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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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. 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

oforesaid.	
ALTO SERVICE AND EXPERIENCE THE CONTRACT	ACCIDENT STATEMENT
Date Of Report	19/12/2018 10:47
Date Of Accident	22/11/2018 20:40
Exact Location Of Accident	PIONEER ROAD NORTH (NANYANG FLYOVER)
Country/State of Loss	SINGAPORE
District Control of the Distri	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FT1188J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD EFFENDY BIN ISMAIL
NRIC No	\$8317090E
Email Address	DDTECH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94779625
Alternative Phone No	OTHERS-94779625
Vehicle Particulars	
Manufacturer	HONDA
Model	CRF1000A-998CC
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	5078978430-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD EFFENDY BIN ISMAIL
NRIC No	S8317090E
Date Of Birth	11/06/1983
Occupation	INDOOR
Date Of Driving Pass	03/03/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94779625
Fax Number	
Contact Number	OTHERS-94779625
	Control of the Contro

DDTECH@GMAIL.COM

BLK 684A CHOA CHU KANG CRESCENT Address

#04-318

2

YES

YES

YES

NO

1

YES

681684 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

COLLISION - HEAD ON COLLISION Type Of Accident

CLEAR Weather Conditions DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

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

Police Station Name

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

Police Station Address SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181217/7008

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

TEL NO: 65470000 - FAX NO:

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Vehicle Registration Number

SME1340G

Vehicle Make/Model/Colour

VOLKSWAGEN (BLUE)

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD EFFENDY BIN ISMAIL

Approximate Age

SERIOUS INJURY Injuries Sustain

Injured person in which vehicle?

FT1188J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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 and accurate as 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 insurers) 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

NRIC/FIN No.:

CIAF

SAF

AMBERMENT. Towards Pioneer fol North SME 1340G / gelden Towards PIE Chargi



1 of 3

Report No. T/20181217/7008

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT	OF	A	TRAFFIC	ACCIDENT	
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EPORT OF	A TRAFFIC	ACCIDENT	Land Deport No.	Station Diary No.	
	Report Ma		Vide Report No.:		
Mama of	t's Particu Informant: MAD EFFEI	NDY BIN ISMAIL	Address: APT BLK 684A CHOA CHU KA SINGAPORE 681684	ANG CRESCENT #04-318	
ID Type / ID No.: NRIC NO / \$8317090E		90E	Contact No.: Home/Office:	Mobile: 94779625	
Mationali			Email: ddtech@gmail.com		
Sex:	Age:	Date of Birth: 11/06/1983	Type of Informant: Rider	Institution / School Name:	
Race:		and the second second	Language: English	Institution / School (tall)	
Malay	tion: ICTION		Driving Licence Information: Class: 2,3	Date of Expiry:	

Seneral Inform	nation of the Accident	Delete	Date/Time of	Type of Location
Type of Accident:	Injury Attended by Police	Drink Drive: No	Accident: 22/11/2018 20:40	X-Junction

PIONEER ROAD NORTH (Nanyang Flyover)

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry Traffic Control:	Traffic Volume: Moderate
Traffic Flow: Dual Carriage Way	Traffic Light - Working	Anyone conveyed by
Type of Collision: Between Moving Vehicles -	Head On	ambulance: Yes

Details of Ve	ehicle Involve	d	100	Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model			0
	Motorcycle	HONDA	CRF1000A	Black		*
MINIVERS				Blue		0
SME1340G	Car	VOLKSWAGO		Diac		

Details of Ve	hicle Insurance	Insurance No	Effective	Expiry Date
CONTRACTOR OF THE PARTY OF THE	Lauranae Company		02/04/2018	01/04/2019
Vehicle No.	NTUC Income Insurance Co-Operative	5078978430-02	02/04/2010	No. Was a second





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181217/7008

CONTINUATION OF REPORT

Details of Perso	n Involved	TE STATE	No. of the last	and the last		
Any Pedestrian In	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of P	edestriar	Cross	sing: NA
Rider	Palace and the second	200			100	
Name	MUHAMMAD EFFE	NDY BIN	ISMAIL	ID No		S8317090E
Related Vehicle	FT1188J (Motorcycle)			Conta	ct No.	94779625
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licena Expiry	g	Class: 2,3 Date of Expiry: NIL
Date Treatment	24/11/2018	101	Date Dis	-		2/2018
No. of Days gran	ted Medical Leave	61	Degree o			

Brief Details.

On the 22nd of November, at around 8:30pm - 8:40pm, I met with an RTA at Nanyang Flyover junction heading towards Pioneer Rd North. I am going straight from NTU towards Pioneer Rd North. It was favour to me as I saw bright round green lights upon reaching the junction. I saw 1st, bright round green lights on the left of the junction and also 2nd, the one hanging on top. Upon reaching close to the junction, I saw a pick-up or a van from the opposite direction, making a right turn into PIE(towards Changi), thus I slowed down my bike, both with foot braking and hand braking plus engine braking. At that time, I was riding at a speed of about 40km/h. After the pick-up or van has passed by, suddenly, a car emerged behind the pick-up or a van, also making a right turn, head on crashed with me. I was flung, for about a meter to the side of the car, and was conscious throughout after the flung. At that point, I realised I was on the ground, lying on my left side. I was aware of the surroundings, heard voices but cannot recall faces. Was in total pain. Ambulance came in about 5 mins after the collision. One of the paramedic asked me to lie flat on my back and that is when I realised I cannot turn fully lying on my back. I was conveyed to the hospital straight after with me lying on my left side. At the hospital, I was told I had a severed fracture to my pelvic.





