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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,
- 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.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence 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.

TO STATE OF THE PARTY OF THE PA	
	ACCIDENT STATEMENT
Date Of Report	11/04/2019 15:35
Date Of Accident	02/12/2018 15:00
Exact Location Of Accident	JURONG EAST AVENUE 1 NEAR BLK 341 JURONG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FL9009H
Insured/Policyholder	
Name Of Registered Owner	EFFENDY BIN AB RAHIM
NRIC No	S7616994B
Email Address	SHAKEYF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90063638
Alternative Phone No	OTHERS-90063638
Vehicle Particulars	
Manufacturer	SUZUKI
Model	HAYABUSA 1300-1.3 (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	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
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Fleet Policy NO

Policy Number 5099328832

Cover Note Number

Driver

Name of Driver EFFENDY BIN AB RAHIM

 NRIC No
 \$7616994B

 Date Of Birth
 04/05/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/07/2000

Driving Experience 18 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90063638

Fax Number

Contact Number OTHERS-90063638
EMail Address SHAKEYF@GMAIL.COM

Address

BLK 329 JURONG EAST AVENUE 1

#12-1682

Postcode

600329

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

COLLIDED INTO PEDESTRIAN

Weather Conditions

DRIZZLING

Road Surface

WET

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

ambulance?

YES

Was any other material or property damaged?

YES

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

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181202/2072

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

Vehicle Make/Model/Colour

Details Of Properties

PEDESTRIAN

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN PEDESTRIAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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 <u>truthful</u> and accurate as possible. 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.
- 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.
- 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 Signature

Date & Tim

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu

Name:

NIPIC/EINI No.

SHOW STREET, VA

SKETCH PLAN			
A B B O E	F F POLYCLINIC	T L	JURONG EAST AVE
	1008 X	20012	The Popular of the Po
Date & Time: 15001	re true in every respect. Driver's Signature (If driver is not the policyhold Date & Time:	er) Name	ting Centre Personnel's Signature



Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Certified True Copy pursuant to Sec. 78 of the Evidence Act, Cap 97.



1 of 3

Report No. T/20181202/2072

DU Suriati Ble Buang (MX)

Traffic Police Date: 1 1 APR 2019

Vide Report No .:

	ne Report I 018 17:21	Made;	Vide Report No.: D/20181202/0092	Station Diary No.: 36			
Informa	nt's Partic	ulars					
	f Informant: DY BIN AB		Address: APT BLK 329 JURONG E SINGAPORE 600329	AST AVENUE 1 #12-1682			
	/ ID No.: O / S76169	94B	Contact No.: Home/Office: Mobile: 90063638				
National SINGAF	ity: PORE CITIZ	EN	Email:	The second secon			
Sex: Male	Age: 42	Date of Birth: 04/05/1976	Type of Informant:				
Race: Javanes	е		Language:	Institution / School Name:			
Occupat Bus driv			Driving Licence Information	on: Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/12/2018 15:0	Type of Lo Straight Ro	
	ST AVENUE 1 East Avenue 1 near to B	3lk 341 Jurona	-1/112 MILE 18/2	10.	
# (# (# (* C) 2 # (* C) - (* C)		Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
	ion:			Anyone conveyed	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FL9009H	Motorcycle	SUZUKI	GSX1300RA ZL4 (HAYABUSA ABS)		No Damage	0		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
FL9009H	NTUC Income Insurance Co-Operative Limited	5099328832	28/03/2018	27/03/2019			





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

2 of 3 Report No. T/20181202/2072

CONTINUATION OF REPORT

Brief Details.

On the 02/12/2018 at about 1500hrs, I was riding my motorcycle bearing registration plate number of FL9009H. I had just turned left out from Blk 329 Jurong East carpark onto Jurong East Avenue 1. The traffic light just slightly in front of the bus stop was red in color.

As I was nearing the bus stop, the traffic light turned green. As I was moving in between cars, I did not notice my surrondings. As I was nearing the traffic light and looked up, I saw a Chinese old lady about 60 years old crossing the road slowly even though the pedestrian light was red.

I immediately applied my emergency brakes but as I could not stop fully, my motorcycle collided with the old lady and she fell down. Some passer-bys at the nearby bus stop came and shifted the old lady to the pavement and I shifted my motorcycle to the side of the road so as not to obstruct traffic.

There was a van opposite with Police officers and they came to check out the situation. They assisted to call for the ambulance and Traffic Police which arrived shortly after. The ambulance conveyed the old lady to Ng Teng Fong hospital as she suffered a swollen right elbow, back of the head was swollen and blister on the right ankle. She was not bleeding and there were no damages on my motorcycle.

The Traffic Police advised me to lodge a report as soon as possible.

Certified True Copy pursuant to Sec. 78 of the Evidence Act, Cap 97.

Suriati Bte Buang (MX)

Traffic Police

Date: 1 1 APR 2019





3 of 3

Report No. T/20181202/2072

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Certified True Copy pursuant to Sec. 78 of the Evidence (Kd), Cap 97.

