

## 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 .....              | 19/04/2023 14:01 (SGT)  |
| Reported by .....                     | Actual Driver           |
| Date of Accident .....                | 08/04/2023 01:15 (SGT)  |
| Exact Location of Accident .....      | 2 Eunos Rd 2, Singapore |
| Additional Location Information ..... | EUNOS ROAD 2            |
| Country/State of Loss .....           | Singapore               |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | FBU7240T |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                             |
|--------------------------------|-----------------------------|
| Is company? .....              | No                          |
| Name Of Registered Owner ..... | NISHAT BEGAM BINTE ABDULLAH |
| NRIC No .....                  |                             |
| Email Address .....            | m                           |
| Mobile Phone No .....          |                             |
| Alternative Phone No .....     | -                           |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Yamaha                    |
| Model .....  | Aerox                     |
| Variant .....  | GDR155A                   |
| 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 .....   | 155                       |

#### INSURANCE COMPANY

|   |                         |
|---|-------------------------|
| Name of Insurance Company .....         | Etika Insurance Pte Ltd |
| Policy Number / Cover Note Number ..... | MX107431                |

#### DRIVER

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver ..... | NABIL AZFAR BIN ABDUL FATAH |
| NRIC No .....        |                             |
| Date Of Birth .....  |                             |
| Occupation .....     | Indoor                      |

|  |         |
|--|---------|
| Date Of Driving Pass .....   |         |
| Driving experience .....   | 1 YEAR  |
| Gender .....   | Male    |
| Mobile Number .....  | (Phone) |
| Alt. Phone Number .....  | -       |
| Email Address .....  |         |
| Address .....  |         |
| Address complement .....   | -       |
| Postcode .....   |         |
| Is the driver the policyholder? .....                              | No      |
| If No, Relationship of the Driver with the Insured .....           | Child   |
| 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 - Change/cross lane |
| 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  |
| 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 SKETCH PLAN AND POLICE 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 ..... | SHC7773X |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |

|   |        |
|---|--------|
| Vehicle Colour .....                          | Yellow |
| 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 .....                              | NABIL AZFAR BIN ABDUL FATAH |
| Gender .....  | Male                        |
| Phone No .....  | (Phone) +65                 |
| Address .....   |                             |
| Address Complement .....                                  | -                           |
| Post Code .....   |                             |
| Approximate Age Years Old .....                           | -                           |
| Injuries Sustained .....                                  | SERIOUS INJURY, 98 DAYS MC  |
| Injured person in which vehicle? .....                    | FBU7240T                    |
| Were seat belts worn? .....                               | No                          |
| Was this injured conveyed to hospital by ambulance? ..... | Yes                         |

#### WITNESS DETAILS

##### WITNESS 1

|             |             |
|-------------|-------------|
| Name .....  | MR RAAZIQ   |
| Phone ..... | (Phone) +65 |
| Email ..... | -           |

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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.

