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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

EMail Address

Fax Number Contact Number

- 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 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 aforesaid.

Note that he was a second second second	ACCIDENT STATEMENT
Date Of Report	10/04/2019 12:47
Date Of Accident	28/03/2019 16:20
Exact Location Of Accident	NORTH BUONA VISTA ROAD TOWARDS BIOPOLIS WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM4961H
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD SARUDDIN BIN DASUKI
NRIC No	S8105493B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96752417
Alternative Phone No	OTHERS-96752417
Vehicle Particulars	
Manufacturer	HONDA
Model	CB190X-184CC
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	5106059933
Cover Note Number	
Driver	
Name of Driver	MOHAMAD SARUDDIN BIN DASUKI
NRIC No	S8105493B
Date Of Birth	16/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
G STONE IN	

(LOCAL) +65-96752417

OTHERS-96752417

NOEMAIL

Address

BLK 216 PETIR ROAD

#02-417

Postcode

670216

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

HIT BY FALLEN TREE / OTHER OBJECTS

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

1

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

Was any other material or property damaged?

NO

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

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190329/2113

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

DETAILS OF INJURED PERSON 1

Name

MOHAMAD SARUDDIN BIN DASUKI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM4961H

Were seat belts worn?

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

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:
 - 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.

9 04 2019 Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN MOR	14 BUDHA VISTA OR LOADERS GOPTLIS WAY
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K	g particulars are true in every respect. G 04 2019 M 10 08 27 5
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel' A Signature Name: NRIC/FIN No.: Reporting Centre Personnel' A Signature NAME: NRIC/FIN No.:





T/20190329/2113

1 of 3

Report No. T/20190329/2113

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6659999

	or	×	TRAFFIC	Δ	CCIL	DEN'	1
REPORT	OF	А	TRAFFIC	м	COL	7514	٠

EPORT OF	A TRAFFIC	ACCIDENT	IN.	Station Diary No.:	
Date/Time 29/03/201	e Report M 19 14:41	ade:	Vide Report No.:	74	
Informar	it's Particu	lars			
Name of	Informant:	DIN BIN DASUKI	Address: APT BLK 216 PETIR ROAD #0	02-417 SINGAPORE 670216	
ID Type / ID No.: NRIC NO / S8105493B			Contact No.: Home/Office: Mobile: 96752417		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age:	Date of Birth: 16/02/1981	Type of Informant: Rider	La La La Nama	
Race:			Language:	Institution / School Name:	
Boyanese Occupation: Food Courier			Driving Licence Information: Class: 2B	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 28/03/2019 16:20	Type of Location	
	1 DNA VISTA DRIVE polis Way. After Metropolis	3	Curton		Road Speed Limit:	
Weather: Road Dry		Road Surface: Dry		TO SERVICE SER		
Traffic Flow: Traff		Traffi	affic Control:		Traffic Volume:	
Type of Collision: Barrier against Moving Vehicle					Anyone conveyed by ambulance:	

Details of V	ehicle Involve	d		1-2-1	Oundition	No of Passenge
Vehicle No.	Type	Make	Model	Color	100000000000000000000000000000000000000	INO OF F addering of
venicle No.	Type	101770111	CDAOOV	Red	Slightly	0
FBM4961H	Motorcycle	HONDA	MANUAL	Keu	Damaged	

Vehicle No. Insurance Company Insurance No. Insurance Company 05/12/2018 20	xpiry Date
	-
	9/11/2019
FBM4961H NTUC Income Insurance Co-Operative 5106059933 05/12/2010	





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

2 of 3 Report No. T/20190329/2113

Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian In	nvolved: No						_
No. of Pedestrian	ns Injured: NIL		Use of	Pedestriar	Cross	ing: NA	
Rider							
Name	MOHAMAD SARUD	DIN BIN DA	SUKI	ID No		S8105493B	
Related Vehicle	FBM4961H (Motorcycle)				ct No.	96752417	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licen	g	Class: 2B Date of Expiry: NIL	
Date Treatment	28/03/2019		Date D	ischarge		3/2019	
No. of Days gran	ted Medical Leave	14		of Injury	Slight	erica (substitution)	

Brief Details.

