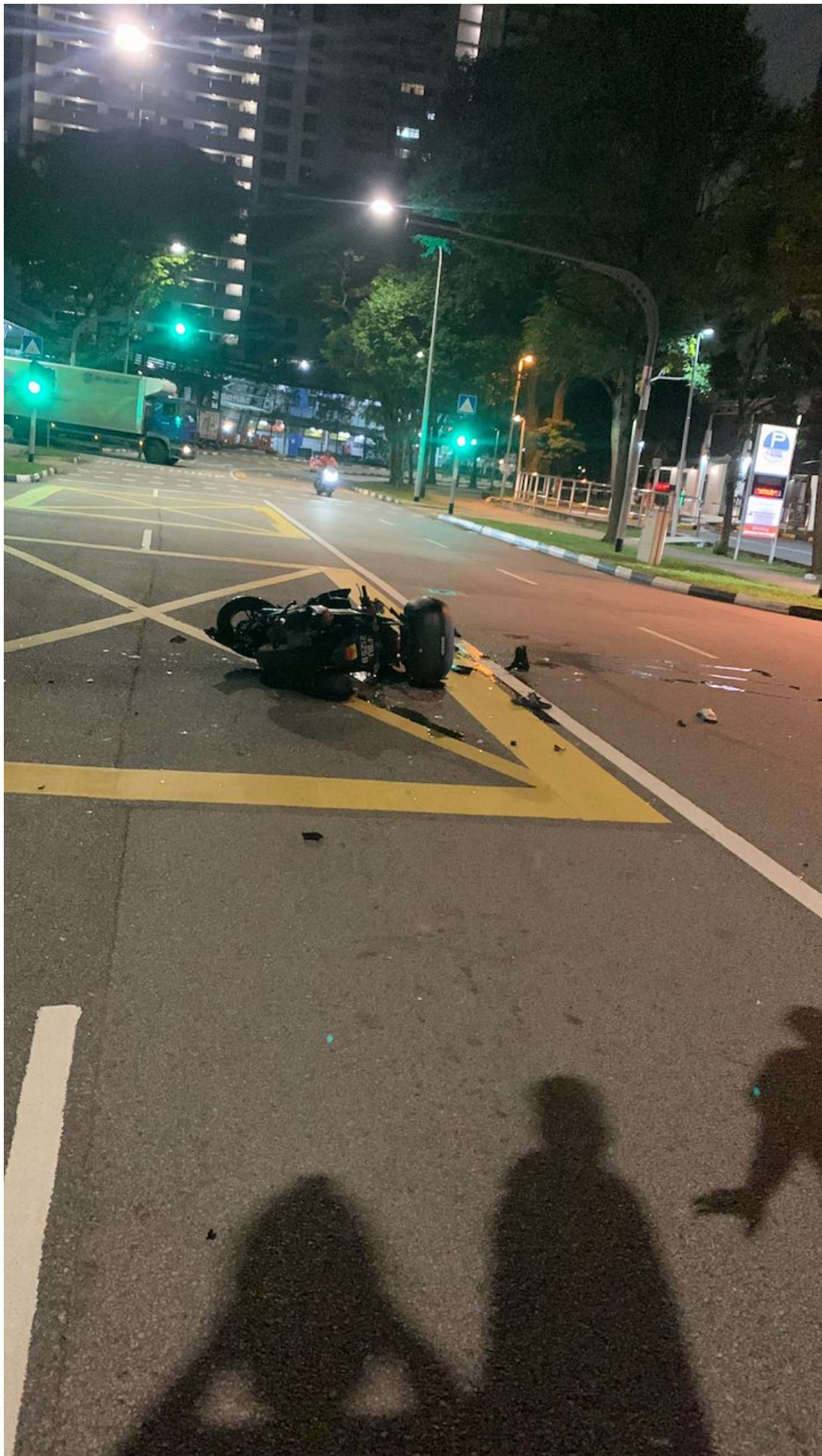




















SINGAPORE POLICE FORCE



T/20221127/2065

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20221127/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2022 20:36	Vide Report No.: D/20221127/0045	Station Diary No.: 76
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD AZROY BIN JASNI			Address: APT BLK 621 WOODLANDS DRIVE 52 #01-40 SINGAPORE 730621	
ID Type / ID No.: NRIC NO / S9705476B			Contact No.: Home/Office: Mobile: 84982536	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 25	Date of Birth: 15/02/1997	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: FOOD DELIVERY RIDER			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/11/2022 05:10	Type of Location: T-Junction
Location: TEBAN GARDENS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBU2125B	Motorcycle				Seriously Damaged	1
SHB3084H	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20221127/2065