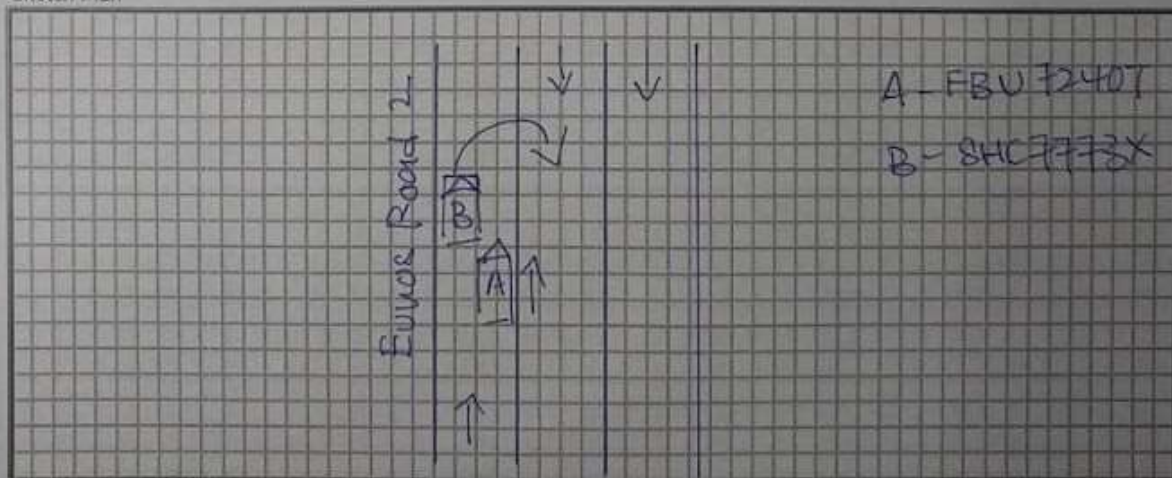
Policyholder's Signature / Date & Time

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

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



**Sketch Plan**



vJun2022

1

Describe Circumstance of the Accident

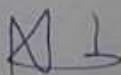
Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

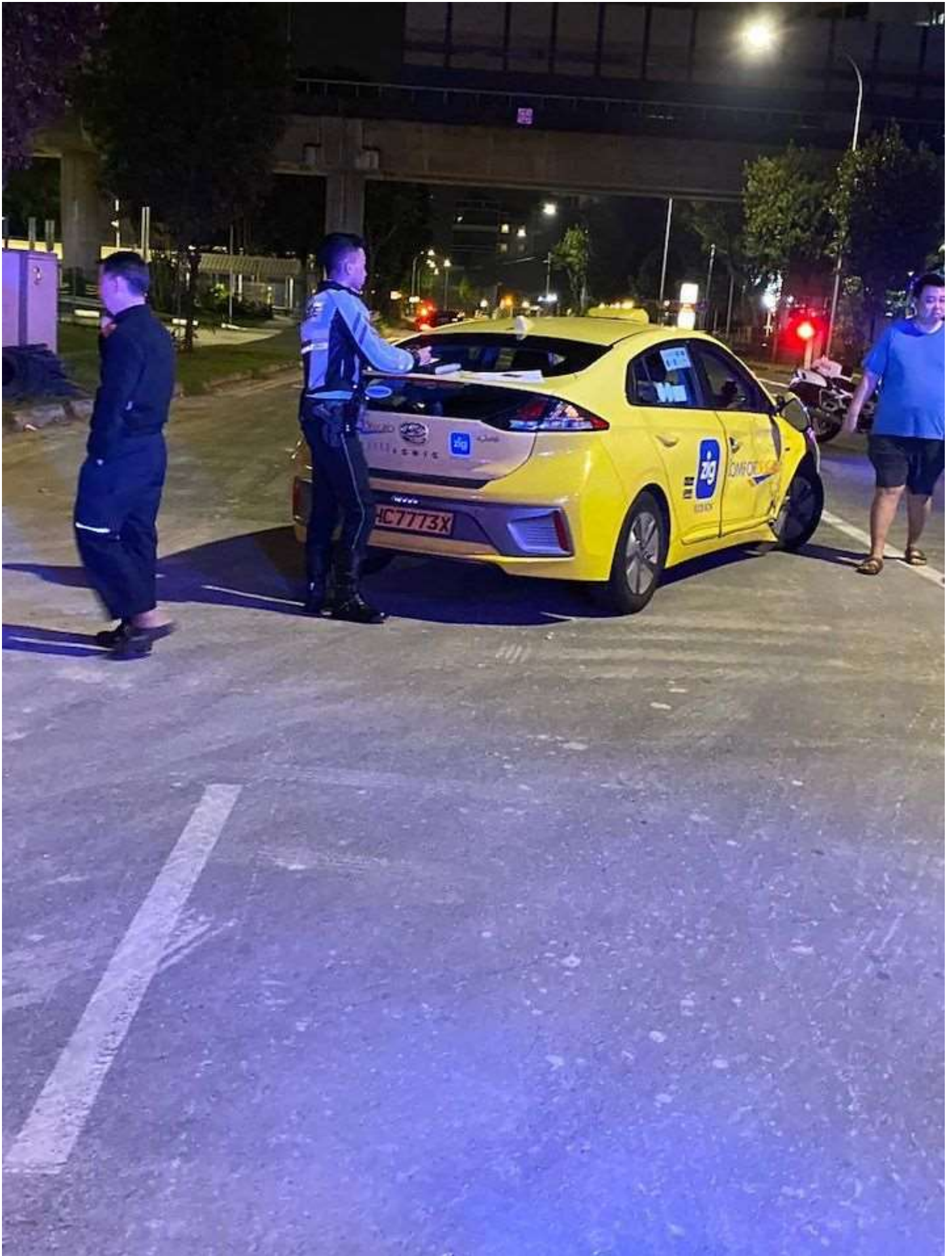
 

Witnessed by Reporting Centre Personnel  
(Name as in NR/CID card)





