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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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

MATERIAL PROPERTY AND	ACCIDENT STATEMENT	新新
Date Of Report	20/04/2018 12:46	
Date Of Accident	17/04/2018 21:05	
Exact Location Of Accident	BKE TWDS PIE NEAR 6.6 KM	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	100
Vehicle Registration Number	FY7738G	
Insured/Policyholder		
Name Of Registered Owner	MUHAMMAD YUSUF BIN ABDUL KARIM	
NRIC No	S9449128B	
Email Address	MD_RONALDO_09@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-91860914	
Alternative Phone No	OTHERS-91860914	
Vehicle Particulars		
Manufacturer	HONDA	
Model	PHANTOM 200M	
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	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	5090602864	
Cover Note Number		
Driver		
Name of Driver	MUHAMMAD YUSUF BIN ABDUL KARIM	
NRIC No	S9449128B	
Date Of Birth	30/12/1994	
Occupation	OUTDOOR	
Date Of Driving Pass	24/02/2015	
Driving Experience	3 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-91860914	
Fax Number		
Contact Number	OTHERS-91860914	
EMail Address	MD_RONALDO_09@HOTMAIL.COM	con 1 of

Address

BLK 52 LENGKOK BAHRU

#03-299

Postcode

150052

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 - 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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180418/2102

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

SJW7945M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 20

Postcode

Name MUHAMMAD YUSUF BIN ABDUL KARIM Approximate Age Injuries Sustain BODY Injured person in which vehicle? FY7738G Were seat belts worn? Was this injured conveyed to hospital by ambulance? 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.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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:

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No .:

BKE Towards PIE Near 6.6 KM

DECCRIPE	CIDCLINA	CTANCES	OE:	THE	ACCIDENT	
DESCRIBE	CIRCUIVI	STANCES	UF	Inc	ACCIDENT	

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DECLARATION

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

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Report No. T/20180418/2102

1 of 3

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

REPORT O	FΔ	TRAFFIC	ACCIDENT

	ne Report M 118 17:15	1ade:	Vide Report No.:	Station Diary No.: 61
Informa	nt's Partici	ulars		
	Informant: MAD YUSU	JF BIN ABDUL	Address: APT BLK 52 LENGKOK	BAHRU #03-299 SINGAPORE 150052
	/ ID No.: D / S94491;	28B	Contact No.: Home/Office:	Mobile: 91860914
National SINGAF	ity: ORE CITIZ	'EN	Email:	
Sex: Male	Age:	Date of Birth: 30/12/1994	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupat	tion: RY RIDER		Driving Licence Informa Class: 2B,2A,2,3A	tion: Date of Expiry:

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 17/04/2018 21:05	Type of Location Straight Road
	H EXPRESSWAY TOWARDS PIE NEAR 6.6	<m< th=""><th></th><th></th></m<>		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis	sion: ving Vehicles - Head To Rea	аг		Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	a				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FY7738G	Motorcycle	HONDA	PHANTOM 200M	Silver	Seriously Damaged	
SJW7945M	Car				Seriously Damaged	(10)

Details of V	ehicle Insurance		Application and	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY7738G	NTUC Income Insurance Co-Operative Limited	5090602864	23/04/2017	22/04/2018





2 of 3

Report No. T/20180418/2102

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No				
No. of Pedestrian	s Injured: NIL	Use of Pe	destrian	Crossi	ng: NA
Rider			100	744	00440400D
Name	MUHAMMAD YUSUF BIN ABDU	JL KARIM	ID No.	2	S9449128B
Related Vehicle	FY7738G (Motorcycle)		Conta	ct No.	91860914
Hospital/Clinic	NG TENG FONG GENERAL HO	SPITAL	Class Drivin Licent Expiry	g	Class: 2B,2A,2,3A Date of Expiry: NIL
Date Treatment	17/04/2018	Date Dis	charge	18/04	/2018
No of Days gran	ted Medical Leave 14	Degree o	of Injury	Slight	The state of the s

Brief Details.

