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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.
- 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.

. By the lodgement of this report to the insurers, you hereby conse foresaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/02/2018 14:34
Date Of Accident	06/02/2018 12:30
Exact Location Of Accident	ALONG ORCHARD ROAD TOWARDS SCOTTS ROAD
Country/State of Loss	SINGAPORE
the post later was a second to	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC4028E
Insured/Policyholder	
Name Of Registered Owner	NURAIDIL BIN ALI
NRIC No	S7735696G
Email Address	AIDILJUN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96224675
Alternative Phone No	OTHERS-96224675
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF150-149CC (M)
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
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5070047170-02
Cover Note Number	
Driver	
Name of Driver	NURAIDIL BIN ALI

Name of Driver S7735696G NRIC No 21/11/1977 Date Of Birth OUTDOOR Occupation

03/05/1999 Date Of Driving Pass Driving Experience 18 YEARS AND 9 MONTHS

MALE Gender

(LOCAL) +65-96224675 Mobile Number

Fax Number

OTHERS-96224675 Contact Number

AIDILJUN@YAHOO.COM.SG **EMail Address**

Address BLK 79A TOA PATOH CENTRAL

#02-09

Postcode 311079

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 COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

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

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

11

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

ich Police Station

Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180206/2148

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 SKH2001L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SOMTHIDA WONGSANTATIVANICH

NRIC/Passport Number S2196925G Contact Number 98501237

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

NURAIDIL BIN ALI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBC4028E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Page 3 of 23

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 5. 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 aforesald.
- 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
- 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

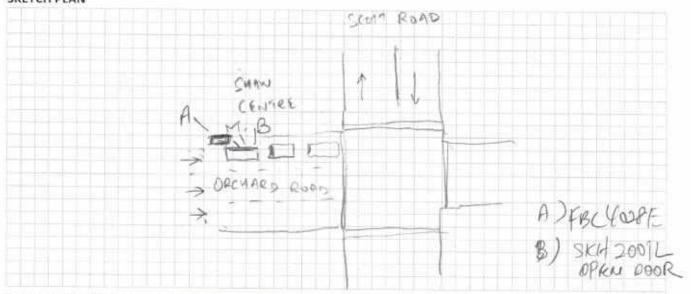
Date & Time: 7 FEB 18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	TANCES OF THE ACCIDENT
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CLARATION	

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

Policyholder's Signature Date & Time: 7 FEB 19

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

KOSLI WHOMBS

BIARRY DANGERSHIP HORE, YE





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Report No. T/20180206/2148

1 of 3

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 18:55		Made:	Vide Report No.:	Station Diary No.: 74			
Informa	nt's Partic	ulars		The second second second second			
Name of Informant: NURAIDIL BIN ALI			Address: APT BLK 79A TOA PAYOH CENTRAL #02-09 SINGAPORE 311079				
ID Type / ID No.: NRIC NO / S7735696G			Contact No.: Home/Office: Mobile: 96224675				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	Age: 40	Date of Birth: 21/11/1977	Type of Informant:				
Race: Malay			Language:	Institution / School Name:			
Occupation: ROAD ACCESS ADVISOR		OVISOR	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:			

acricial inion	mation of the Accid	Drink		
Type of Accident:	Others		Date/Time of Accident: 06/02/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 ORCHARD R along Orchard Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow: Traff		Traffic Control:		Traffic Volume:
One Way Traffic Light - Working			rking	Moderate
Type of Collis Moving Vehicl	ion: le Against - Parked \	Vehicle	***	Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBC4028E	Motorcycle	HONDA	CBF150	Blue	Slightly Damaged	0
SKH2001L	Car			White	Slightly Damaged	1

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBC4028E	NTUC Income Insurance Co-Operative Limited	5070047170-02	28/02/2017	27/02/2018		





