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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 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.

- 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	STATEMEN
12/02/2018	19:44

ACCIDENT STATEMENT

Date Of Report

12/02/2018 19:44

Date Of Accident

10/02/2018 21:30

Exact Location Of Accident

Country/State of Loss

SLIP RD FROM KJE INTO CHOA CHU KANG DRIVE

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBH9958L

Insured/Policyholder

Name Of Registered Owner

A'ADI BIN SALLEH

NRIC No

S7110940B

Email Address

JAVA74155@YAHOO.COM.SG

Mobile Phone No

(LOCAL) +65-90222036

Alternative Phone No.

OTHERS-90222036

Vehicle Particulars

Manufacturer

YAMAHA

Model

FAZER 600

Exact Purpose for which vehicle was being used at

PRIVATE USE

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

NO

If No. Please state action to be taken

REPORTING ONLY

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

5094679147

Cover Note Number

Driver

Name of Driver

A'ADI BIN SALLEH

NRIC No

S7110940B 09/04/1971

Date Of Birth Occupation

INDOOR

Date Of Driving Pass

04/01/2000

Driving Experience

18 YEARS AND 1 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-90222036

Fax Number

Contact Number

OTHERS-90222036

EMail Address

JAVA74155@YAHOO.COM.SG

Address

BLK 611 BUKIT PANJANG RING ROAD

#06-878

Postcode

670611

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

NO

Was any injured conveyed to hospital by ambulance?

NO

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)

2

Passenger 1

NAME:

: MARIANA

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT J/20180211/7004

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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LIM HENG CHYN

NRIC/Passport Number

S7318284J

Contact Number

Address

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.
- 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)
 - (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:

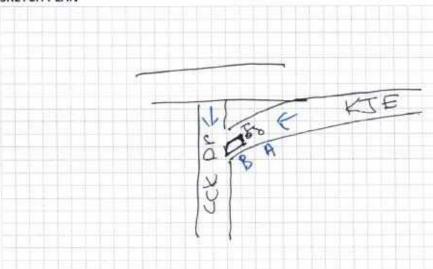
12/02/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature



A) FBH 9958 L B) UNKNOWN. CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	02.18@ 21304 I was involved in an
accident	at the slip road junctions of KJEFCCKA
The 3rd	Party private car had stopped abruptly at the. was not able to stop my see motorcycle in in a collided into the rear hand right side.
inction.)	was not able to stop my se motorcycle at in
Fine and	a wilded into the rear hand right side.
No INJUN	y reported by both party. The car had a tree RHR seaf his our and screetches.
dento	o the RHR 2007 his own and screetches.
POLICK A	upop) 5/20180>11/2004

DECLARATION

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

Policyholder's Signature

Date & Time:

12596 12/02/18

Driver's Signature (If driver is not the policyholder)

Date & Time:

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





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Jurong Police Divisional HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Report No. J/20180211/7004

Date/Time Report Made	Vide Rep	Station Diary No.			
11/02/2018 10:53					
Name Of Informant	Address				
A'ADI BIN SALLEH	APT BLK 611 BUKIT PANJANG RING ROAD #06 SINGAPORE 670611				
ID Type / ID No. NRIC NO / S7110940B		Contact No. Home/Office: Mobile: 90222036			
Nationality SINGAPORE CITIZEN	Email Address aadi@smrt.com.sg				
Occupation	Sex	Age	Date of Birth	Race	
Supervisor	Male	46	09/04/1971	Javanese	
Institution/School Name	Language English				
Date/Time Of Incident 10/02/2018 21:35 - 10/02/2018 21:45	Location Of Incident KRANJI EXPRESSWAY				

Brief details.

I was involved in an accident with a private car at the above location. At the junction, the car had stopped abruptly. I was not able to stop my motorcycle in time and collided into the RHR of the car. My motorcycle was slightly scratched and the car was slightly dented. The car is still able to move on its own.

We agreed to exchange particulars since the 3rd party driver has the intention to make a insurance claim. While in the state of confusion, I took the snapshoot before returning it to the 3rd party driver.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this				
Not applicable	report has been authenticated by SingPass. No signature is required.				
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2018 10:53				
Officer In-Charge Of Case:	Classification Of Case:				

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180211/7004

I spoke to him for a bit and told him to contact me if he changes his mind and wants to settle this privately. We then moved off from the location.

