SN07242N000C / Income Insurance Limited ENTRY DATE & TIME: 23/02/2024 14:40 (SGT) SUBMITTED BY: Md Shan Kasmeir Bin Abdullah VERSION: 1 (23/02/2024 14:40 (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 First Submission 23/02/2024 14:40 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 27/11/2023 12:30 (SGT) Exact Location of Accident Singapore Additional Location Information PASIR RIS STREET 11 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

150

Vehicle Registration Number FBP4788B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SITI MARYAM BTE A RAHMAN NRIC No S9339121G Fmail Address MARYAM.RAHMAN@LIVE.CO.UK Mobile Phone No (Phone) +65-93281928 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Yamaha Model SNIPER T150 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 - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5117176105-03

DRIVER

Name of Driver SITI MARYAM BTE A RAHMAN NRIC No S9339121G Date Of Birth 19/10/1993 Occupation Indoor

Driving Pass Date 11/07/2017 Driving experience 6 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-93281928 Alt. Phone Number Email Address MARYAM.RAHMAN@LIVE.CO.UK Address BLK 428 #10-31 Address complement PASIR RIS DRIVE 6 Postcode 510428 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 - Cross Junction 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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 REFER TO 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 SBS3787U

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Bus
Name of Driver	UNKNOWN
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SITI MARYAM BTE A RAHMAN Female (Phone) +65-93281928 BLK 428 #10-31 PASIR RIS DRIVE 6 510428 30 SERIOUS INJURY FBP4788B No Yes
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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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

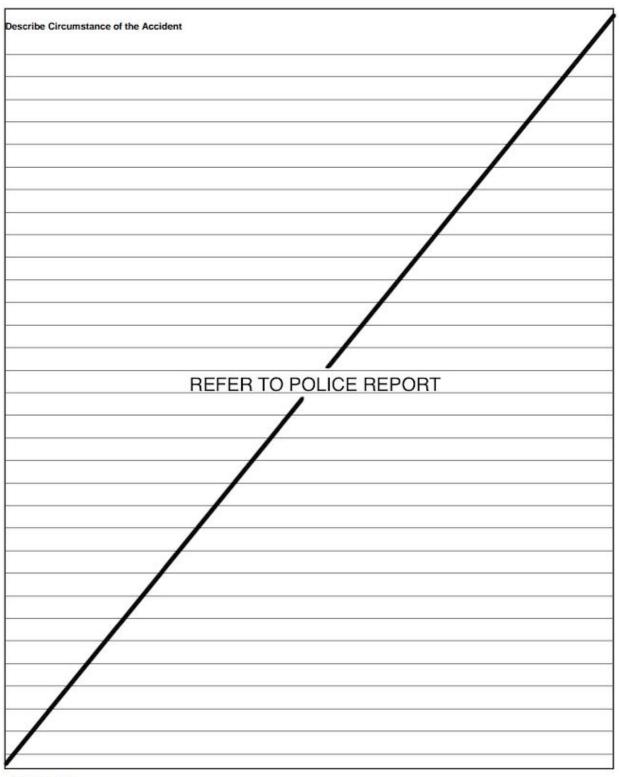
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Sig ate & Time Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel 22/02/2024 & Time (Name as in NRIC/ID card) Tan Jie Xiong, Shaun 1430HRS Sketch Plan S996707 A - FBP4788B B - SBS3787U PASIR RIS STREET 12 B PASIR RIS STREET 11

