

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 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 ability.
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 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 Report | 28/11/2017 18:05 |
| Date Of Accident | 27/11/2017 20:40 |
| Exact Location Of Accident | ALONG CCK CTRL ENTRANCE TO CARPARK BLK 228 |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | FBB4565B |
| Insured/Policyholder | |
| Name Of Registered Owner | AZRI BIN ANWAR |
| NRIC No | S9407258A |
| Email Address | AZRI_1294@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-82686041 |
| Alternative Phone No | OTHERS-82686041 |
| Vehicle Particulars | |
| Manufacturer | YAMAHA |
| Model | SPARK-135CC |
| Exact Purpose for which vehicle was being used at time of accident | FOOD DELIVERY/WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | MOTORCYCLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5086128908 |
| Cover Note Number | |
| Driver | |
| Name of Driver | AZRI BIN ANWAR |
| NRIC No | S9407258A |
| Date Of Birth | 04/03/1994 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/01/2014 |
| Driving Experience | 3 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82686041 |
| Fax Number | |
| Contact Number | OTHERS-82686041 |
| EEmail Address | AZRI_1294@HOTMAIL.COM |

| | |
|---|---|
| Address | BLK 412 CHOA CHU KANG AVENUE 3 #03-377 |
| Postcode | 680412 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | YES |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | QUEENSTOWN N.P.C |
| Police Station Address | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | SKK9806U |
| Vehicle Make/Model/Colour | TOYOTA |
| Details Of Properties | |
| Name of Driver | LOH KONG NGAM |
| NRIC/Passport Number | S0273190H |
| Contact Number | 97361619 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

Details of Witness

| | |
|------|------------------|
| Name | ERWIN OR DASHENI |
|------|------------------|

Phone Number 97995643 OR 86124900
Email Address

DETAILS OF INJURED PERSON 1

Name AZRI BIN ANWAR
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBB4565B
Were seat belts worn?
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

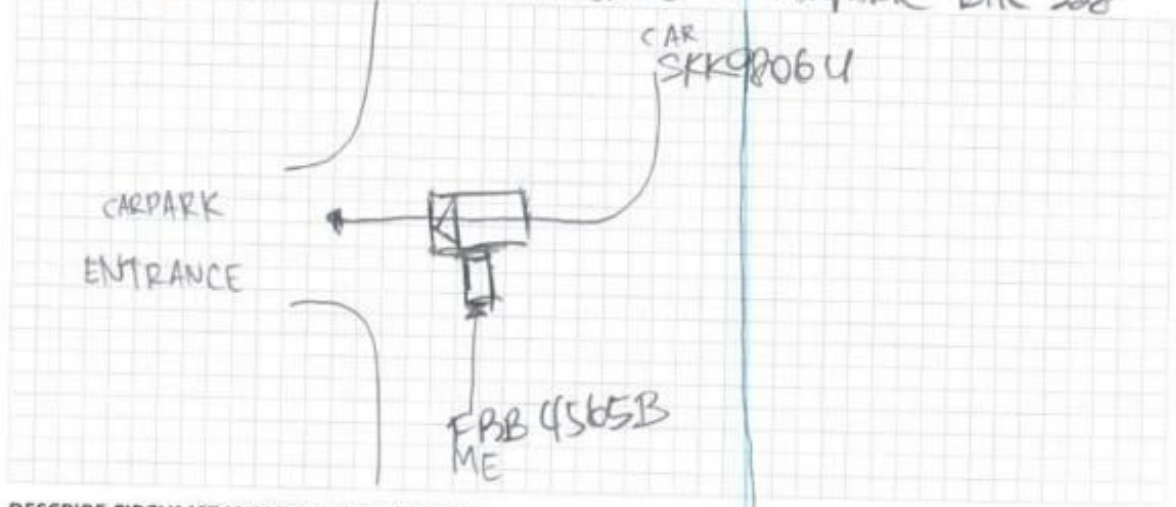
Policyholder's Signature
Date & Time:

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

28/4/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN Along CCK C9RL ENTRANCE TO CARPARK BIK 228



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS refer to police report 7/2017/128/2100

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 28/4/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20171128/2100

1 of 3

Report No. T/20171128/2100

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 28/11/2017 16:34 | Vide Report No.: | Station Diary No.: 65 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|--|------------------------------|-----------------------------|
| Name of Informant: AZRI BIN ANWAR | Address: APT BLK 412 CHOA CHU KANG AVENUE 3 #03-377 SINGAPORE 680412 | | |
| ID Type / ID No.: NRIC NO / S9407258A | Contact No.: | Mobile: 82686041 | |
| Nationality: SINGAPORE CITIZEN | Home/Office: | Email: | |
| Sex: Male | Age: 23 | Date of Birth: 04/03/1994 | Type of Informant: Rider |
| Race: Javanese | Language: | Institution / School Name: | |
| Occupation: PART TIME FOOD DELIVERY | Driving Licence Information: Class: 2B,2A,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------------------------|-----------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 27/11/2017 20:40 | Type of Location: Car Park |
| Location: Along Road 1 CHOA CHU KANG CENTRAL Choa chu kang central towards choa chu kang loop at the entrance to carpark blk 228 choa chu kang central | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: Two Way | Traffic Control: Not Controlled | Traffic Volume: Moderate | | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-------|-------|-------------------|-----------------|
| FBB4565B | Motorcycle | YAMAHA | T135 | White | Seriously Damaged | 0 |
| SKK9806U | Car | | | | | 0 |

Details of Vehicle Insurance

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171128/2100

2 of 3

Report No. T/20171128/2100

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBB4565B | NTUC Income Insurance Co-Operative Limited | 5086128908 | 12/11/2016 | 10/04/2018 |

| Details of Person Involved | | | |
|-----------------------------------|----------------|--------------------------------|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | AZRI BIN ANWAR | | ID No. S9407258A |
| Related Vehicle | NIL | | Contact No. 82686041 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 27/11/17 at about 2040hrs, I was travelling along Choa Chu Kang Central towards Choa Chu Kang loop at the entrance of carpark Blk 228 Choa Chu Kang Central. I was traveling straight when a vehicle SSK9806U made a right turn wanting to enter the carpark entrance. I collided onto the left side of the vehicle. The driver namely Loh Kong Ngam, S0273190H HP:97361619 stopped and exchange contact numbers with me. He left after exchanging numbers with me. On 28/11/17 I went to see doctor at Shalom Clinic and was given 3 days MC as I am having discomfort on my right shoulder and chest. I have 2 eye witnesses namely Erwin Erh HP:97995643 and Dasheni HP:86124900. I made a notice of reporting at Choa Chu Kang NPC at about 2300hrs.

Sketch Plan #5



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20171128/2100

3 of 3

Report No. T/20171128/2100

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:

D /
Sgt 2 LEOW SU LING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
28/11/2017 16:34

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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