SN07236G000C / Income Insurance Limited
ENTRY DATE & TIME: 16/06/2023 12:21 (SGT)
SUBMITTED BY: Mohammad Ikhsan Bin Abdul Aziz
VERSION: 1 (16/06/2023 12:21 (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.
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	16/06/2023 12:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/06/2023 00:05 (SGT)
Exact Location of Accident	Syed Alwi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ3088P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD HAZWAN BIN JOHARI
NRIC No	[redacted]
Email Address	MDHAZWAN64@GMAIL.COM
Mobile Phone No	[redacted]
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124918015-01

DRIVER

Name of Driver	MUHAMMAD HAZWAN BIN JOHARI
NRIC No	[redacted]
Date Of Birth	25/08/1999
Occupation	Outdoor

Date Of Driving Pass	28/06/2019
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-90090737
Alt. Phone Number	-
Email Address	MDHAZWAN64@GMAIL.COM
Address	[redacted]
Address complement	[redacted]
Postcode	[redacted]
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
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/20230615/7034

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	SHB5135G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM TECK LENG
NRIC No	[redacted]
Contact Number	[redacted]
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	MUHAMMAD HAZWAN BIN JOHARI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ3088P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

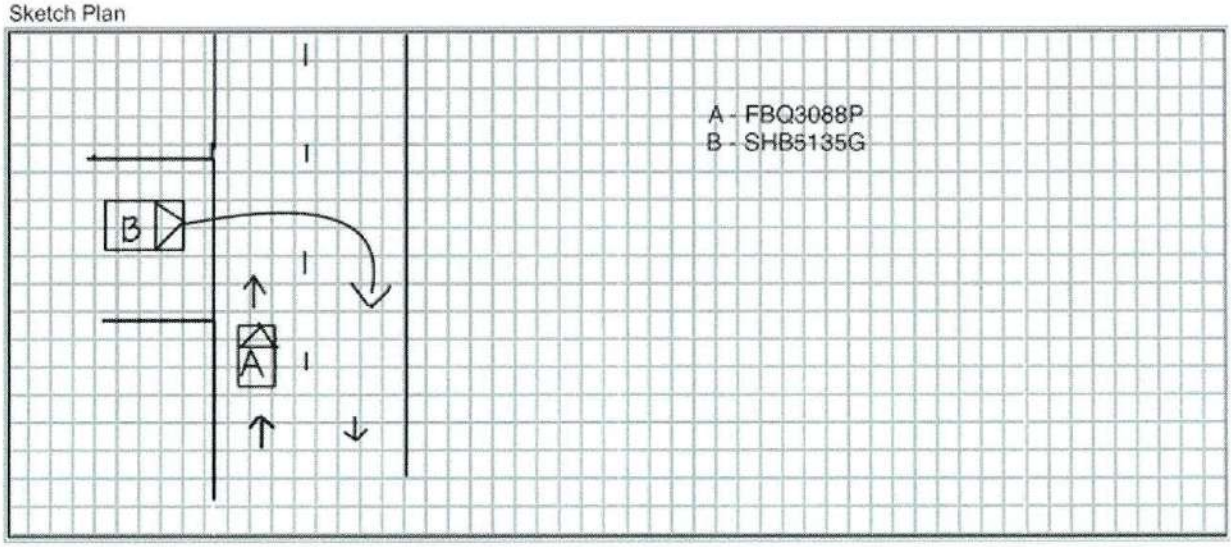
(collectively the "**Purposes**")

(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.