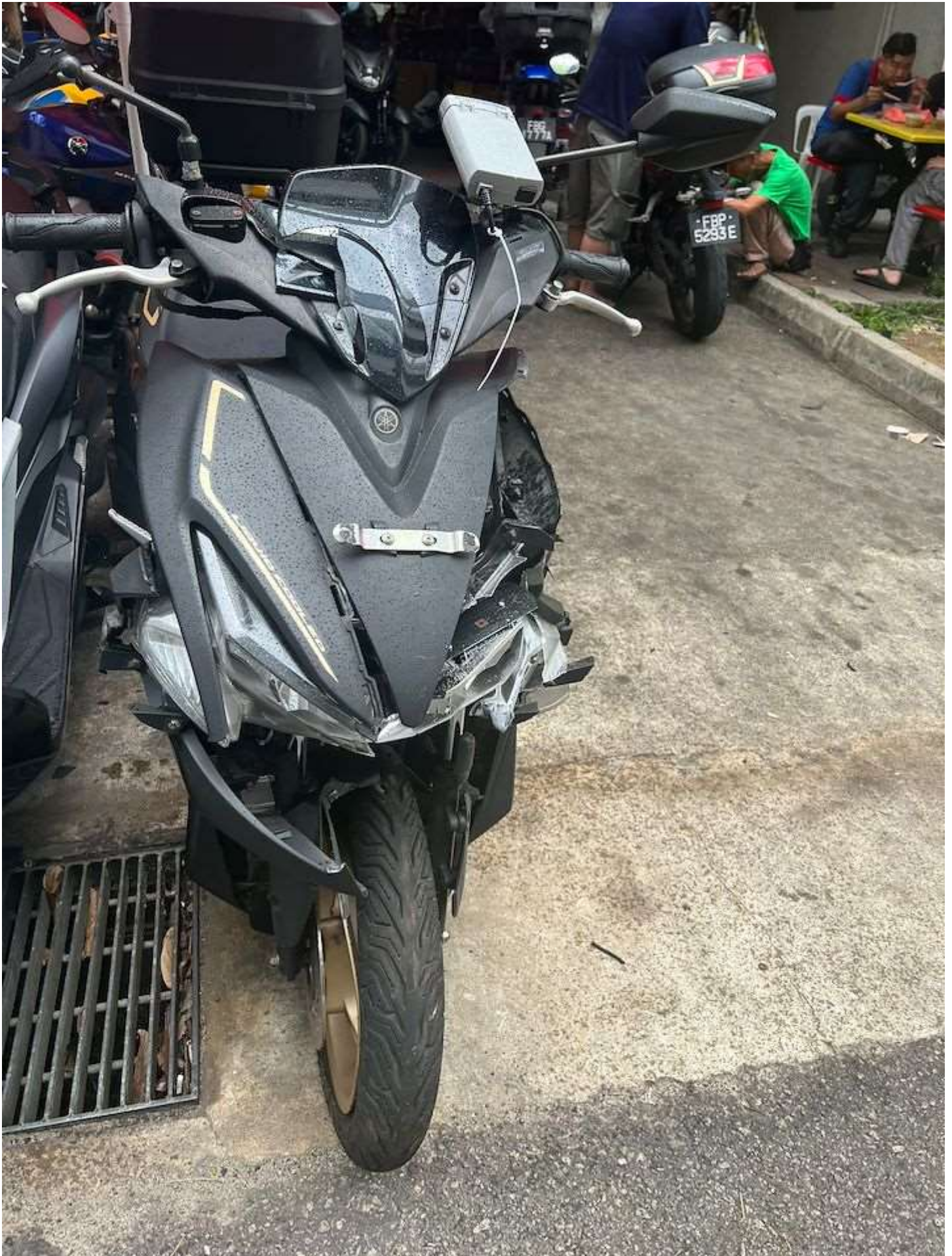




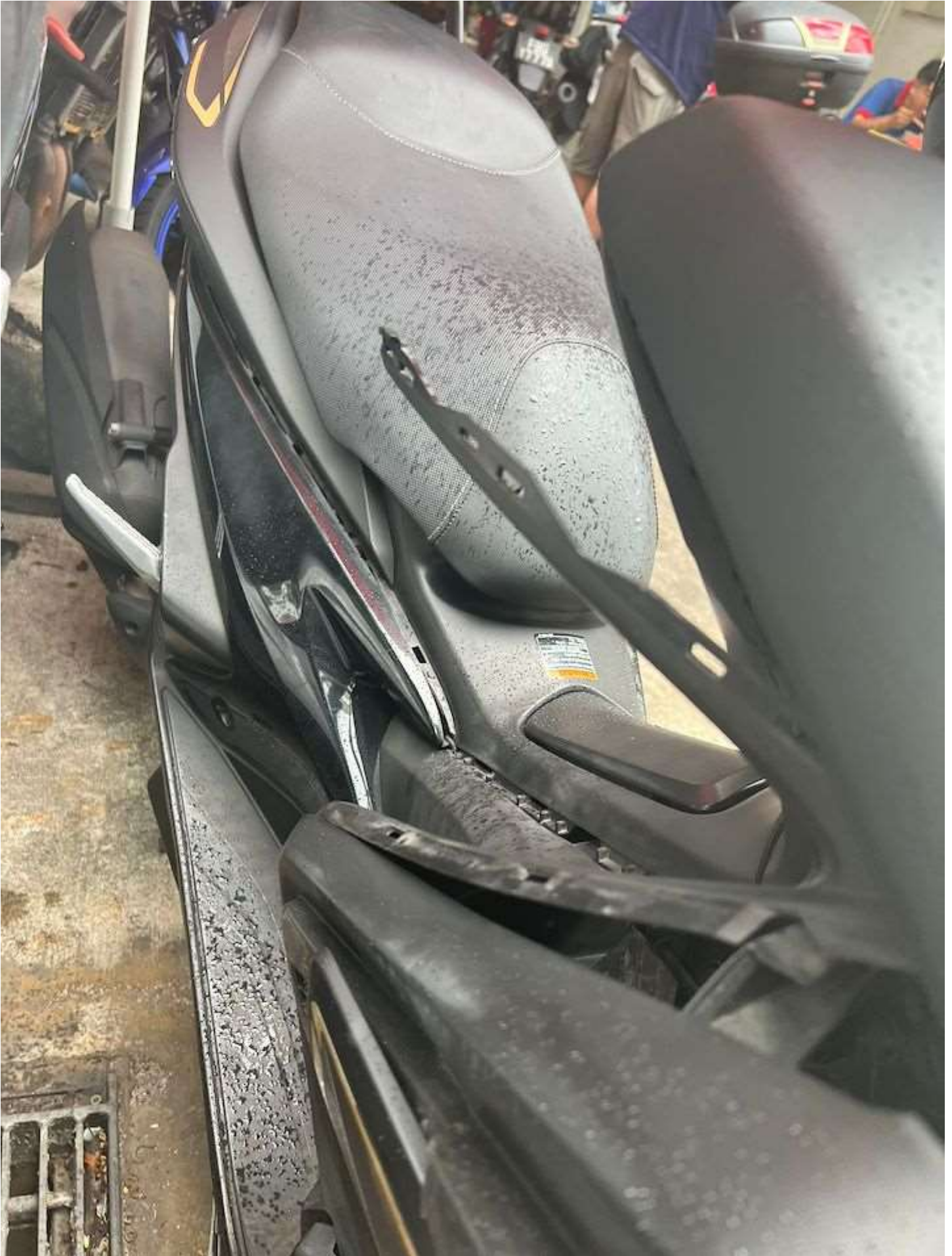














**SINGAPORE  
POLICE FORCE**



T/20230414/7055

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

1 of 3

Report No. T/20230414/7055

**REPORT OF A TRAFFIC ACCIDENT**

|   |      |   |                             |                    |  |
|---|------|---|-----------------------------|--------------------|--|
| Date/Time Report Made:<br>14/04/2023 18:39        |      | Vide Report No.:<br>G/20230408/0020         |                             | Station Diary No.: |  |
| <b>Informant's Particulars</b>                    |      |   |                             |                    |  |
| Name of Informant:<br>NABIL AZFAR BIN ABDUL FATAH |      |   | Address:                    |                    |  |
| ID Type / ID No.:<br>NRIC NO                      |      | Contact No.:<br>Home/Office:                |                             | Mobile:            |  |
| Nationality:<br>SINGAPORE CITIZEN                 |      | Email:                                      |                             |                    |  |
| Sex:<br>Male                                      | Age: | Date of Birth:                              | Type of Informant:<br>Rider |                    |  |
| Race:<br>Indian                                   |      | Language:<br>English                        |                             |                    |  |
| Occupation:<br>National Service Full Time         |      | Driving Licence Information:<br>Class: 2B,3 |                             | Date of Expiry:    |  |

|  |                           |                                    |  |                                      |
|--|---------------------------|------------------------------------|--|--------------------------------------|
| <b>General Information of the Accident</b>                   |                           |                                    |  |                                      |