2 of 3

Report No. T/20221127/2065

CONTINUATION OF REPORT

Rider		ID No.		S9705476B
Name	MUHAMMAD AZROY BIN JASNI	Contact No.	84982536	
Related Vehicle	FBU2125B (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Date Treatment	27/11/2022	Date Discharge
		No. of Days granted Medical Leave	07	Degree of Injury
				NIL
Pillion		ID No.		T0043374D
Name	NOR QURRATU'AINY BTE MAZLAN	Contact No.	90109435	
Related Vehicle	FBU2125B (Motorcycle)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Date Treatment	27/11/2022	Date Discharge
		No. of Days granted Medical Leave	05	Degree of Injury
				NIL

Brief Details.

On 27/11/2022 at about 0511hrs, I was riding my motorcycle FBU2125B along Teban Gardens Road with my fiancée, NOR QURRATU'AINY BTE MAZLAN, as my pillion rider. We were heading towards Blk 47 (towards West Coast Road). There was a taxi, SHB3084H, driving in front of me. When I saw that the taxi went to the left lane, I moved to the right lane. However, the taxi suddenly made an abrupt right turn and collided into the front of my motorcycle. My fiancée and I fell out from the motorcycle. We lost consciousness temporarily.

The taxi driver was the one who called for ambulance and the police. My fiancée was conveyed to Ng Teng Fong hospital from scene by the ambulance. The traffic police attended to us. I saw that the taxi driver's in-car camera SD card was handed over to the traffic police.

I believed that the taxi driver was doing an illegal U-turn at the T-Junction although he denied, he said that he was intending to go the coffeeshop, but that was located at another carpark entrance. I wish to add that prior to the arrival of the traffic police, the driver did apologise to us saying that he thought my motorcycle was far behind him. However afterwards, he claimed that he was not at fault.



**SINGAPORE
POLICE FORCE**



T/20221127/2065

3 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20221127/2065

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:

L /
SGT 3 YAP YI JUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/11/2022 20:36

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Classification Of Case:

NP168



RENTAL AGREEMENT

Hirer's Name	Muhammad Azroy Bin Jasni
Hirer's Address	APT Blk 621 Woodlands Drive 52 #01-40 S(730621)
NRIC/ Passport No.	S9705476B
Driving Licence No.	S9705476B
Contact No.	84982536
Date of Birth	15/02/1997
Email Address	azroyjasni@gmail.com
Purpose of Rental	

RENTAL DETAILS

Licence Plate	FBU2125B	Make/ Model	Yamaha Aerox
Rental Amount	\$180.00	Total Rental Amt	\$180.00
Petrol Upon Collection*	3 bar	Petrol Upon Return*	

*Rates do not include Petrol *Every 1 litre of unfueled petrol is chargeable @ SGD6/litre

Proposed Start Date	10/11/2022 1700	Proposed Return Date	17/11/2022 1700
Start Date / Time	10/11/22 1900	Return Date / Time	
Starting Mileage	2108	Returning Mileage	



I HAVE CHECKED AND ENSURED THAT ALL OF THE ABOVE INFORMATION IS ACCURATE.

Hirer's Signature



MY100
71120037
Cov. Type: Third Party, Fire & Theft

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) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. M0027802

- | | | | | |
|--|-------------------------|--|------|-------|
| 1. Index Mark and Registration Number of Vehicle | FBU2125B | | | |
| 2. Name of Policyholder | Big Daddy Bikes Pte Ltd | | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 15/09/2022 | Excess: Section II | \$\$ | 1,500 |
| 4. Date of Expiry of Insurance | 18/07/2023 | | | |
| 5. Persons or Classes of Persons entitled to drive | | Engine No : G3P2E0231640 | | |
| | | Chassis No : MH3SG6410NJ185557 | | |
| | | Hire Purchase : Speedway Motor Pte Ltd | | |

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOYMENT AND/OR IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.

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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR THE POLICYHOLDER'S BUSINESS OR PROFESSION.
USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES BY THE POLICYHOLDER.
THE POLICY DOES NOT COVER:
(i) USE FOR CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(iii) TRANSPORTING GOODS FLAMMABLES, CORROSIVE OR EXPLOSIVE IN NATURE.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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).

GOPLTY 22/09/2022 18:14:04



For and on behalf of Etika Insurance Pte. Ltd.
Approved Insurer


Authorised Signature