T/20180206/2148

2 of 3

Report No. T/20180206/2148

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian II						
No. of Pedestrian	s Injured: NIL		Use of F	Pedestrian	Cross	ing: NA
Rider						
Name	NURAIDIL BIN ALI			ID No.	0	S7735696G
Related Vehicle	FBC4028E (Motorcycle)			Conta	ct No.	96224675
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class Drivin Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	06/02/2018 Date Di			scharge	06/02	/2018
No. of Days granted Medical Leave 03		Control of the Contro	of Injury			
Driver					1/0	
Name	SOMTHIDA WONGSANTATIVANICH		ID No	6)	S2196925G	
Related Vehicle	SKH2001L (Car)			Conta	ct No.	98501237
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Di	ischarge	NIL	
No. of Days gran	ted Medical Leave	NIL		of Injury	NIL	

Brief Details.

On 06/02/2018 at about 1230hrs, I was riding my motorcycle, V1) FBC4028E along Orchard Road toward Scotts Road at the most left lane. As the traffic light was red, a car. V2) SKH2001L in front of me was in a stationery position. I wanted to make a turn left, thus I slowly proceed to the left side of V2. Suddenly, the left rear passenger door of V2 opened and knocked against V1 causing me to had a fall..

No one else was injured except me. My right shoulder was dislocated and I suffered some minor abrasion. I then exchanged particular with V2's driver. My friend then came to scene to push V1 away and sent me to SGH for check up and was given 3 days of MC.

I do not have any video footages of the incident and I wished to state that V2 did not on hazard light when wanted to drop off passenger.





Police Station Of Origin; Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 3 of 3 Report No. T/20180206/2148

Tel No: 1800-6659999

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:	Signature Of Informant:
Sgt 2 TAN HUAY HOCK	ad
Signature Of Interpreter:	Date/Time:
Not applicable	06/02/2018 18:55
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sgt 2 YEO KIA HUAT Contact No.: 65476325	