| Type of Accident:  | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>08/04/2023 01:15 | Type of Location:<br>Straight Road   |
| Location:<br><br>EUNOS ROAD 2                                |                           |                                    |  |                                      |
| Weather:<br>Clear  |                           | Road Surface:<br>Dry               |  |                                      |
| 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>Yes |

| <b>Details of Vehicle Involved</b> |            |        |                 |       |                   |                 |
|------------------------------------|------------|--------|-----------------|-------|-------------------|-----------------|
| Vehicle No.                        | Type       | Make   | Model           | Color | Condition         | No of Passenger |
| FBU7240T                           | Motorcycle | YAMAHA | GDR155A (AEROX) | Black | Seriously Damaged | 1               |

| <b>Details of Vehicle Insurance</b> |                        |              |            |             |
|-------------------------------------|------------------------|--------------|------------|-------------|
| Vehicle No.                         | Insurance Company      | Insurance No | Effective  | Expiry Date |
| FBU7240T                            | ETIQA INSURANCE BERHAD | AN3209487    | 23/03/2023 | 22/03/2024  |



**SINGAPORE  
POLICE FORCE**



T/20230414/7055

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

2 of 3

Report No. T/20230414/7055

**CONTINUATION OF REPORT**

| Details of Person Involved        |                                 |                                   |                                    |
|-----------------------------------|---------------------------------|-----------------------------------|------------------------------------|
| Any Pedestrian Involved: No       |                                 |                                   |                                    |