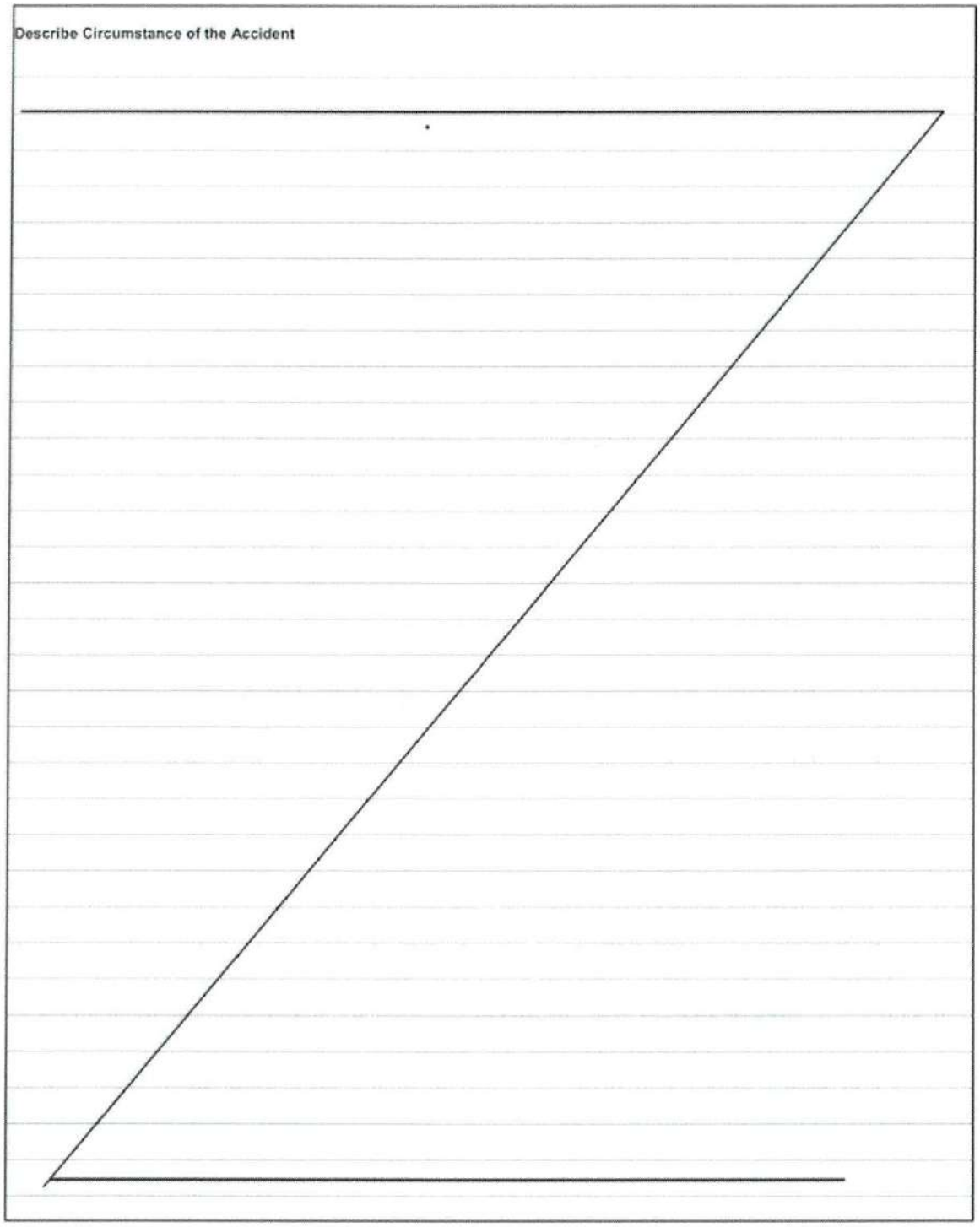
16062023 & 1300HRS		Mohammad Ikhsan Bin Abdul Aziz
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



