SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> 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.
- 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

| aforesaid. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 30/05/2018 18:21 |
| Date Of Accident | 24/05/2018 17:30 |
| Exact Location Of Accident | ALONG ENGKU AMAN RD TURN RIGHT TO LOR SIREH PINANG |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FT4897B |
| Insured/Policyholder | |
| Name Of Registered Owner | AHMAD SAUFI IRYANI BIN MASRAN |
| NRIC No | S9341233H |
| Email Address | GARFIELDFYY@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-81704930 |
| Alternative Phone No | OTHERS-81704930 |
| Vehicle Particulars | |
| Manufacturer | KTM |
| Model | 200 EGS-193CC (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 |
| Fleet Policy | NO |
| Policy Number | 5091896593 |
| Cover Note Number | |
| Driver | |
| Name of Driver | AHMAD SAUFI IRYANI BIN MASRAN |
| NRIC No | S9341233H |

17/10/1993

OUTDOOR

28/05/2014

MALE

3 YEARS AND 11 MONTHS

GARFIELDFYY@GMAIL.COM

(LOCAL) +65-81704930

OTHERS-81704930

Address BLK 72 REDHILL ROAD

#04-41

Postcode 150072

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

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NUR SABRINA

GENDER: : FEMALE

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/20180530/2110

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 SJU6245S

Vehicle Make/Model/Colour KIA CERATO FORTE 1.6

Details Of Properties

Vehicle Category PRIVATE CAR

Name of DriverRAHMATNRIC/Passport NumberS0035411BContact Number92952604

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name AHMAD SAUFI IRYANI BIN MASRAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FT4897B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

2

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NUR SABRINA

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FT4897B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

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.
- 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 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
- 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.

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

Date & Time:

Reporting Centre Personnel's Signature
Name: Kol Li WHH No

Accident Sketch Plan

| SKETCH PLAN | EMGKU | AMAM | homo to | WOKDS | lope | SIRAH 9 | MANG |
|------------------------------------|-----------------------|---|--|-------|---------------------------------------|------------------|-------------------|
| | | | THE STATE OF THE S | | B |) FT4) SJU (| 897B 245S |
| ESCRIBE CIRCUI | MSTANCES OF TH | E ACCIDENT | 1.2 | | | | |
| | | | | | 10 | 1 | |
| | | | | de | ful | ` | |
| | | /^ | Poli | 20 | M | | |
| | (8 | A V | 1 20/8, | 021 | | | |
| | Str | | 1 | | | | |
| 1 |), | | | | | | |
| | | | | | | | |
| ECLARATION | / | | | | | | |
| | egoing particulars ar | e true in every re | espect. | | a | 1 30 | los/2015 |
| cyholder Signatu te & Thee 30 S | 2008 | Driver's Signature (If driver is not the Date & Time: | | N | leasting Cer lame: IRIC/FIN No. | deci W | Signature +103 |





20180530/2110

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 4 Report No. T/20180530/2110

REPORT OF A TRAFFIC ACCIDENT

| | me Report I 018 16:57 | Made: | Vide Report No.: | Station Diary No. | | |
|-----------------------------------|--------------------------------|------------------------------|---|---|--|--|
| Informa | ant's Partic | ulars | | E HOUSE DEVICE OF THE PARTY OF | | |
| | f Informant: SAUFI IRY N | | Address: APT BLK 72 REDHILL ROAD | #04-41 SINGAPORE 150072 | | |
| | / ID No.: O / S93412 | 33H | Contact No.: Home/Office: | Mobile: 81704930 | | |
| Nationality: SINGAPORE CITIZEN | | EN | Email: | | | |
| Sex: Male | Age: 24 | Date of Birth: 17/10/1993 | Type of Informant: | | | |
| Race: Malay | | | Language: English | Institution / School Name: | | |
| Occupation: PARAMEDIC | | | Driving Licence Information: Class: 2B | Date of Expiry: | | |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 24/05/2018 17:30 | Type of Location Car Park |
|--------------------------|------------------|------------------------------------|--|------------------------------|
| ENGKU AMA LORONG SIF | REH PINANG | right into Lorong Sireh P | | Road Speed Limit: |
| Traffic Flow: Traffi | | Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | The second secon | raffic Volume: |

| Details of V | ehicle Involve | d | A STATE OF THE PARTY OF THE PAR | TOTAL - 12 | | |
|--------------|----------------|------|--|------------|---------------------|----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenge |
| FT4897B | Motorcycle | KTM | 200 EGS | Orange | Slightly Damaged | 1 |
| SJU6245S | Car | KIA | CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR | Blue | Slightly Damaged | 1 |