Claim Handling

Policyholder Name NO Product Code Pro Contact No. (Mubile) 96 Email Address KFK IN NO Protection No IN Accident Details Report Date 07 Date of Accident 06 Reporting Centre	PRODUCTION OF THE PRODUCT OF THE PRO	Vehicle No. Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hhimm Orange Force RDAD Additional Excess	Third Party, Fire & Theft No : Yes 20 Yes £2:30	OST Registration No. Policyholder fiktic Loading Contact No. (Home) eCode eCode Reason Private Hire Accident Type Country of Accident ICM No.	Not evails Others Singapore
Product Code Process Contact No. (Mubile) 96 Email Address KFK	TORCYCLE INSURANCE 124673 No. Ves 122/2018 14:55 P02/2018 DNG ORCHARD ROAD TOWARDS SCOTTE	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hhuma Orange Force RDAD	© Na = Yes 20 Yés	Policyholder NATIC Loading Contact No. (Home) eCode eCode Reasen Private Hire Accident Type Country of Accident	Not evails
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Email Address KFK @ NCD Protection No Accident Details Report Date 07 Date of Accident 06 Reporting Centre Accident Escation AL Benefits Excess Own damage Excess United Party Excess Third Party Excess	No. Ves /02/2018 14:55 /02/2018 DNG GRICHARD ROAD TOWARDS SCOTTS	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hhuma Orange Force RDAD	© Na = Yes 20 Yés	Contact No. (Home) #Cnde #Code Ressen Private Hire Accident Type Country of Accident	Not evails
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GST Registered Information	8.00	Outside Singapore TP Excess			
	i				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Ves	
Modification History					
Policyholder Mailing Addres					
	C79A #02-09	Address 2	TOA PAYOH CENTRAL	Address 3	
	PGAPORE 311079	Address Type	Singapore address	Fost Code	
Unit No.		Related Policy Number	50#7691491-01		
□ 01 Driver Info	EPONO MONTO	VIII VIII VIII VIII VIII VIII VIII VII	TO William		
Driver Name NU Unitamed driver Name	RAIDIL BIN ALI	Driver Type	Main Driver		
	LINE IL REGION	Driver NRIC	5773569665	Driver DOB	
	05/1999	Driver Age	40	Driving Experience	
	224675	Contact No. (Office)		Contact No.(Home)	
	(79A ±02-09	Address 2	TOA RAYOH CENTRAL	Address 3	
	GAPORE 311679	Address Type	Singapore address	Post Code	
Unit No. Does he own a Singapore					
Registered car?	Yes 😭 No	Driver Vehicle No.	FBC4028E	Driver Insurer Company	
Declaration					
State that the same will be a warre	55	1.11.11			
Reading?	9	Any injury?	Yer = No		
Modification History					
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Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	FBC4028E	TP Vehicle Number	
Claim Description FB Preferred Workshop Contact	4028E / SKH2001L GN 6 Feb 2018			Name of Preferred Workshop	
No.		Insured LiebRity *	Not at Fault ▼		
Require Finalisation Ye	s)	Preferend Repair Option	Preferred Workshop, Name unknown *	GIA report	
Clate Registered 07	02/2018 14:59	Claim Close Date		Date Received	
Report Taken By RO	SLI WARAB	Workshop Repeirer		Total Loss but Repaired	
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1,	DETAILS OF VEHI	///	C 40%	fr.		3 0
	a) VEHICLE NUM				-	
*	b)INSURANCE C		1004717	-02		
	d)POLICY TYPE: (DEARTY F	IRE &THEFT
	PIMAKELMODE	ED HOAIY	DA (B/5)	0	5	
	()TYPE: (SALOON	/ COUPE / M	IPV /V AN / LC	XRRY / MOTO	RCYCLE.	OTHERS)
	g) VEHICLE CATE				ORCTU	=)
	HIPURPOSE OF U				VES/NO1	
	IF NO, PLEASE S	TATE ITHIRD	PARTY CLAIM	/ REPORTING	ONLY	
2	INSURED / POLIC	THE CONTRACTOR OF STREET		, nensinense	. (1990) 1931 N	
	AINAME: NUR	MOIL F	SM. ALI		_(MALE /	
2	b) NRIC/FIN/PAS	SPORT:		CON	ACT:	desmot,
25 W 29	c)ADDRESS:			()		
	* CONTINUE TO	3.d IF DRIVER	ALSO POLICY	Y HOLDER		
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(Including draver)	a)NAME:	US . 8	MOUR			(FEMALE)
(T)	OTHER LINE WO	SPORT:		CON	TACT:	
(+)	c) ADDRESS:		sensanienatu.			
75	'd)DATE OF BIRT	H: (/_]	DD/MM/YYY	Y)	
2.	e)OCCUPATION	I: LINDOOR /	OUIDOOR)		3 .	11.00
	MAS DRIVER A		E OF THE IN	SURED'S CC	MPANY?	(YES / NO)
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7	IF YES, PLEASE	STATE WHIC	H POLICE STA	TION:	3UKI1	MIBIC
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t 140 of passenger	a) VEHICLE N	JMBER:	CH 20011	MOD)=11	
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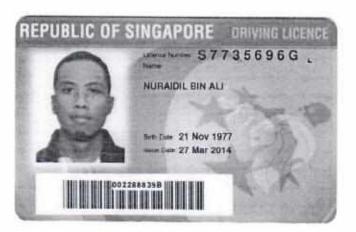
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Date of lance 29-12-2005

APT BLK 79A TOA PAYOH CENTRAL #02-09 SINGAPORE 311079

MRIC No: \$77356968

Date: 13/11/2008

No: 6094425

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

EFFECTIVE DATE

Class 2B Motorcycles << 200 cc 03 May 1999
Class 2A Motorcycles between 201 cc and 400 cc 07 Nov 2000
Motor Cars <= 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles << 2500kg

Licence No: \$7735696G

NP 428A

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