| No. of Pedestrians Injured: NIL   |                                 | Use of Pedestrian Crossing: NA    |                                    |
| Rider                             |                                 |                                   |                                    |
| Name                              | NABIL AZFAR BIN ABDUL FATAH     | ID No.                            |                                    |
| Related Vehicle                   | FBU7240T (Motorcycle)           | Contact No.                       |                                    |
| Hospital/Clinic                   | MOUNT ELIZABETH NOVENA HOSPITAL | Class of Driving Licence & Expiry | Class: 2B,3<br>Date of Expiry: NIL |
| Date                              | 09/04/2023                      | Date                              | 11/04/2023                         |
| No. of Days granted Medical Leave | 98                              | Degree of                         | Serious                            |

**Brief Details.**

On 8/4/23, at about 1.15am, I was riding my bike along Eunus Rd 2. I was riding at a speed of 40-50 km/h. As I was riding, a taxi (SHC7773X) suddenly came into an oncoming lane intending to make a u-turn. I tried to brake but couldn't stop in time to avoid the taxi. I was thrown off my bike and suffered injuries due to the impact. My injuries include broken left thigh bone and scaphoid fracture on my right wrist. My bike was towed by the traffic police. I was conveyed to CGH by ambulance and was transferred to Mount Elizabeth Hospital (Novena) for immediate surgery on 9/4/23. There was a passerby (Mr. Raaziq, HP: [redacted]) who witnessed the accident and is willing to give his statement. He also gave his statement to the traffic police officer, Mr. Ridwan, who took the details of the scene and I understand that I/O Razali is handling this case. The incident number is: G/20230408/0020.



**SINGAPORE  
POLICE FORCE**



T/20230414/7055

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

3 of 3

Report No. T/20230414/7055

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
MUHAMMAD GHAZALI BIN ABDUL RAZAK  
Contact No.: 96192037

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

Date/Time:  
14/04/2023 18:39

Classification Of Case:

NP168



Etiqua Insurance Pte. Ltd. Company Reg. No.: 201331905K  
One Raffles Quay #22-01 North Tower Singapore 048583  
www.etiqua.com.sg

Original

A/c No: 73000003

Policy No (if any):

New Business

## MOTOR COVER NOTE

No. AN3209487

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore, or
- The Road Transport Act 1987 of Malaysia, or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992, or
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

NR-NABIL AZFAR BIN ABDUL  
FATAH

## SCHEDULE

|                                 |  |
|---------------------------------|--|
| THE COMPANY                     | ETIQA INSURANCE PTE. LTD.                |
| INSURED                         | NISHAT BEGAM BINTE ABDULLAH (Not Riding) |
| MAKE AND DESCRIPTION OF VEHICLE | YAMAHA GDR155A (AEROX)                   |
| VEHICLE REGISTRATION NO.        | FBU7240T                                 |
| YEAR OF MANUFACTURE             | 2019                                     |
| ENGINE NO.                      | G3J8E0110675                             |
| CHASSIS NO.                     | MH3SG4640KJ058181                        |
| ENGINE CAPACITY/TONNAGE         | 155                                      |
| COVER TYPE                      | THIRD PARTY, FIRE & THEFT                |
| HIRE PURCHASE                   | UNITED CYCLES LLP                        |
| VALUE (\$\$)                    | MARKET VALUE                             |
| PERIOD OF INSURANCE             | FROM: 23-Mar-2023 TO: 22-Mar-2024        |
| EXCESS (\$\$)                   | As Per Policy                            |
| FOOD AND/OR PARCEL DELIVERY     | N.A.                                     |

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

ETIQA INSURANCE PTE. LTD.

Authorised Signature

Issued by ANDA INSURANCE AGENCIES PL on 23-Mar-2023 12:42:37 PM

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.  
- Premium for time on risk will be charged subject to minimum S\$53.50 (inclusive of GST) if the policy is cancelled after the inception date.  
- An administrative fee of \$26.75 (inclusive of GST) will be charged when:  
- Cover note is issued and cancelled before inception; or  
- Old registration number is retained for a new vehicle insuring with Etiqa.

## PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

MTC/NOTE/ETQ/22



MY3  
73000003  
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.** MX107431

- |  |  |                           |         |
|--|--|---------------------------|---------|
| 1. Index Mark and Registration Number of Vehicle                           | FBU 7240T                                |                           |         |
| 2. Name of Policyholder  | NISHAT BEGAM BINTE ABDULLAH (NOT RIDING) |                           |         |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 23/03/2023                               | Excess: T/P, Fire & Theft | S\$ 300 |
| 4. Date of Expiry of Insurance   | 22/03/2024                               |                           |         |
| 5. Persons or Classes of Persons entitled to drive                         | Engine No                                | : G3J8E0110675            |         |
|  | Chassis No                               | : MH3SG4640KJ058181       |         |
|  | Hire Purchase                            | : United Cycles LLP       |         |

**THE POLICYHOLDER**

NABIL AZFAR BIN ABDUL FATAH

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 SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.

THE POLICY DOES NOT COVER:

- ( i ) USE FOR HIRE OR REWARD.
- ( ii ) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- ( iii ) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
- ( iv ) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

\* 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](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://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).

GOPRBT2 28/03/2023 15:27:26



For and on behalf of **Etiqa Insurance Pte. Ltd.**  
Approved Insurer

Authorised Signature