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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.

- 8. 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.

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Date Of Report 02/04/2018 20:22

Date Of Accident 28/03/2018 18:00

Exact Location Of Accident CARPARK OF QUEENSWAY SHOPPING CENTER

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF9684L

Insured/Policyholder

Name Of Registered Owner AHMAD ANDAWI BIN ROSLAN

NRIC No S9315954C

Email Address SELFRELIANCEDUDE@LIVE.COM.SG

Mobile Phone No (LOCAL) +65-91195334

Alternative Phone No OTHERS-91195334

Vehicle Particulars

Manufacturer VESPA

Model PX150-150CC

Exact Purpose for which vehicle was being used at

time of accident

BIKE WAS PARKED

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

Fleet Policy NO

Policy Number 5091940907

Cover Note Number

Driver

Name of Driver AHMAD ANDAWI BIN ROSLAN

 NRIC No
 S9315954C

 Date Of Birth
 12/05/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 26/12/2015

Driving Experience 2 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91195334

Fax Number

Contact Number OTHERS-91195334

EMail Address SELFRELIANCEDUDE@LIVE.COM.SG

BLK 279A SENGKANG EAST AVENUE Address

#04-519

541279 Postcode

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

RAINING Weather Conditions

WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes Please state which Police Station

QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

YES

NO

0

ROAD: NO. 15 COMMONWEALTH AVENUE, POSTCODE: 149725, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-4719999 - FAX NO: 64715299 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180329/2048D

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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.
- 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.
- 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.
- 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.
- 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:
 - 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: 2/4/2018

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

Date & Time:

Reporting Centre Personnel's Signature

MRIC/EIN NO

DECLARATION

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

0

Policyholder's Signature Date & Time: ン/4 2018 Driver's Signature (If driver is not the policyholder) Date & Time:

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

THE WALL SHITTAL TOTAL STREET, MAN





T/20180329/2048D

1 of 3

Report No. T/20180329/2048D

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

REPORT	OF A	TRAFFIC	ACCIDENT

	ne Report N 018 12:38	fade:	Vide Report No.:	Station Diary No.: 5033			
Informa	nt's Partic	ulars					
	f Informant: ANDAWI E	BIN ROSLAN	Address: APT BLK 279A SENGKANG EAST AVENUE #04-519 SINGAPORE 541279				
Control of the second second	/ ID No.: O / S93159	54C	Contact No.: Home/Office: Mobile: 91195334				
National	ity: PORE CITIZ	EN	Email:				
Sex: Male	Age: 24	Date of Birth: 12/05/1993	Type of Informant: Vehicle Owner				
Race: Boyanes	se	<i>y</i>	Language:	Institution / School Name:			
Occupation: IT DESKTOP ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:				

General Infor	mation of the Accid	lent		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/03/2018 18:00	Type of Location Car Park
Location: Along Road 1 QUEENSWA		center		
Weather:	, , , , , , , , , , , , , , , , , , , ,	Road Surface:		Road Speed Limit:
Traffic Flow:	14	Traffic Control:		Traffic Volume:
Type of Collis HIT AND RU				Anyone conveyed by ambulance:

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FBF9684L	Motorcycle				Slightly Damaged	0		





T/20180329/2048D

2 of 3 -

Report No. T/20180329/2048D

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

CONTINUATION OF REPORT

Brief Details.

On the 28/3/2018 at about 1800hrs, I went to my motorcycle which I parked at Queensway Shopping center since 0800hrs. I realized that my motorbike had fallen on the right, causing 3 other motorcycles to fall as well. I examined the damage and found that there was damage to the left of my motorcycle's fender. I believe that my vehicle was involved in a hit and run with another vehicle as I can see white paint on scratch left on the fender. I do not know if there are any CCTVs around. I also did not take down the registration number of 3 other motorcycles.





T/20180329/2048D

3 of 3

Report No. T/20180329/2048D

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

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'ROGER GOH XIN YAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time; 29/03/2018 12:38
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP168	1.45