31

Suriali Bte Buang (MX)

Traffic Police Date:

1 1 APR 2019

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: F / Sgt 2 YEO JUN BIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2018 17:21
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:

Authentication Stamp NP168

Accident MT/1038584										
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	5 (BURIT MERAH)) 6	NAL ASSESSMENT CENTRE SERVICE n 19 Apr 2019 09-37	Phitos	Normal	Pho	otas 2019-4-15	
1	NAC_BURIT_MERAH_800676(NATIO S (BURIT MERAH)) u	NAL ASSESSMENT CENTRE SERVICE in 15 Apr 2019 00:37	Photos	Nerral	FNI	otos 2019-4-15	
-	NAC_BUKIT_MERAH_800676(NATIO S (BUWIT MERAH)) o	NAL ASSESSMENT CENTRE SERVICE to 15 Apr 2019 09:37	Phytos	Normal	(Ph)	ntms 2G19-4-35	
W	MAC_BUKIT_MERAH_800676(NATIO S (BUKIT MERAH)) o	NAL ASSESSMENT CENTRE SERVICE o 15 Apr 2019 09:37	#tichus	Normal	Phi	Om 2019-9-15	
4/15/2019			Claim Har	ndling(Claim Task)		

rsbm

From:

Desmond Foo Guo Hui <desmond.foogh@income.com.sg>

Sent:

Monday, 15 April, 2019 8:14 AM

To:

rsbm@lkkauto.com

Subject:

FL9009H - 02/12/2018 (Recreate file)

Hi

The file was created as a separate accident file to an existing file in MT/1038584.

With that, please re-create the file the file to MT/1038584.

Please select, 'MT/1038584' and click on 'Create new claim'.

Desmond Foo

Assistant Manager, Motor Insurance T+65 6430 7976 www.income.com.sg











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ACCIDENT STATEMENT

-	ACCIDENT DATE (OL) 1 L 2016 (OD	DAMATYY), TIME: (TOO HTS (HH:MM)
1	OCATION: JURONG FLAST AVET	MUDER BUK 341 THEORER
	1 DETAILS OF VEHICLE	
	1. DETAILS OF VEHICLE PL 9000	1 H
	DUNELIBANCE COMBERC	INCOME INCOMENCE CO - OF CORTURA
		INCOME INSURANCE CO-OFERATIVE
		28832
	a)POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)
	DIMAKE & MODEL SUZUKI H	
-	I)TYPE:(SALOON / COUPE / MPV /V	AN / LORRY / MOTORCYCLE / OTHERS)
	,g) VEHICLE CATEGORY: (PRIVATE / C	COMMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT	TIME: PRIVATE
	I ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO)
190	IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	200 PORT 1
	A) NAME: EFFENDY BIN AB !	
	b) NRIC/FIN/PASSPORT: 5761699	4B CONTACT: 90063638
	CLADDRESS: BIK 327 JURONO	
P - 2	· 12-1682 51Pa	
1	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
Ano of basson	a3, DRIVER o'	
Clinduding dri	ONAME: HS HBOVE.	(MALE / FEMALE)
i coming on	b) NRIC/FIN/PASSPORT:	CONTACT:
(_)	c)ADDRESS:	
		241
	*d) DATE OF BIRTH: (04) 05/ 19	(76)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDO	18 JULY 2000
	DATE OF DRIVING PASS	the state of the s
	4. WAS DRIVER AN EMPLOYEE OF TH	HE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DR	IVER WITH INSURED:
	5. a) WEATHER CONDITION: (CLEAR / R	AINING / OTHERS
	bIROAD SURFACE: [DRY / WET / OTH	leks
	6. WAS ANYBODY INJURED (YES / NO)	
	7. GIREPORTED TO POLICE (YES / NO)	ESTATION ANG MO KIO .
	IF YES, PLEASE STATE WHICH POLIC	ESTATION:
He of passeng	8. THIRD PARTY VEHICLE PEDEST	RIAN
The second	o) VEHICLE NUMBER: TEDEST	KIFIN MODEL:
Industry driv	" a) NRIC/EIN/PASSPORT	
()	C) NRIC/FIN/PASSPORT:	CONTACT:
e va a	9. THIRD PARTY VEHICLE	NY SECURASIV COST
the of passen	gar al PRIVERS NAME:	
Induding dr	(of Surreng House	
1	NRIC/FIN/PASSPORT:	CONTACT:
(_)	·	
552-557		**

email = ShakEyf@gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7616994B



EFFENDY BIN AB RAHIM



JAVANESE Date of birth 04-05-1976 Country/Place of birth SINGAPORE





5402585



MIC No. S7616994B

22-12-2014

Address APT BLK 329 JURONG EAST AVENUE 1 #12-1682 SINGAPORE 600329

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

FFFECTIVE DATE

Class 28 Motorcycles = 200 cc
Class 28 Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles > 400 cc
Class 3 Motorcycles > 400 cc
Motor Cars = 3000kg with = 7 pessengers, exclusive
of the driver; and other motor vehicles = 2500kg
Motor vehicles which are constructed to carry
load or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to
carry load and the unladen weight < 7250kg
Class 5 Motor vehicles not constructed to carry
load and the unladen weight < 7250kg
Motor vehicles which are not constructed to
carry load and the unladen weight < 7250kg
Motor vehicles which = 7250kg
Motor vehicles not constructed to carry any
load and the unladen weight > 7250kg

NP 428A



eBao Tech									Gener	alClaim
Hello, NAC_BUKIT_MERAP						* Change	Languag	e Char	nge Password	' Log Out
Notice of Loss	Policy Query									114
	Policy No.				Date	of Accident		02/12/2018	14:49	
	Vehicle No.(For Motor)	FL9009	Н		Certif	ficate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5099328832		AB RAHIM	57616994B	GMC	Third Party, Fire & Theft	FL9009H		28/03/2018	27/03/2019
					Continue	With SWAN				