On 17/04/2018 at about 2105hrs, I was riding my bike FY7738G on BKE towards PIE at 6.6km mark. While riding on the 4th lane in a 5 lane 90km/hr highway, I was travelling at about 70km/hr, I saw there was a car about 1 car length in front of me changing lane onto the 3rd lane. I slowed down and turned my head slightly down to looked at my speedometer. When I look up, I suddenly saw there was another car SJW 7945M appearing fast in front of me. The car was stationery and it had hazard lights switched on. I immediately applied my brakes and tried to swerve my bike towards the left to avoid the stationery car. My bike's crashbar hit into the car's rear left, causing it to have a dent and the rear windows broke. After the impact, I flew off my bike and onto lane 5.

I was able to note that the vehicle did not have any hazard sign put up behind the broken down vehicle. I immediately moved to the road shoulder and another rider came over and told me he called for police and ambulance.

I was conveyed to Ng Teng Fong Hospital and given 14 days hospital leave from 17/04/2018 to 30/04/2018. I suffered the following injuries, Fingers fracture, nails and skin on fingers hanging, and abrasion on both side of hips, both elbows, both knees and upper right face.

My bike was towed by TP.





A SHITH ENGL

3 of 3

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 Report No. T/20180418/2102

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Authentication Stamp

NP168

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.

the certificate with you have pro-	
Signature Of Officer Recording The Report: D / Sgt 2 TAN TUAN WANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2018 17:15
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 65470000	Classification Of Case:

ACCIDENT STATEMENT

	17.4.9218	MHHMMI 21 .OS THHMMI	1%
ACCIE	DENT DATE: 1 1 1 20 10 (DD/	MM/YYYY), TIME: (21:05 THH:MM) PLE NEAV G. 6 KM.	((*))
LOCAT	response to the second of the	PLE Near 6.6 PM	
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY: c) POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)	81
	FINARE & MODEL: 1) TYPE: (SALOON / COUPE / MPV / VA 9) VEHICLE CATEGORY: (PRIVATE / CO h) PURPOSE OF USING AT ACCIDENT I) ARE YOU CLAIMING UNDER YOUR IF NO, PLEASE STATE (THIRD PARTY)	IN / LORRY / MOTORCYCLE / OTHERS) DIMMERCIAL / MOTORCYCLE) TIME: DWN INSURANCE (YES/NO)	
2	INSURED / POLICY HOLDER A) NAME: b) NRIC/FIN/PASSPORT: c) ADDRESS:	(MALE / FEMALE)	
	* CONTINUE TO 3.4 IF DRIVER ALSO	OLICY HOLDER	
A Ho of passanger	DRIVER .	(MALE / FEMALE)	
1983 (SAN) SAN	a)NAME:		
(Including driver)	HINDIC/FIN/PASSPORT:	CONTACT:	
(Including driver)	b)NRIC/FIN/PASSPORT:	CONTACT:	R
(<u>∫</u>) 4,	*d)DATE OF BIRTH: (/	(DD/MM/YYYY) OOR)	ner
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email = ma ronaldo og & hormail com Pax = Md_ronaldo_ogehotnail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9449128B





MUHAMMAD YUSUF BIN ABDUL KARIM

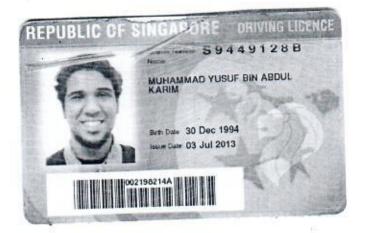


Roce INDIAN Date of birth

SINGAPORE







4423708



NRIC No. S9449128B



Date of issue 30-06-2009

APT BLK 52 LENGKOK BAHRU #03-299 SINGAPORE 150052

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

24 Feb 2015 05 Aug 2016 21 Mar 2018 03 Jul 2013

Class 2B Class 2A Class 2 Class 3A

Mosarcycles =< 100 CC
Motorcycles between 201 CC and 400 CC
Motorcycles > 400 CC
Motorcycles > 400 CC
Motor cars without clutch pedals =< 3000 kg with =< 7
passengers, exclusive of the driver; and motor fractors without clutch pedals =< 2500 kg

