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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.
- 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.
- aforesald.

| A LEWIS CHARLES TO MAKE THE | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 30/01/2018 18:38 |
| Date Of Accident | 29/01/2018 15:40 |
| Exact Location Of Accident | STIRLING ROAD OUTSIDE QUEENSTOWN STADIUM |
| Country/State of Loss | SINGAPORE |
| | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FBC3222S |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB |
| NRIC No | S9201781H |
| Email Address | MUHD.SHUAIB.92@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91875795 |
| Alternative Phone No | OTHERS-91875795 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CB400-399CC |
| 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 |
| f 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 | 5091117300 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB |
| NRIC No | S9201781H |
| Date Of Birth | 13/01/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/02/2014 |
| Driving Experience | 3 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91875795 |
| Fax Number | |
| Contact Number | OTHERS-91875795 |
| EMail Address | MUHD.SHUAIB.92@GMAIL.COM |

Address

BLK 6 TELOK BLANGAH CRESCENT

#03-424

Postcode

090006

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?

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

YES

Was any other material or property damaged? 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 POLICE REPORT T/20180130/2101

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

GV2858F

Vehicle Make/Model/Colour

MITSUBISHI L300

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

SEAH CHENG YEONG

NRIC/Passport Number

S1412409H

Contact Number

81112752

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 37

| THE PERSON NAMED IN | DETAILS OF INJURED PERSON 1 |
|---|--------------------------------------|
| Name | MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FBC3222S |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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
- 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 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.
- 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.

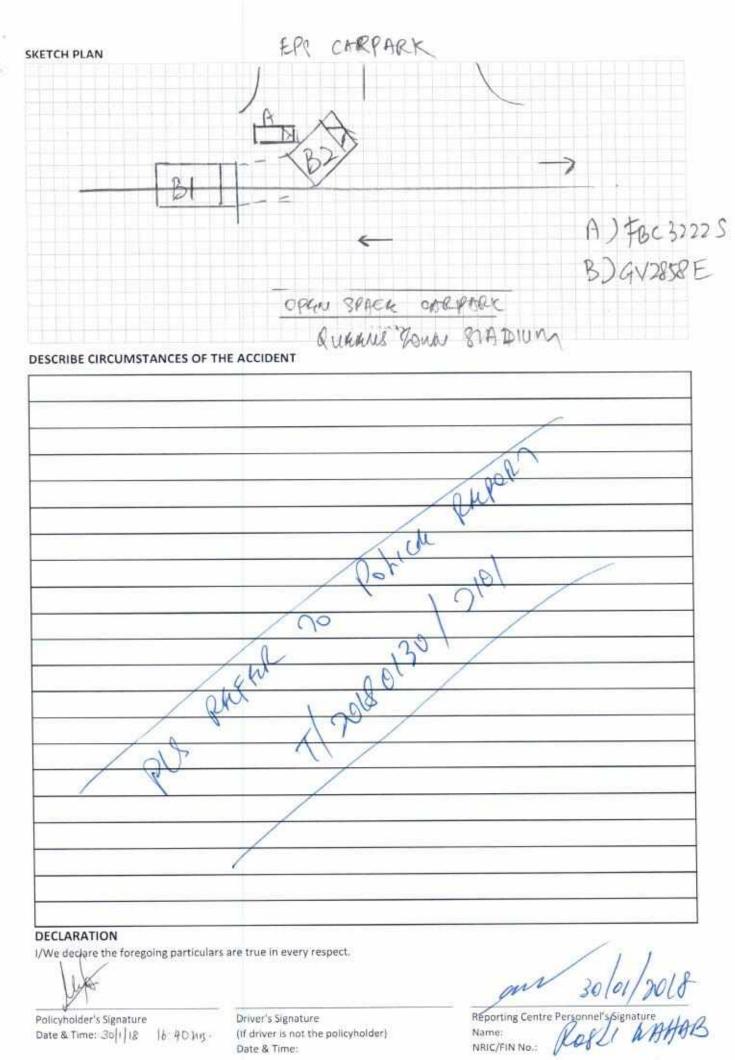
Policyholder's Signature

Date & Time: 30 1 18 6 90 kg Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No. 108 H WATERS