When I arrived at the destination at Blk 118 Teck Whye Lane, I realised that I have forgotten to exchange contact numbers with him and also did not note down his vehicle number for my record.

I proceeded back to the accident location but the car was no more in sight.

I am making this report for my record purpose. I will also be reporting this accident to my insurance.

Victim			
Person Name	Lim Heng Chyn		
ID Type	OTHERS / Driving Licence	ID No	S7318284J
Gender	Male	Age	45
Race	Chinese	Language	English
Relation To	3rd Party Driver		
Informant			

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: 11/02/2018 10:53
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Claim Handling Accident MT/0982059 Policy No. 5094679147 Vehicle No. FBHIDGSBL GST Registration Nu. Policyholder Name A'ADI BIN SALLEH Policyflolder NR3C Product Code MOTORCYCLE INSURANCE Cover Type Third Party, Fire & Thaffi Loading Contact No. (Mobile) 90222036 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode S No. Yes @ No Yes eCode Resson NCD Protection NCD Shtmament(%) Private Hire · Accident Details Report Date: 12/02/2018 19:56 Accident Report Within 24 hrs. Accident Type Collision - Head Date of Accident 10/02/2018 Time of Accident Shrimm 21:30 Country of Accident Singapore Reporting Centre Otange Force SCM No. Accident Location SLIP RD FROM KJE INTO CHOA CHU KANG DRIVE □ Benefits T Excuss Own dantage Excess 0.00 Windscreen Excess Unnamed Driver Paress Dutside Singapore CO Excess Third Party Excess 0.00 **Dutside Singapore TP Excess** GST Registered Information **GST Replatered** No **GST Registration Date** GST Registration No. **GST Status Verified** res **Modification History** · Policyholder Mailing Address BLK 631 #06-878 Address 2 BUKIT PANJANG RING ROAD Address 3 Address 4 Address Type Singapore address Post Code Unit No. Related Policy Number 5094679147 O OI Driver Info Driver Name A'ACLEIN SALLEH Driver Type Main Driver Urmamed driver Name Driver NRIC S71109408 Driver DOE Register Date of Driver License 13/88/1997 Driver Age Driving Experience Contact No. (Mobile) Contact No. (Office) Contact No.(Home) Address 1 BLK 511 #06-879 BUKIT PANJANG RING ROAD Address 3 Address 4 Address Type Singapore address Unit No. Does he own a Singapore Yes T No Driver Vehicle No. FBH9956L Registered car? Driver Insurer Company Declaration fireathetyser or Blood Test Reading? Any intury? Yet : No Modification History Claim 001 New Claim Type * DD-MX Insured Name A'ADI BIN SALLEH Insured NRIC Contact No.(Mobile) 90222930 Contact No.(Home) 64058919 Contact No. (Office) Email Address java74155@yahoo.com.sg Of Vehicle Number FBH9958L TP Vehicle Number Claim Description FBH9958L / UNKNOWN CN 10 Feb 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Liability . Fully at Fault Require Finalisation Preferered Repair Option Preferred Workshop, Name unknown GIA report Date Registered 12/02/2018 19:58 Claim Close Date Date Received Report Taken By **FIOSLI WAHAB** Print AK letter Save | Submit Attachment Accident No. MT/0982059 Claim No. Lest Doc. Received Wes I'l No Upload Date 12/02/2018 19:58 Path * Category * Confidential Urgency Browse... | Clear Please Select



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email: java74155@yahoo.com. fax:= 11080

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7110940B



عادي بن صاليه JAVANESE 09-04-1971 M Country of birth SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE LEGISTA ST 1 1 0 9 4 0 B A'ADI BIN SALLEH Ben Dam 09 Apr 1971 Des 08 Aug 2011

4781848



23-09-2011

APT BLK 511 BUKIT PANJANG RING ROAD #08-878 SINGAPORE 670611

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 28 Motorcycles =< 200 co
Class 2A Motorcycles >< 200 co
Class 2 Motorcycles > 400 co
T7 Nov 1998
T7 Nov 1998
Motor Carse< 3000kg with =<7 passengers exclusive
of the driver; and other motor vehicles =< 2500kg



NP 428A

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	Select	Policy No.	Policyhalder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094679147	A'ADI BIN SALLEH	S7110940B	GMC	Third Party, Fire & Theft		FBH9958L	30/09/2017	29/09/2018
						Continue				