On 28/03/2019 at about 1600hrs, I was riding along North Buona Vista Drive towards Biopolis Way. Somewhere just after Metropolis, there was a stretch of water barriers aligned on the broken white lines of a filter lane leading to a right turn. The water barriers were blocking road users from entering into the filter lane.

On approaching the start of the stretch of barriers which were on my right, I felt a strong wind which slightly moved the water barrier closest to my motorcycle. Seeing that as a hazard, I evaded by shifting towards the left while still on the right lane. To my surprise, the wind blew the barriers more and the first barrier came into contact with the front wheel of my motorcycle. It was quickly followed by the second barrier coming into contact with the right side of my body. The impact caused me to fall to the right together with my motorcycle.

I felt immediate pain on both my arms. The damages on my motorcycle were all over it. I was assisted by a silvercab driver who pushed my motorcycle to the side to prevent further obstructions, I called LTA and was advised to call for police. Traffic Police and NTUC Orange Force subsequently arrived. I called the construction company responsible for the water barriers, Chye Joo Construction. The site supervisor and the manager subsequently arrived and they repositioned and secured the barriers. As the pain grew, the NTUC Orange Force officer assisted to call for ambulance.

I was conveyed to the National University Hospital where I was given medical attention. I suffered a fractured collar bone and was granted with 14 days of Hospitalisation Leave.





/20190329/2113

3 of 3

Report No. T/20190329/2113

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

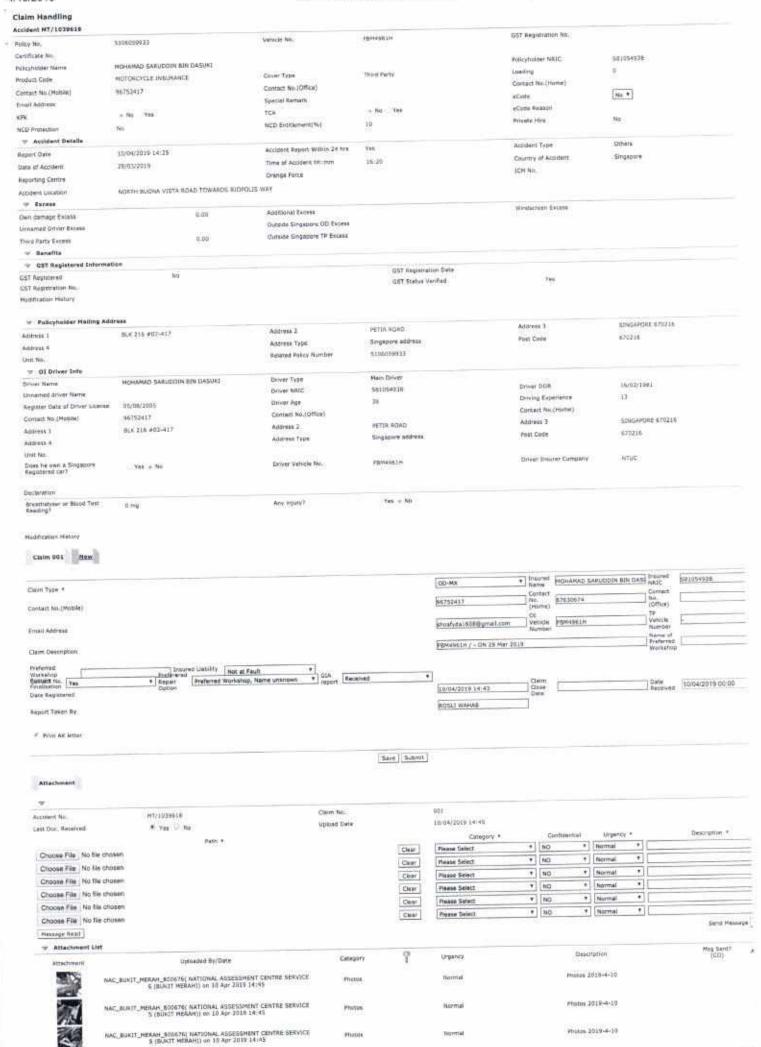
CONTINUATION OF REPORT

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: J / Staff Sgt MUSHAWWIR BIN ADRUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2019 14:41
Officer In Charge Of Case: TP / GIT / Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	Classification Of Case:



Claim Handling(accident reporting Claim Task)

	Uplueded By/Date	Folder Sate		ie Name	Tours .	Actun
→ Video List	NAC_BUKIT_MERAH_BODG76(NA S (BLIKIT MERAH	TEGNAL ASSESSMENT CENTRE SERVICE () on 10 Apr 2019 14:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-10	
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0/20/13:			Ciairr Handingta	codent reporting Clair	ii idan j	

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ACCIDENT STATEMENT

ĄCCI	DENT DATE: 28 02 5010	2)(DD/MM/YYY), TIME:	(14:20)(HH:MM)
	TION: I NORTH BUDNE V	Control of the contro	The state of the s
il.e	DETAILS OF VEHICLE DIVEHICLE NUMBER: #34 DINSURANCE COMPANY: DIPOLICY NUMBER: 51 066	NTUC INCOME	
	d)POLICY TYPE; (COMPREHE b) MAKE & MODEL: HOND 1)TYPE: (SALOON / COUPE / M g) VEHICLE CATEGORY: (PRIV h) PURPOSE OF USING AT AC 1) ARE YOU CLAIMING UNDER	MSIVE / THIRD PARTY / THI APV / VAN / LORRY / MOT ATE / COMMERCIAL / MC CIDENT TIME: PRIVATE	ORCYCLE NOTHERS) OTORCYCLE) USE
2.,	IF NO, PLEASE STATE (THIRD INSURED / POLICY HOLDER A) NAME: MONAMAD SACURED IN NRIC/FIN/PASSPORT: 38 C) ADDRESS; BIL 26 PE	PARTY CLAIM / REPORTIN	GONLY) GMALE FEMALE) ITACT: 96752417
* His of passongs, (Including driver)	* CONTINUE TO 3.d IF DRIVER DRIVER d) NAME: b) NRIC/FIN/PASSPORT: c) ADDRESS:	Above	(MALE / FEMALE)
4. 5.	e)OCCUPATION: (INDOOR AT I)DATE OF DRIVING PASC WAS DRIVER AN EMPLOYEE IF NO, RELATIONSHIP OF TO I)WEATHER CONDITION: (CLI	OUTDOOR OCT 08/2005 OF THE INSURED'S CO HE DRIVER WITH INSU EAR / RAINING / OTHERS	MPANY? (YES NO
6. 7.	biroad surface: (DRY / WE WAS ANYBODY INJURED (YES a)REPORTED TO POLICE (YES IF YES, PLEASE STATE WHICH	/NO) /NO)	BATOL NPC
tho of passanger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME:		EU:
Mo of passenger	b) DRIVER'S NAME; c) NRIC/FIN/PASSPORT; [HIRD PARTY VEHICLE d) VEHICLE NUMBER;	MOD	
(Induding driver)	e) DRIVER'S NAME:	con	TACT:

email = VIDEO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$81054938



MAR



MOHAMAN SARUDDIN BIN DASUKI



BOYANESE Date of hirth 16-02-1981

CountryPlana of tests SINGAPORE

5820427



- 38105493B

XDpow.ed yearsing 10-10-2017

APT BLK 216 PETIR ROAD #02-417 SINGAPORE 670216



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 28 Motorcycles ≈< 200 cc

05 Aug 2005

NP 428A



eBao Tech		GeneralClaim									
Hello, NAC_BUKIT_MERAH	_800676						+ Chang	e Languag	e • Chang	e Password	• Log Out
My Desktop Notice of Loss	Policy Query										*
	Policy No	o.				Date of Accident			28/03/2019 12:21		
	Vehicle f	No.(Far Motor)	FBM49	FBM4961H			Certificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106059933		MOHAMAD SARUDDIN BIN DASUKI	581054938	GMC	Third Party	FBM4961H	FBM4961H	05/12/2018	29/11/2019
					1	Continue	1				