CLARROCUDARSEFERSEOIN DV





1 of 3

Report No. T/20180130/2101

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

| REPORT | F A TRAFFIC | ACCIDENT | | | | | |
|---|-------------------------|------------------------------|--|------------------------------------|--|--|--|
| | ne Report N 18 16:00 | lade: | Vide Report No.: | Station Diary No.: 58 | | | |
| Informa | nt's Particu | ulars | | | | | |
| Name of Informant: MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB | | | Address: APT BLK 6 TELOK BLANGAH CRESCENT #03-424 SINGAPORE 090006 | | | | |
| ID Type / ID No.: NRIC NO / S9201781H | | | Contact No.: Home/Office: Mobile: 91875795 | | | | |
| National SINGAP | ity: PORE CITIZ | EN | Email: | | | | |
| Sex: Male | Age: 26 | Date of Birth: 13/01/1992 | Type of Informant: Rider | 70 | | | |
| Race: | | 14 | Language: English | Institution / School Name: MDIS | | | |
| Occupation: | | | Driving Licence Information: Class: 2B.2A.2.3 Date of Expiry: | | | | |

| General Infor | mation of the Acci | dent | | | | | |
|--|-------------------------------|------------|-----------------------|---|--|--|--|
| Type of Accident: | Type of Injury | | Drink Drive: No | Date/Time of Accident: 29/01/2018 15:40 | Type of Location Straight Road | | |
| Location: Along Road 1 STIRLING RO Outside Que Weather: | | Roa | d Surface: | | Road Speed Limit: | | |
| Clear | | Dry | u 00,1000 | | I CONTROL SANCES PROPERTIES CANADA | | |
| Traffic Flow: Two Way | | Traf | fic Control: | | Traffic Volume: | | |
| Type of Collis Between Mo | sion: ving Vehicles - Side | Swipe - Sa | me Direction | | Anyone conveyed by ambulance: No | | |

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|-------|-------|-----------|-----------------|
| FBC3222S | Motorcycle | HONDA | CB400 | Red | 4 | 0 |
| GV2858E | Van | | | | | 0 |

| Details of Vehicle Insurance | | | | | | | | | |
|------------------------------|--|--------------|------------|-------------|--|--|--|--|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | | | | | |
| FBC3222S | NTUC Income Insurance Co-Operative Limited | 5091117300 | 20/05/2017 | 24/01/2019 | | | | | |



T/20180130/2101

2 of 3

Report No. T/20180130/2101

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

| Details of Person | n Involved | | | | |
|-------------------|-----------------------------------|------------|-------------|--------|---|
| Any Pedestrian Ir | volved: No | | | | |
| No. of Pedestrian | | Use of Per | destrian | Cross | ing: NA |
| Rider | | | 1 | | |
| Name | MUHAMMAD AL SHUAIB BIN I SHAIB | MOHAMED | ID No. | | S9201781H |
| Related Vehicle | FBC3222S (Motorcycle) | | Conta | ct No. | 91875795 |
| Hospital/Clinic | NIL | | | | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Disc | harge | NIL | |
| No. of Days gran | ted Medical Leave NIL | Degree of | f Injury | NIL | |
| Driver | | | | | THE RESIDENCE |
| Name | SEAH CHENG YEONG | | ID No. | | S1412409H |
| Related Vehicle | GV2858E (Van) | | Contact No. | | 81112752 |
| Hospital/Clinic | NIL | | | | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Disc | charge | NIL | |
| No. of Days gran | ted Medical Leave NIL | Degree o | f Injury | NIL | |

Brief Details.

On the above mentioned, date, time and location. I was riding out of MDIS towards Queensway Stadium. I saw that a red van (GV2858E) stopped along centre white line. I was approaching on his left when he suddenly made a left turn into the car park which resulted in a collision with me.

The van hit the right handle bar of my motor cycle and I fell off the motorcycle and slide forward. I suffered abrasion on my left elbow, right arm and left forearm. Motorcycle suffer dent to the tank, lever guard head faring and my meter cover was broken. I then went to 18 Jalan Membina #02-05, Chua & Partners Family Clinic Pte Ltd, to seek medical attention and was given 3 days MC due to the injuries.

There is no injuries on the other driver. His vehicle suffer dent at the front left door and his side mirror came off.





3 of 3

Report No. T/20180130/2101

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

Sketch Plan

NP168

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.

CONTINUATION OF REPORT

| Signature Of Officer Recording The Report: D / Sgt 2 TIO JUN LONG | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 30/01/2018 16:00 |
| Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476423 | Classification Of Case: |
| Authentication Stamp | |

