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.
- 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 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/08/2019 15:34
Date Of Accident	08/08/2019 22:05
Exact Location Of Accident	UPP BUKIT TIMAH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE8770H
Insured/Policyholder	
Name Of Registered Owner	NUR MOHAMMAD ZULFAKHRI BIN HAJI JUMALI
NRIC No	S9606389Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97765918
Alternative Phone No	OFFICE-97765918
Vehicle Particulars	
Manufacturer	YAMAHA
Model	X-1R
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	5100742626-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SYAZWAN BIN SUWANDI
NRIC No	S9826317I
Data Of Diatio	45/00/4000

NRIC No S9826317I

Date Of Birth 15/08/1998

Occupation OUTDOOR

Date Of Driving Pass 21/11/2017

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92993436

Fax Number

Contact Number OFFICE-92993436

EMail Address NOEMAIL

Address BLK 508 JELAPANG ROAD

#03-102

Postcode 670508

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

ccident? YES

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

ambulance?

YES

NO

1

2

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? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-8929999 - **FAX NO**: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190812/2075.

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 SMK1213J

Vehicle Make/Model/Colour HONDA FIT

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SYAZWAN BIN SUWANDI

Approximate Age

Injuries Sustain LEG, HAND & BACK

Injured person in which vehicle? FBE8770H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

nce?

Address Postcode YES

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

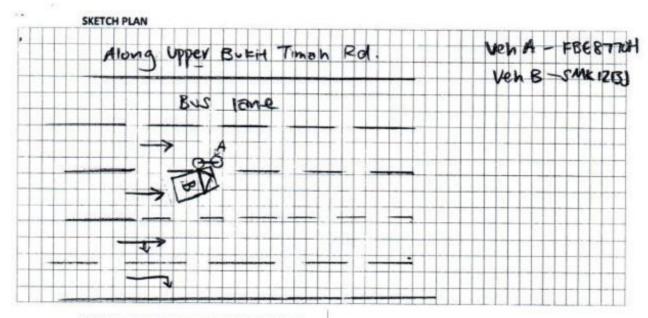
(II) For complying with requirements under my regulations, laws or court orders.

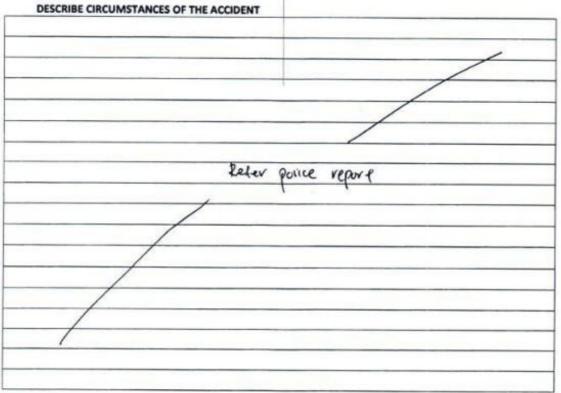
Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

Page 5

Accident Sketch Plan





DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

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Police Report





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

1 of 3 Report No. T/20190812/2075

REPORT OF A TRAFFIC ACCIDENT

	e/Time Report Made: 8/2019 21:24		Vide Report No.: J/20190808/0164	Station Diary No.		
Informant's Particulars			CONTROL OF THE PARTY OF THE PAR	ENGLA DE SECURE DE LA COMPANION DE LA COMPANIO		
Name of Informant: MUHAMMAD SYAZWAN BIN SUWANDI ID Type / ID No.:			Address: APT BLK 508 JELAPANG ROAD #03-102 SINGAPORE 670508 Contact No.:			
NRIC NO / S98263171 Nationality: SINGAPORE CITIZEN		171	Home/Office:	Mobile: 92993436		
		EN	Email:			
Sex: Age: Date of Birth: Male 20 15/08/1998		THE RESERVE OF THE PARTY OF THE	Type of Informant: Rider			
Race: Malay			Language: Institution / School Name: English			
Occupation: PIZZAHUT RIDER			Driving Licence Information Class: 2B	Date of Expiry:		

Type of Accident:	Injury Conveyed By Amb	ulance	Drink Drive: No	Date/Time of Accident: 08/08/2019 22:05		Type of Location Straight Road
	T TIMAH ROAD imah Rd towards Wood imber: 185	lands Rd	l.			
Weather: Clear		Road	Surface:		Road 70 Ki	d Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled			Traffic Volume: Moderate	
One Way						erate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBE8770H	Bicycle	YAMAHA	X-1R	Black	Seriously Damaged	0
SMK1213J	Car	HONDA	FIT HYBRID 1.5 AUTO	Purple	Slightly Damaged	0

Details of Person Involved	MARKET CONTROL OF THE SAME OF
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report





Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

2 of 3 Report No. T/20190812/2075

CONTINUATION OF REPORT

Rider		100000000000000000000000000000000000000		10.0303	5000	
Name	MUHAMMAD SYAZWAN BIN SUWANDI			ID No).	S9826317I
Related Vehicle	FBE8770H (Bicycle)			Conta	act No.	92993436
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: NIL
Date Treatment	08/08/2019 Date D			charge 09/08/2019		3/2019
No. of Days granted Medical Leave		11	Degree o			us
Driver						10 - 160 / 16 - 16 - 16 - 16 - 16 - 16 - 16 - 16
Name	Lee Lian Sheng		ID No.		S9023806Z	
Related Vehicle	SMK1213J (Car)			Contact No.		96216388
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Dat			charge	NIL	
No. of Days granted Medical Leave NIL			Degree o		NIL	

Brief Details.