S / No.9000313507

S9449128B

NP 428A

Licence No: S94491288



Task Transfer Exit Claim Handling LOS SAL SUB O Accident MT/0990911 GST Registration Vehicle No. FY7738G Policy No. 5090602864 No. Policyholder NRIC 594491288 Policyholder MUHAMMAD YUSUF BIN ABDUL KARIM Name Product Loading Third Party, Fire & Theft Cover Type MOTORCYCLE INSURANCE Code Contact No. Contact No. Contact No. (Home) (Office) (Mobile) Special No. * Email eCode Remark Address eCode @ No Yes TCA No Yes KFK Reason NCD Private Hire Not available NCD 15 Entitlement No Protection (%) Accident Details Accident Accident Report Unknown Yes Report Date 18/04/2018 15:13 Type Within 24 Time of Country of Date of Singapore 21:05 17/04/2018 Accident Accident Accident hh:mm Orange 3447214 ICM No. Reporting Yes administrator Force Centre Accident AT BKW TWDS PIE AFTER MANDAI ROAD EXIT Location **▽** Excess Windscreen Own Additional 0.00 damage Excess Excess Excess Outside Unnamed Singapore Driver OD Excess Excess Outside Third Party 0.00 Singapore Excess TP Excess GST Registered Information GST Registration Date No GST Registered GST Status Verified Yes GST Registration No. Modification History Policyholder Mailing Address SINGAPORE 150052 Address 3 LENGKOK BAHRU Address 2 Address 1 BLK 52 #03-299 Address Post Code 150052 Singapore address Address 4 Type Related 5090602864 Policy 03-299 Unit No. Number OI Driver Info Driver Driver Type Name Unnamed Driver DOB Driver NRIC driver Name Register Driving Date of Driver Age Experience Driver License Contact No. Contact No. Contact No. (Home) (Office) (Mobile) Address 3 Address 2 Address 1 Address Post Code Foreign address Address 4 Type