CACCIDENT REPORT SN07242N000C



Declaration

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

Policyholder's Signa ure / Date & Time 22/02/2024 1430HRS

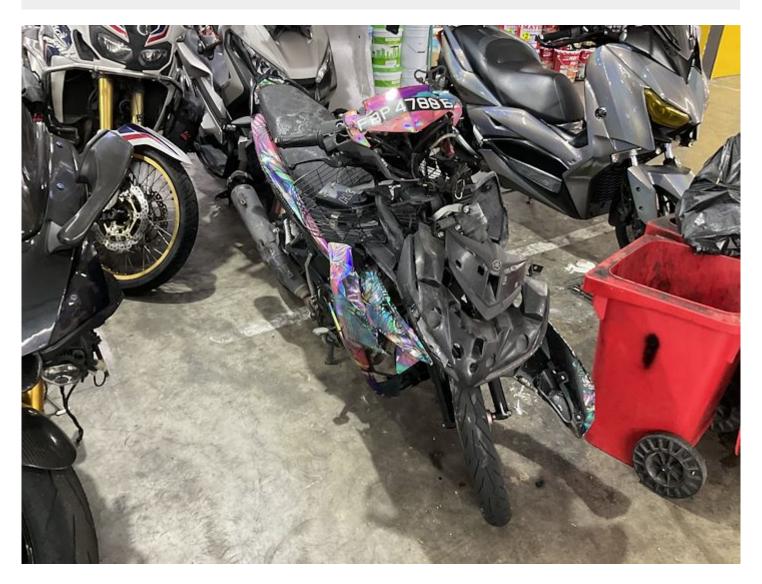
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Tan Jie Xiong, Shaun