Claim Handling Accident MT/0980208 Policy No. 5091117300 Webicle No. FRC10225 GST Registration No. Policyholder Name MUHAMMAD AL-SHUAIB BIN MOHAMED SHAIB Policyholder NRIC Product Code MOTORCYCLE INSURANCE Cover Type Third Purty Contect:No:(Mobile) 91875795 Contact No (Office) Contact No.(Home) Email Address Special Remark eCode IN NO YES (ii) No Fes eCode Reason NCD Protection No NCD Entitlement(%) Private Hire Not everlable Accident Details Report Date 30/01/2016 18:32 Accident Report Within 24 hrs. Accident Type Side Swipe Date of Accident 29/01/2018 Time of Accident 55 mm **Enumbry of Accident** 15:40 Singapore Reporting Centre Oranga Force ICM No. Accident Location STIRLING ROAD OUTSIDE QUEENSTOWN STADIUM 12 Benefits Trees. Own damage Excess Windscreen Excess Unnamed Driver Excess. Outside Singapore OD Excess Third Party Excess 00.00 Outside Singapore TP Excess GST Registered Information **GST Registered** GST Registration Date GST Registration No. Vès Modification History Policyholder Mailing Address Address 1 BUX 6:#03-424 Address 2 TELOK BLANGAH CRESCENT Address 4 Address Type Singapore address Post Code Related Policy Number 5091117300 TO OI Driver Info Driver Name MUHAMMAD AL SHUALE BIN MOHAMED SHALE Driver Type Main Driver Unnamed driver Name Driver NRIC \$9201781H Driver DOB Register Date of Driver License 23/06/2010 Driving Experience Contact No.(Motale) Contact No.(Office) Contact No.(Home) BLK 6 #03-424 TELOK BLANGAH CRESCENT Address 3 Address Type Post Code Singapore address Ooes he own a Singapore Registered car? Yes (iii No Oriver Vehicle No. FBC32225 Driver Insurer Company Breathalyser or Blood Test Yes G. No. Any injury? Reading? Modification History Claim 001 00-MX New Claim Type * CO-MX Insured Name MUHAMMAD AL SHUATS BIN MO Trisured WRIC Contact No.(Mobile) 91875795 Contact No [Home] NIL Contact No. (Office) Email Address MUHD.SHUAIB.92@GMAIL.COM Of Vehicle Number FBC3222S TP Vehicle Number FBC32225 / GV2858E ON 29 Jan 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Liability * Not at Fault Require Finalisation Preference Repair Option Prefeired Workshop, Name unknown Date Registered 30/01/2018 18:36 Claim Close Date Date Received Report Taken By ROSLI WAHAB Workshop Regairer **Fotal Loss but Repaired** Print AK letter Save Submit Attachment Accident No. MT/098U208 Claim No. Last Doc. Received Yes Tho Uplnad Date 30/01/2018 18:56 Path * Category * Confidential Brawse | Clear Please Select

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| Attachment | Uploaded I | by/Date | 1 | Category | 9 | Urgency | | | (3) |
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| 1 | NAC_BURIT_MERIAH_B00676(NATIONA IT MERAH)) on 3 | L ASSESSMENT CENTRE SE 0 Jan 2018 18:34 | ERVICES (HIME | Photos | Normal | Photo |

ACCIDENT STATEMENT

2016 1(00/MM/YYYY), TIME: (15. , 40)(HH:MM) our Sloke 1. DETAILS OF VEHICLE FBL 3222S O) VEHICLE NUMBER:_ DJINSURANCE COMPANY: NTUC neome CIPOLICY NUMBER: DIPOLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT] HONDA CB400 e MAKE & MODEL! () TYPE: (SACOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) DIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME! I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES(NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: MUHAMMAD AL SHUALB IMALE / FEMALE CONTACT: 9/87574 3920178 IH b) NRIC/FIN/PASSPORT:_ TELOK BLAN GAH CIADDRESS!_ * CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER \$ He of passongs DRIVER (MALE / FEMALE) DINAME: MUHAMMAD : AL BHUMIB (Including driver) b) NRIC/FIN/PASSPORT 377017814 CONTACT BUNNEAM BIK & TELOK CIADDRESS:_ 13/01/1992/100/MM/YYYY " DATE OF BIRTH! L * OCCUPATION: (INDOOR / OUIDOOR) HOATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DIROAD SURFACEI DRY / WET / OTHERS WAS ANYBODY INJURED (ES DNO) a) REPORTED TO POLICE (YES) NO) QUEENSTO WM IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY YEHICLE MODEL! MITSUBISHI GV2858 E VEHICLE NUMBER: 4 No of Dassongar SEAH CHENG YEONG b) DRIVER'S NAME S1412409H (Including diriver) CONTACT: NRIC/FIN/PASSPORT THIRD P'ARTY YEHIQLE VEHICLE NUMBER: 14 140 of passinger DRIVER'S NAMEL NRIC, FIN / PASSPORT (Including delver) 1)

email = mund shuarb 92 @ gmail com.
fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. . \$9201781H



3

Name

MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB ,

محند الانتوايب بن محند شايب

INDIAN

NDIAN

13-01-1992 Country of birth SINGAPORE





427



100 HI 59201781H

20-03-2009

ABT BLK 6 TELOK BLANGAH CRESCENT #03-424 SINGAPORE 090006 4272655

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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| | e | 5091117300 | MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB | \$9201781H | GMC | Third Party | FBC32225 | FBC32225 | 20/05/2017 | 24/01/2019 |
| | | | | | | Continue | | | | |