2 of 4

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

Report No. T/20180530/2110

3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999 CONTINUATION OF REPORT

| Vehicle No. | ehicle Insurance Insurance Company | Insurance No | Effective | Expiry Date |
|--------------|--|-----------------------|-------------|-------------|
| FT4897B | NTUC Income Insurance Co-Operative Limited | 5091896593 | 13/06/2017 | 03/08/2018 |
| | erson Involved | | | |
| | ian Involved: No | La of Dadastrian Cro | ecina: NA | |
| No. of Pedes | strians Injured: NIL | Jse of Pedestrian Cro | ssing. IVA | |
| Pillion | | | | |
| Name | NUR SABRINA | ID No. | S98108080 |) |
| Related Veh | nicle FT4897B (Motorcycle) | Contact N | 0. 94518605 | |
| | | | | |

| Name | NUR SABRINA | | | ID No. | 193 | S9810808D |
|------------------|-------------------------|-------------|---|--------------------------------------|----------------------------------|-----------------------------------|
| Related Vehicle | FT4897B (Motorcycl | e) | | Contact No. | | 94518605 |
| Hospital/Clinic | SHALOM CLINIC & | SURGERY | | Class Driving Licend Expiry | e & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | harge | NIL | |
| No of Days grant | ted Medical Leave | 05 | Degree of | | | |
| Rider | | | NAME OF TAXABLE PARTY. | | 11/1/ | |
| Name | AHMAD SAUFI IRY | ANI BIN MAS | SRAN | ID No | 8 | S9341233H |
| Related Vehicle | FT4897B (Motorcyc | le) | | Contact No. | | 81704930 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | | Class of Driving Licence & Expiry Date | | Class: 2B Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Disc | harge | NIL | |
| | ted Medical Leave | 06 | Degree of | | Sligh | t |
| Driver | | CALLEST AND | to the same is a | 15/44/95 | | 日 以及は安は古山山中 。 上十 |
| Name | RAHMAT | | | ID No | | S0035411B |
| Related Vehicle | SJU6245S (Car) | | | Contact No. | | 92952604 |
| Hospital/Clinic | NIL . | | | Class Drivin Licen Expir | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | charge | NIL | |
| | nted Medical Leave | NIL | Degree o | f Injury | NIL | |





3 of 4

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

Report No. T/20180530/2110

CONTINUATION OF REPORT

Brief Details

On 24/05/2018 at about 1730 hrs, I was riding my motorcycle (FT4897B) along Engku Aman Road turning right into Lorong Sireh Pinang, the carpark. I had a pillion. The traffic was moving slowly as it was congested. I was waiting behind a car before turning right into the carpark.

Suddenly, I felt a big impact from the left rear of my motorcycle. A car (SJU6245S) had collided onto my motorcycle. Subsequently, my pillion and I fell to the right side and onto the road. The right side front bumper hit onto my pillion's knee and my knee. The right side mirror of the car hit onto my handlebar which cause me to lose control of my motorcycle.

The driver did not stop upon collision and drove off. My pillion got up and with the help of passerby managed to stop the car at the slip road of Haig Road. We subsequently exchanged handphone number and I managed to get his particulars.

The damages to my motorcycle are scratches on handlebar and the frame. My motorcycle could not start after the collision which I believed due to the damaged gear and gear lever.

On the same day, I went to Changi General Hospital for medical treatment. I sustained swollen left knee and ankle. I was given 6 days of MC. On 25/05/2018,my pillion went to Shalom Clinic & Surgery as she sustained swollen right knee and also hip injury and was given 5 days of MC.

No Ambulance or Traffic Police at scene. No government property damaged.





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

4 of 4 Report No. T/20180530/2110

CONTINUATION OF REPORT

Sketch Plan

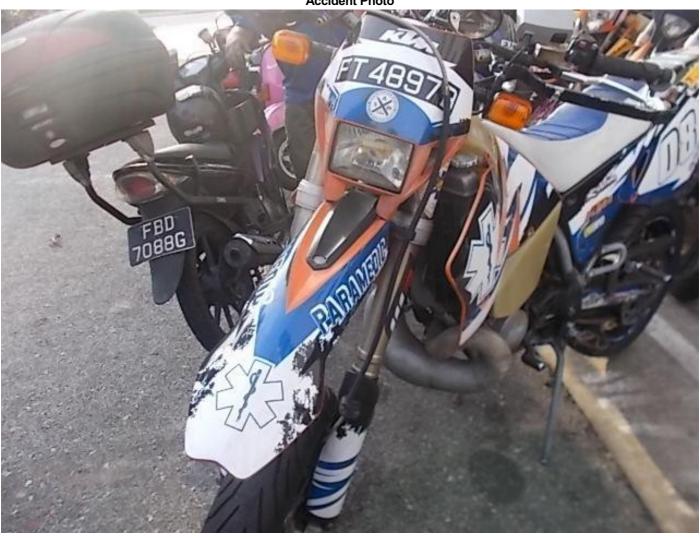
Informant is not able to provide sketch plan

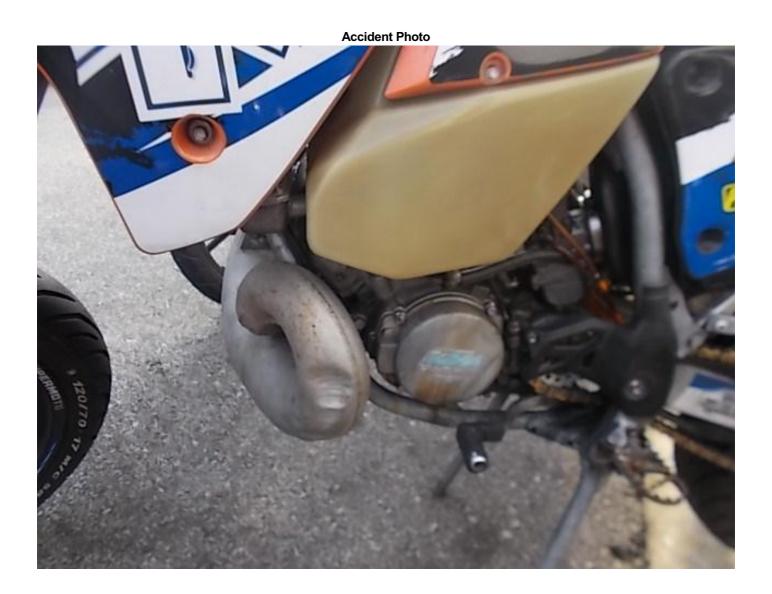
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The Report: D / Sgt 2 HIDAYAT BIN SELAMAT | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter. Not applicable | Date/Time: 30/05/2018 16:57 |
| Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404 | Classification Of Case: |
| Authentication Stamp | |





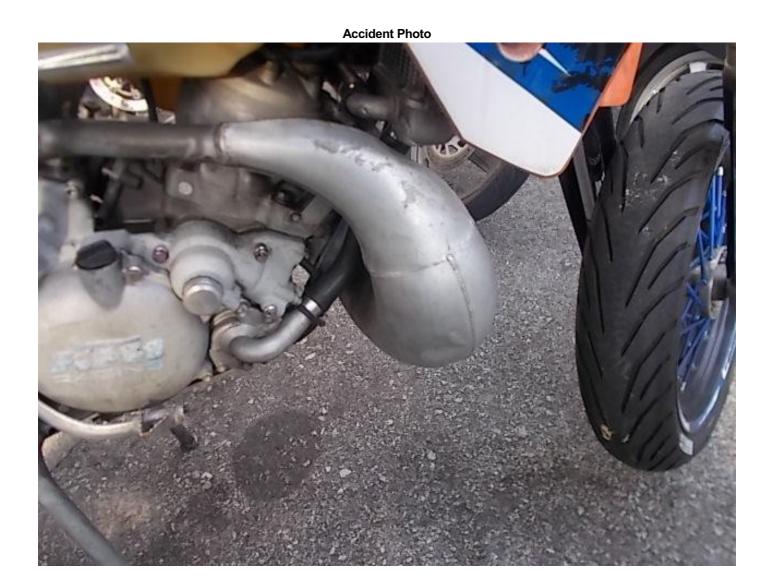






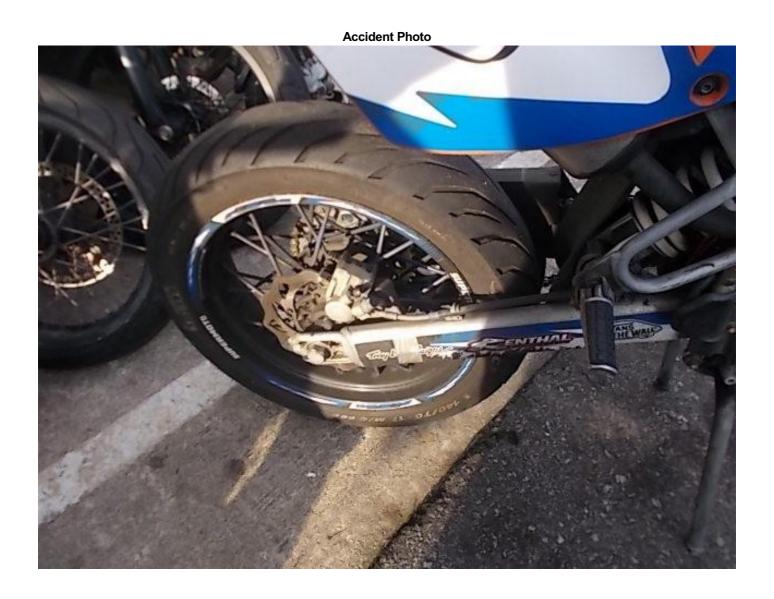


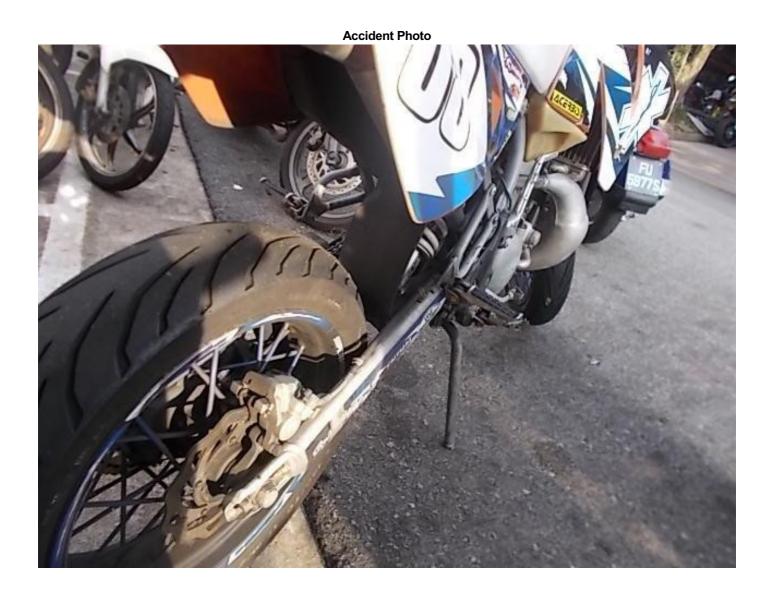


















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 046580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66580020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

| 910 | ADDENDUM |
|-----|--|
| () | PARTICULARS OF PERSON MAKING THE AMENDMENTS: |
| 8 | MINAUGO 10355 Vehicle Registration No: |
| | Original Report No : AHMAD SOUFI BU MARRAM |
| | Name(as shown in NRIC) PHMBO 804F1 13111 WONRIC/FIN/Passport No: |
| | Singapore() |
| | Address : |
| | Contact (Tel) :Mobile No.: |
| | Email Address |
| | Date of Accident : 2405/268 Time of Accident: 17:30 |
| | Place of Accident: Dellas Frisky Andry Ro July Right To LOR SIRUH |
| | xIOUC |
| | Insurance Company: |
| | DOTH OF DRIVING PARS TO 28/05/2014 |
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| 3.0 | |
| | - And |
| | Reporting Control Signature |
| | Policyholder / Driver's Signature Date: Reporting Centre Rersonnel's Signature Name: NRIC/FIN NACOST WHITES |