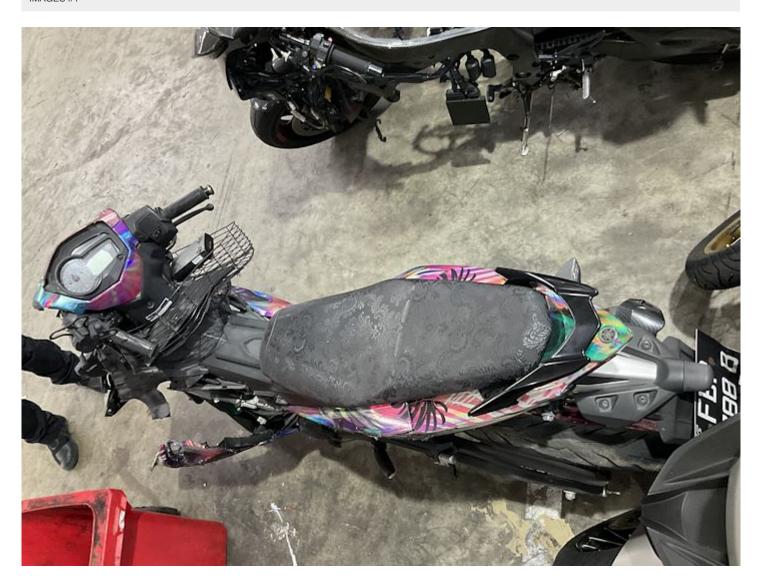
S996707

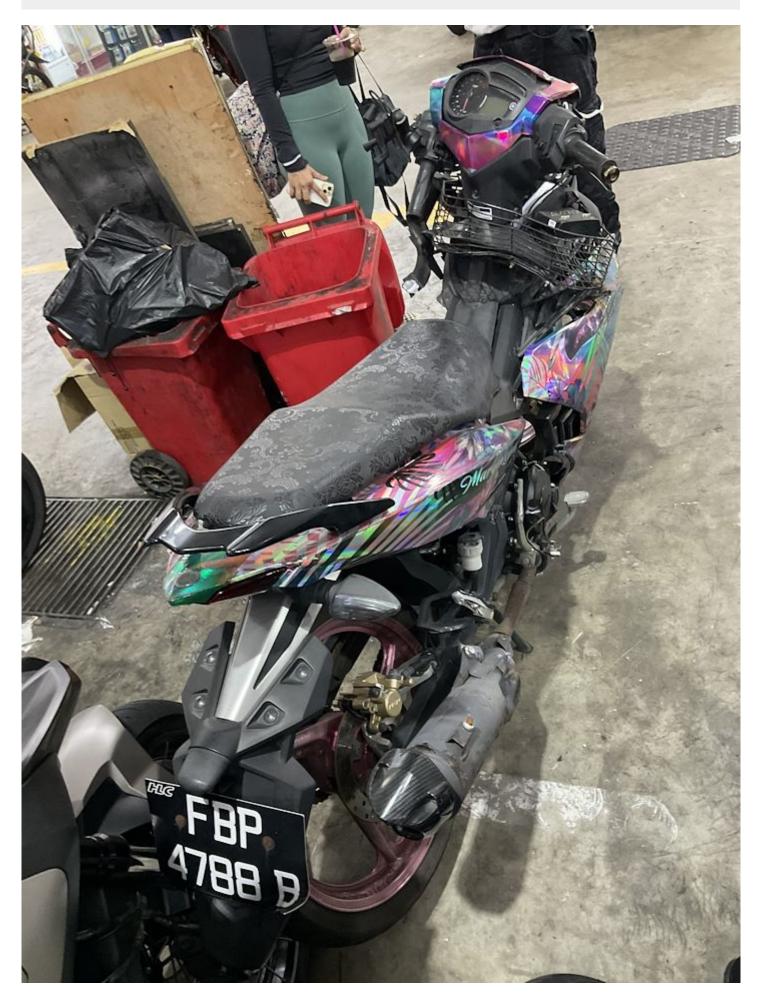
2

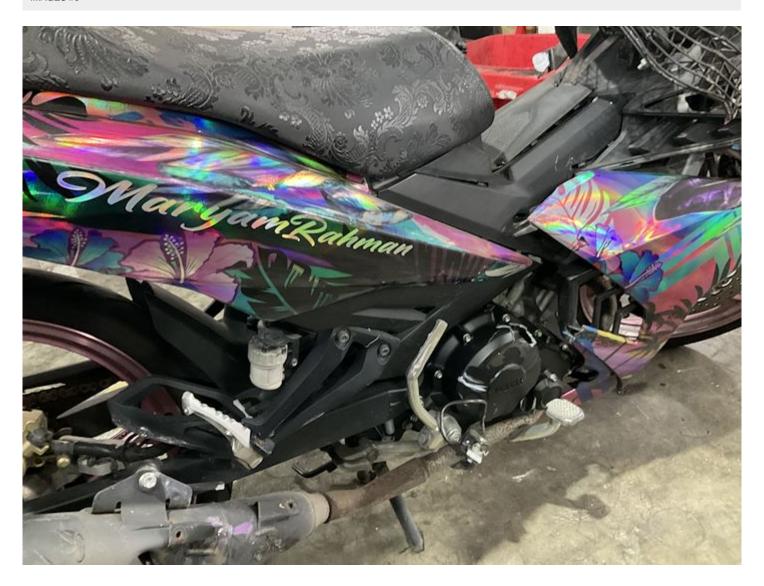
























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240110/7094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2024 19:25		Vide Report No.: G/20231127/0069	Station Diary No.:		
Informan	t's Particu	ulars			
Name of Informant: SITI MARYAM BINTE ABDUL RAHMAN			Address: 428 PASIR RIS DRIVE 6 #10-31 SINGAPORE 510428		
ID Type / ID No.: NRIC NO / S9339121G		Contact No.: Home/Office:	Mobile: 93281928		
Nationality: SINGAPORE CITIZEN		Email: MARYAM.RAHMAN@I	LIVE.CO.UK		
Sex: Age: Date of Birth: Female 30 19/10/1993			Type of Informant: Rider		
Race: Boyanese		Language: English			
Occupation: Shop sales assistant		Driving Licence Information: Class: 2B Date of Expiry:			

General Infor	mation of the Accident			
Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 27/11/2023 12:30	Type of Location: T-Junction
Location: PASIR RIS S Weather:		Road Surface:		
Clear		Ory		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collis Between Mov	ion: ing Vehicles - Head To Side)		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBP4788B	Motorcycle	YAMAHA	SNIPER T150	Green	Seriously Damaged	
SBS3787U	Bus/Coach/Mi nibus	VOLVO		Multi-Colored	Slightly Damaged	0





T/20240110/7094

2 of 3 Report No. T/20240110/7094

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP4788B	NTUC Income Insurance Co-Operative Limited	5117176105-03	14/04/2023	13/04/2024

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No		55.56		
No. of Pedestrian	ns Injured: NIL		Use of Pe	destrian Cro	ssing: NA
Rider					
Name	SITI MARYAM BINT	SITI MARYAM BINTE ABDUL RAHMAN		ID No.	S9339121G
Related Vehicle	FBP4788B (Motorcycle)			Contact No	o. 93281928
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	27/11/2023 Date		Date	13/	12/2023
No. of Days gran	ted Medical Leave	NIL	Degree o	f Ser	ious

Brief Details.

I was riding to work, travelling straight, the traffic light is green, it was my right of way and suddenly a bus hit me from the side at the T Junction.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20240110/7094

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: 10/01/2024 19:25
Officer In Charge Of Case: TP / TPIB / KOH WEI JIE Contact No.: 65476358	Classification Of Case:

Open Microsoft 365 (Office)