SKETCH PLAN #2

Describe Circumstance of the Accident



Declaration

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

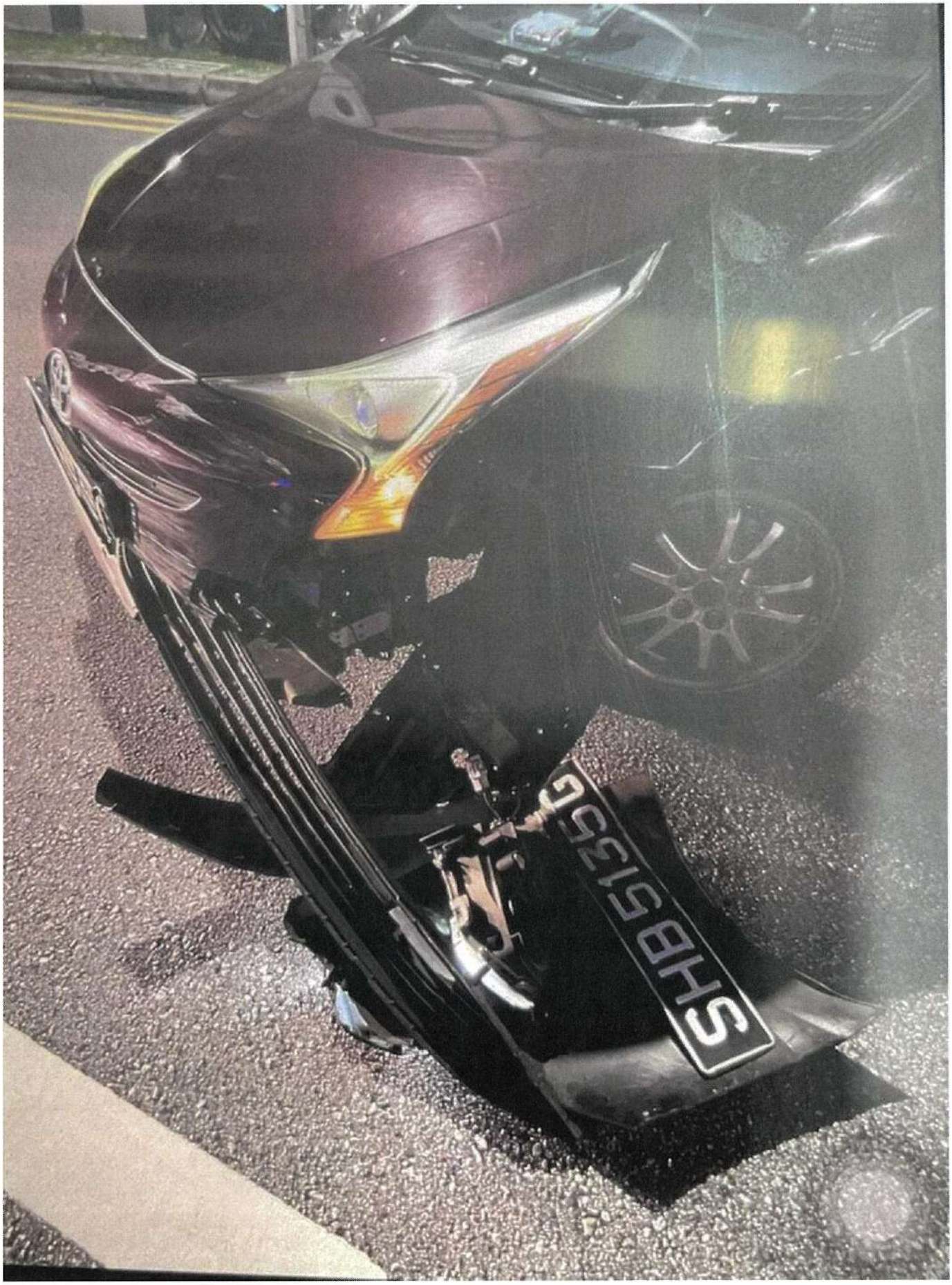
16/06/2023 & 1300hrs

Policyholder's Signature / Date & Time

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

Mohammad Ikhsan Bin Abdul Aziz

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


SHB 5135G

IMAGES #2


ASHA
SYNDICATE
YAMAHA

IMAGES #4

IMAGES #5

IMAGES #6

SINGAPORE POLICE FORCE

T/20230615/7034

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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	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: 15/06/2023 14:24
Officer In Charge Of Case: TP / TPIB / MUHAMMAD FARHAN BIN MOHAMED Contact No.: 65476224	Classification Of Case:

POLICE REPORT #2

SINGAPORE POLICE FORCE

T/20230615/7034

Report No. T/20230615/7034

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	MUHAMMAD HAZWAN BIN JOHARI	ID No.	S9926519A
Related Vehicle	FBQ3088P (Motorcycle)	Contact No.	90090737
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	15/06/2023	Date	15/06/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

As i was travelling straight along Syed Alwi Road towards Jalan Besar infront of New World Center, I have slowed down upon approaching a small minor road on my left, a taxi (SHB 5135G) came out from that small minor road and hit the left side of my motorcycle (FBQ3088P). I managed to regain control of my bike and stop at the side of the road. I sustained cuts and bruises + minor lacerations on my left leg. My motorcycle sustain damage on the front left of the coverset.

SINGAPORE POLICE FORCE

T/20230615/7034

Report No. T/20230615/7034

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
15/06/2023 14:24	A/20230615/0011	

Informant's Particulars

Name of Informant: MUHAMMAD HAZWAN BIN JOHARI	Address: 279 YISHUN STREET 22 #05-330 SINGAPORE 760279
ID Type / ID No.: NRIC NO / S9926519A	Contact No.: Home/Office: Mobile: 90090737
Nationality: SINGAPORE CITIZEN	Email: MDHAZWAN64@GMAIL.COM
Sex: Male / Age: 23 / Date of Birth: 25/08/1999	Type of Informant: Vehicle Owner
Race: Malay	Language: English
Occupation: Insurance sales agent/broker	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: 15/06/2023 00:05	Type of Location: Straight Road
Location: SYED ALWI ROAD				
Weather: Clear	Road Surface: Dry			
Traffic Flow: Two Way	Traffic Control: Not Controlled			Traffic Volume: Light
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
FBQ3088P	Motorcycle	YAMAHA	Aerox 155	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ3088P	NTUC Income Insurance Co-Operative Limited	5124918015-01	08/03/2023	07/03/2024