3 of 3

Report No. T/20181217/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

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: 17/12/2018 12:34
Officer In Charge Of Case: TP / TPIB / YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:

Authentication Stamp NP168

Claim Handling Accident MT/1024449 GST Registration No. STILLIBED Vehicle No. 5079978430-02 Policy bin. 1831709CE Certificate No. Palicyholder NRIC MUHAMMAD EFFENDY BIN ISMAIL Policyholder Name Loading Tring Party, Fire & Theft Cover Type MOTOREYCLE INSURANCE Product Code Contact No.(Home) Contact tio (Office) 94179625 40. Contact No.(Honlie) **eCode** Special Remark Email Address eCode Resson TCA. = No Yes Private Hite. NCD Entitlement(%) NOD Plutection No Collegen + Head on collegen w Accident Details Accident Type Acciding Report Within 24 hrs Yes 19/12/2015 14:37 Report Date **Зидароги** Country of Accident Time of Accident hh:mm 20:48 22/11/2018 date of Accident DOM: No. Orange Force Reporting Centre FIGNEER ROAD NORTH (NANYANG PLYDVER) Accident Location w Excess Windstreen Excess Additional Excess 11.000 Own damage Excess Outside Singapore OD Excess Unmarried Driver Euclass Qualde Singapore TP Excess 0.00 Third Party Excess - Benefits □ GST Registered Information GST Registration Date SST Registered 7411 GST Status Verified GST Registration No. Hodification History → Policyheider Malling Address STREET, SELECT Address 3 CHOA CHU KANG CRESCENT Address 2 BLK 684A #54-318 MI1684 Address I **Exist Code** Singapore address Antress Type Address 4 5078978430-02 Related Folicy Number Livit No. OI Driver Info Han Green MUHAMMAD EFFENDY BIN ISMAIL Driver Type 11/01/2593 Dover DOB Driver SBJC 15 Unnermed driver Name Driving Experience Driver Age 15/01/2003 Baggorer Date of Driver License Contait No.(Home) Contact No.(Office) 94779623 CINTARTHE 681584 Contact No.(Mobile) Address 3 DHOA CHU KANG CRESCENT Address 2 BLK 684A #94-318 Address 1 Post Code Singapore address Address Type Address 4 Unit No. NTUC Driver Insurer Company Does he own a Singapore Registered car? F111887 Driver Vehicle No. 786 ± NO Breathalyser or 3000d Test Reading* Yes - No Any interv? 0 ma modification History Claim 001 hew Name PRINAMMAD EFFERDY BDs ISMA NEW 583171 Claim Type * 67627215 64179525 Contact No.(Hubile) OI Vehicle FT11883 SMELT eidfech@gmail.cum Email Address FT11883 / SME1340G ON 12 Nov 2018 Claim Description ed Liability Not at Fault + GIA Workshop Sphert No. Yes Received Preferred Workshop, Name unkn Section 19/12/ 15/12/2018 15:00 Date Registered ROSLI WILHAS Report Taken by Front AK Ventor Save Schmitt Attachment 100 Claim No. MT/1024649 Accident No. 19/12/2018 15:03 Uplical Date * Yes - No Last Doc. Seceived brigancy .* Confidential Path + * Normal * NO Clear Prease Select Choose File No file chosen + ٠ * NO Normal Please Select Cher Choose File: No file chooses • ٠ + NO Normal Please Salect Clear Choose File: No file chosen . * NO * Normal Clear PHANE Select Choose File: No file chosen * Normal * NG Piente Select Clear Choose File: No file shosen • Normal ٠. + NO Please Select Clear Chaose File. No file chases Hessage Reed **▽** Attachment List Description Category urgency

Photos.

Attachment

Uppeaded By/Date

NAC_BURIT_MERAH_BO06/26(NATIONAL ASSESSMENT CONTRE SERVICE S (BURIT MERAH)) on 19 Dec 2018 15:02

Phitos 2018:12-19

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8317090E





Name

MUHAMMAD EFFENDY BIN ISMAIL

محمد افيندي بن اسمعيل

Race

MALAY

Date of birth

11-06-1983

Country/Place of birth SINGAPORE

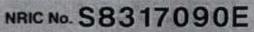
Sex





5316202







Date of issue

11-06-2014

Address

APT BLK 684A CHOA CHU KANG CRESCENT #04-318 SINGAPORE 681684



Licence Number: S 8 3 1 7 0 9 0 E

Name:

MUHAMMAD EFFENDY BIN ISMAIL

Birth Date: 11 Jun 1983

Issue Date: 15 Jan 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Clase 2D	Material	
CHISS 2D	Motorcycles =< 200 CC	15 Jan 2
Company of the Company	The second section of the second seco	15 Jan 2
Class 2A	Motorcycles between 201 CC and 400 CC	22 Nov 2

Motorcycles > 400 CC Class 2 Class 3

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

2003

2005

03 Mar 2011

28 Jul 2006

S8317090E

S/No. 9000144442



IP 428A

eBaoTech	GeneralClaim										
"Hello, NAC_BUKIT_MERAH	_800676						• Change	Languag	e + Char	ge Password	Log Out
My Desktop Notice of Loss	Policy Query									74	
	Policy N	No.				Date of Accident			22/11/2018		
	Vehicle No.(For Motor)		FT1188J			Certificate Number					
					I	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5078978430- 02		MUHAMMAD EFFENDY BIN ISMAIL	\$8317090E	GMC	Third Party, Fire & Theft	FT11883	FT1188J	02/04/2018	01/04/2019
						Continue					