Claim Handling

roduct Code portact No. (Mobile) mail Address FK	Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number Driver Type Driver NRIC	21:05 Yes	GST Registration No. Policyholder NRIC Loading Contact No. (Home) eCode eCode Reason Private Hire Accident Type Country of Accident ICM No. Windscreen Excess Yes Address 3 Post Code
moduct Code ontact No. (Mobile) NA mail Address FK	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number Driver Type Driver NRIC	S Yes 21:05 Yes GST Registration Date GST Status Verified LENGKOK BAHRU Singapore address	Loading Contact No.(Home) eCode eCode Reason Private Hire Accident Type Country of Accident ICM No. Windscreen Excess Yes Address 3 Post Code
portact No. (Mobile) NA mail Address K NO Accident Details gort Date ate of Accident peorting Centre administrator coldent Location Benefits Excess Innamed Driver Excess Innamed Driver Excess Innamed Driver Excess Innamed Driver Excess Innamed Interver Policyholder Mailing Address Address 1 BLK 52 #03-299 Address 4 Unit No. Does he own a Singapore Registered car? Modification History Claim 002 OD-MX New Claim Type * Contact No. (Mobile) Address 4 Unit No. Does he own a Singapore Register Care Modification History Claim O02 OD-MX New Claim Type * Contact No. (Mobile) Address 4 Unit No. Does he own a Singapore Register Care Modification History Claim O02 OD-MX New Claim O02 OD-MX New Claim O02 OD-MX New Proposition Proposition	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number Driver Type Driver NRIC	S Yes 21:05 Yes GST Registration Date GST Status Verified LENGKOK BAHRU Singapore address	Contact No.(Home) eCode eCode Reason Private Hire Accident Type Country of Accident ICM No. Windscreen Excess Yes Address 3 Post Code
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Third Party Excess 0.00 GST Registered Information SST Registered No SST Registered No Addification History Policyholder Mailing Address Address 1 BLK 52 #03-299 Address 4 Unit No. 03-299 OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Modification History Claim 002 OD-MX New Claim Type * OD-MX New Claim Type * OD-MX New Claim Type * OD-MX New Claim Description FY7738G / SJW7945M ON 17 Apr. 20 Preferred Workshop Contact No.	Address Z Address Type Related Policy Number Driver Type Driver NRIC	GST Registration Date GST Status Verified LENGKOK BAHRU Singapore address	Address 3 Post Code
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Unit No. Does he own a Singapore Registered car? Modification History Claim 002 OD-MX New Claim Type * OD-MX * Contact No.(Mobile) 91860914 Email Address MD RONALDO 09@HOTMAIL.Cd Preferred Workshop Contact No.	Address 2		Address 3
Unit No. Does he own a Singapore Registered car? Modification History Claim 002 OD-MX New Claim Type * OD-MX * Contact No.(Mobile) 91860914 Email Address MD RONALDO 09@HOTMAIL.Cd Preferred Workshop Contact No.	Address Type	Foreign address	Post Code
Does he own a Singapore Registered car? Modification History Claim 002 OD-MX New Claim Type * OD-MX * Contact No.(Mobile) 91860914 Email Address MD_RONALDO_D9@HOTMAIL.Cd Preferred Workshop Contact No.			
Registered car? Modification History Claim 002 OD-MX New Claim Type * OD-MX * Contact No.(Mobile) 91860914 Email Address MD RONALDO D9@HOTMAIL.Cg Claim Description FY7738G / SJW7945M ON 17 Apr 20 Preferred Workshop Contact No.	Driver Vehicle No.		Driver Insurer Company
Claim Type * OD-MX Contact No.(Mobile) 91860914 Email Address MD_RONALDO_D9@HOTMAIL.CQ Claim Description FY7738G / SJW7945M ON 17 Apr 20 Preferred Workshop Contact No.			
Contact No.(Mobile) 91860914 Email Address MD_RONALDO_09@HOTMAIL.CG Claim Description FY7738G / SJW7945M ON 17 Apr 20 Preferred Workshop Contact No.	Prior St. On Liver St. Co.	MUHAMMAD YUSUF BIN ABDUL	Insured NRIC
Email Address MD_RONALDO_09@HOTMAIL.C0 Claim Description FY7738G / SJW7945M ON 17 Apr 20 Preferred Workshop Contact No.	Insured Name		Contact No.(Office)
Claim Description FY7738G / SJW7945M ON 17 Apr. 20 Preferred Workshop Contact No.	Contact No.(Home)	NIL	TP Vehicle Number
Preferred Workshop Contact No.	OI Vehicle Number	FY7738G	Name of Preferred Workshop
No.	18		
- 1 Table 1 Table 2 Ta	Insured Liability *	Partially at Fault	
Negative Employees	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report
Date Registered 21/04/2018 16:19	Claim Close Date		Date Received
	Workshop Repairer		Total Loss but Repaired
repairs revisit of			
Print AK letter		Save Submit	
Attachment		350	
7			
LIT (MAROOD) 1			
MCCIOCITE ITEM	Claim No.	.002	
Last Doc. Received • Yes No	Claim No. Upload Date	002 21/04/2018 16:20	

4/21/2018

Claim Handling(Claim Task 002 OD-MX)

Choose File	No file chosen
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Attachment Li	st					
Attachment		Uploaded By/Date	Category	9	Urgency	Descrip
20°	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:19	NRIC/ Driving License		Normal	NRIC/ Driving Lice
(-5)	NAC_PAYA_UBI_800601	NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:17	SAS		Normal	SAS 2018
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30	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:16	Photos		Normal	Photos 20
*	NAC_PAYA_UB1_80060	(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:16	Photos		Normal	Photos 20
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	NAC_PAYA_UBI_80060	1(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:16	Photos		Normal	Photos 20
					-	
	Uploaded By/Date	Folder Date	File Name		9	Source

Display in New Window Scan and uploading