Accident MT/0988710										79
Policy fig.										
Policy No. Policyhulder Neme	5001940003 AHMAD ANDAWI BIN ROSLAN	Vehicle No.	remote,			GST Registration	50			
Product Code	MOTORCYCLE INSURANCE					Policyholder NRII			5954C	
Contact No.(Mobile)	91195334	Cover Type	Third Park	+		Loading		11		
Email Address	91290334	Contact No (Office)				Contact No.(Hom	43	T participa		
6FM	- An Yas	Spanel Remark				eCode		No. 1	•]	
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Report Date	03/04/2018 11:43	According Report West of 48 and	10000							
Date of Australians		Accident Report Wittim 24 fire				Accident Type		HIZ ar	nd run	
Repurting Centre	28/03/2018	Time of Accident Nr. mm	18.00			Sourcey of Accom-	mt:	Singe	pure	
		Отвире Ригия				IOM No.				
Accident Location	CARPARK OF QUEENSWAY SHOPPING O	CENTER								
→ Benefita										
W Excess										
Own damage Excess	0.00	Additional Excess				Windstreen Exce	11:			
Unnamed Drover Escess		Dutaide Simpapore CO Excus								
Third Party Backss	0.00	Dutside Singapore TP Excess								
→ GST Kepistered I	Information									
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US7 Registration No.			63	T Status Vermee		9.790				
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Address 4	SINGAPORE 141279	Address Type	Singapore	editers		Paul Code		5412		SWESS C
One No.	04-579	Related Policy Number	50419489							
□ OI Driver Info										
Driver Name	AHMAD ANDAWI B ROSLAN	Driver Type	Main Orne							
Ulmamied driver Name		Driver MRIC	39315954			Driver DOS		13200	V1983	
Register Date of Driver I	Ocenne 26/32/2015	Driver Age	24			Oriving Expenses		2	7.7134700	
Contact No.(Motole)	91195334	Contact No.:Office)				Contact No (m)m	eti:			
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Addrese 4	SINGAPORE SA1279	Address Type	Singapore	address		Pari Code		5412		
Unit No.	04-519									
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men Address	03333307	St Vehicle Number	741.			Contact No. (Orfice		-		
Claim Description	PERSONAL / - ON 28 No. 2018	and wernight recomplete	PERSONAL.		_	TP Vehicle Numbe		-		
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46.		Insured Lieutity *	Not at Fau	ft *						
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No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa										

Claim Handling(accident reporting Claim Task)

	Uplnedied By/Date	Folder Date	Fee Name	9	Source	Action
→ Video List						
Ritte.	NAC_BUKTT_MERAH_B00678 UKIT MEI	(NATJONAL ASSESSMENT CENTRE BERVICES (B. RAH)) pr. 03 Apr. 2018 (1) 45	NRIC/ Driving Liverse	Numeral	NRDC/ Driving License 2018-4-3	Ed
100		(NATIONAL ASSESSMENT CENTRE SERVICES (B. NAH)) an 03 Apr. 2018 11 45	WRIEZ Driving License	Normal	NRIC/ Driving License 2018-4-7	E.0
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663	NAC_BURIT_MERAH, BOOK76 UKI7 MEI	(NATIONAL ASSESSMENT CENTRE SPRVICES (B. RAM)) on (CJ. Apr. 2018 11: AP	545	Morrowi	BAS 2018-+-3	Kat.
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115 1/c

ACCIDENT STATEMENT

ACCIDENT DATE: 128 / 03/2018 100/MM/YYY	Y), TIME (14, 00)(HH:MM)
(0 Duey news	ay cheppina Center
LOCATION: Car Park St Comment	1-11-3
1. DETAILS OF VEHICLE FBF 9684L	1.1
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DIPOLICY NUMBERI COMPREHENSIVE / THIRD P	ARITATANOPANT
	TRY (MOTORCYCLE) OTHERS
g) VEHICLE CATEGORY: [PRIVATE / COMMER	ICIAL MOTORCYCLE
THE PART OF HEINO AT A COIDENLING.	
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IF NO, PLEASE STATE (THIRD PART) CLAIM?	WELLOW MILLS OF WITH
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email: selfreliance dude@live.com.sg

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9315954C





Name

AHMAD ANDAWI BIN ROSLAN

BOYANESE

Date of birth 12-05-1993

Country of birth SINGAPORE Sex



4223772



NRIC No. S9315954C

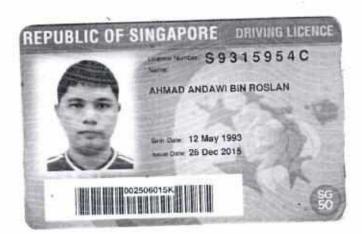


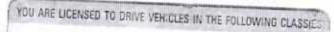
Date of issue 26-05-2008

APT BLK 279A SENGKANG EAST AVENUE #04-519 SINGAPORE 541279

NRIC No: S9315954C

Date: 13/03/2015 (R)





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26 Dec 2018

EFFECTIVE DATE

Anne

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