On 08/08/2019 at about 2205hrs, I was riding my motorcycle FBE8770H along Upper Bukit Timah Rd towards Woodlands Road, heading back home. I was riding on the 3rd lane of the road when the vehicle beside be bearing the registration number SMK1213J traveling along the 2nd lane did not signal left nor check his blind spot on the left side and proceed to lane change into my lane. In doing so, it cause his vehicle to hit onto my motorcycle and made me fall off and skid along the road. Shortly after, the ambulance arrived and helped me to get the particulars of the other driver while I was being conveyed to Ng Teng Fong General Hospital. I sustained bruises all over my body, including fingers, arms, forearms, right elbow, back, hips, both legs. I was given 11 days mc.

Police Report





Police Station Of Origin:

3 of 3 Report No. T/20190812/2075

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

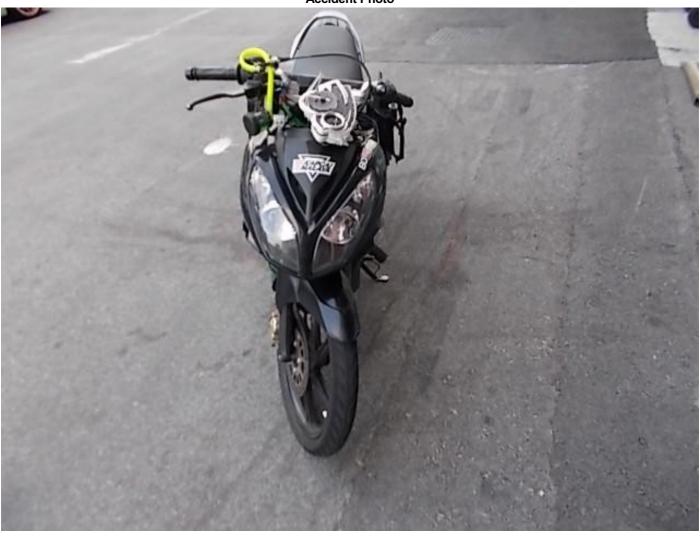
CONTINUATION OF REPORT

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 / SC2 TAI HONG XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2019 21:24
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN	Classification Of Case:
Contact No : 65476216	SN 117
Authentication Stamp NP168	Will see
Singapore	Police Force









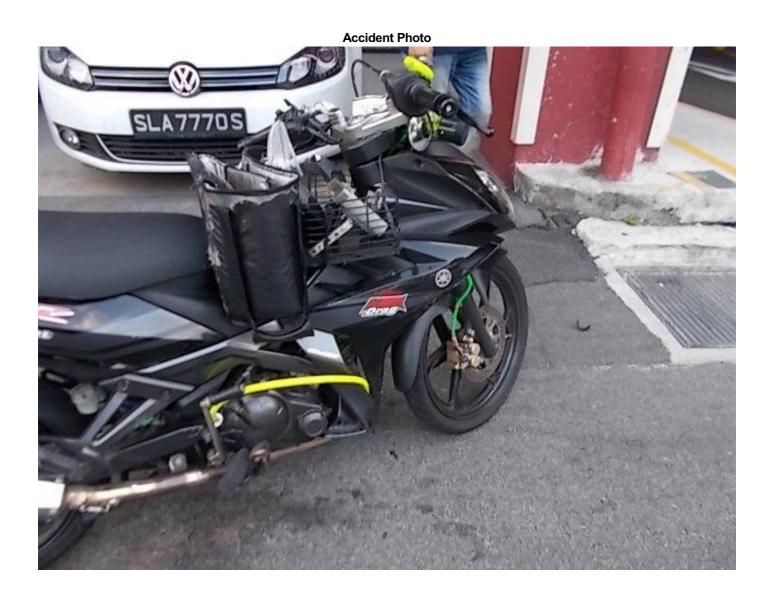












Addendum Sheet



GENTIAL TRELEMANCE ASSOCIATION OF SIMEARCHE ARCORD WATARCHIEFT CENTED STREAMS QUANTARCHIEFT CENTED THIS STREAMS CONTRACTOR TO THE CONTRACTOR OF THE CONTRACT

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA 119106953 Vehicle Ragistration No: FBE 8770 H Warrenshown o NINE : Muhammad Syazwan Bin Symandin RC/FIN/Passport No : \$9826317 I ("Vehicle Driver/Vehicle Owner)(") Please delete as appropriate Address Blk 508 Jelapang Road # 03-102 Contact (Tel) : 9299 3436 Mobile No.:_ Email Address Date of Accident : 08/08/2019 Time of Accident: 2205 Place of Accident : Mong Upper Bukit Timah Road Insurance Company: NTUC (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: No camera Policyholder / Driver's Signature Reporting Centre Personnel's Signature NRIC/FIN No.:

Date: