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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/08/2019 13:15

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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.

ACCIDENT STATEMENT

Date Of Report

16/08/2019 12:11

Date Of Accident

29/07/2019 15:00

Exact Location Of Accident

ALONG JALAN BAHAR

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBK789B

Insured/Policyholder

Name Of Registered Owner

NOR DINIE BIN MOHAMAD NOR

NRIC No

S9301298D

Email Address

DINNIEMATEEN19@GMAIL.COM

Mobile Phone No

(LOCAL) +65-81729126

Alternative Phone No

OFFICE-81729126

Vehicle Particulars

Manufacturer

YAMAHA

Model

JUPITER LC135-135CC

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 Policy Number

5103270805

Cover Note Number

Driver

Name of Driver

NOR DINIE BIN MOHAMAD NOR.

NRIC No Date Of Birth S9301298D 19/01/1993

Occupation

INDOOR

Date Of Driving Pass

22/06/2011

Driving Experience

8 YEARS AND 1 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-81729126

Fax Number

(LOCAL) +65-81729126

Contact Number

OFFICE-81729126

EMail Address

DINNIEMATEEN19@GMAIL.COM

Address

APT BLK 510 JELAPANG ROAD #04-70 SINGAPORE

Postcode

670510

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 - 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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

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

NO

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

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 STATEMENT.

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

XD4155E

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category 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

NOR DINIE BIN MOHAMAD NOR Name

Approximate Age

WRIST TO FOREARM FRACTURE Injuries Sustain

Injured person in which vehicle?

Were seat belts wom?

Was this injured conveyed to hospital by ambulance?

YES

Address

APT BLK 510 JELAPANG ROAD SINGAPORE

670510 Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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")
- 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: 11 (1)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

The second secon

Date & Time: 16/0/20/4





1 of 3

Report No. T/20190730/2007

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

Date/Time Report Made: 30/07/2019 01:10			Vide Report No.:	Station Diary No.: 14
Informan	t's Particu	lars		
Name of	Informant:	HAMAD NOR	Address: APT BLK 510 JELAPANG RO.	AD #04-70 SINGAPORE 670510
ID Type	And the second s	7.1.1.1.2.2.2	Contact No.: Home/Office:	Mobile: 81129126
Nationali			Email:	
Sex: Male	Age:	Date of Birth: 19/01/1993	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: PART TIME DISPATCH RIDER		TCH RIDER	Driving Licence Information: Class: 2B	Date of Expiry:

Type of Accident:	Injury	Injury Conveyed By Ambulance		Date/Time of Accident: 29/07/2019 15:0	Straig	of Location ght Road
JALAN BAH		on Lay, b	efore Juror	ng Divisional HQ.	Road Spec	ed Limit:
Clear			γ		The state of the s	
Traffic Flow: Traffi		fic Control: Controlled		Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - San			no Direction		Anyone co	onveyed by e:

	ehicle Involve	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	TO CONTROL OF THE PARTY OF THE	1100	Divis		0
FBK789B	Motorcycle	YAMAHA	JUPITER MX (HC)	Blue		0
XD4155A	Trailer					0

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	514 St. Francisco	The Control of the Co	
FBK789B	NTUC Income Insurance Co-Operative Limited	5103270805	28/08/2018	27/08/2019

Bukit Panjang NPC 1 Segar Road #01-05 Singapore 577738 Tel: 5892 9999





2 of 3

Report No. T/20190730/2007

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

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Any Pedestrian In No. of Pedestrian:	volved: No s Injured: NIL		Use of Pe	destrian	Crossi	ng: NA	
Rider		IAMAD NOI	0	ID No.		S9301298D	
Name	NOR DINIE BIN MOHAMAD NOR		i.Ne.s	50-24-1-0000		22120100	
Related Vehicle	FBK789B (Motorcycle)		Contac	ct No.	81129126		
		NEDAL HO	SDITAL	Class	of	Class: 2B	
Hospital/Clinic	NG TENG FONG GE	NG FONG GENERAL HOSPITAL		Driving Licence & Expiry Date		Date of Expiry: NIL	
			Date Dis	The second secon		7/2019	
Date Treatment	29/07/2019 nted Medical Leave	14		e of Injury S		ilight	

Brief Details.

On 29th July 2019 at about 1500hrs, I just exited to Jalan Bahar from KJE, riding my motorbike (FBK769B) and I was waiting in line to filter to Jalan Bahar. In front of me, there was one trailer (XD4155A). Subsequently the trailer filtered out to the left lane and I filtered out to the right lane. Suddenly this trailer changed lane to the right and collided into me. I then fell off from my motorbike and DUISTE landed on the kerb side.

There was one Traffic Police nearby and came to my assistance. Awhile later, the Ambulance came and I was conveyed to Ng Teng Fong hospital. I was diagnosed to suffer wrist to forearm fracture and I was given a 14 days of MC. I am required to go back to the hospital for a follow up on 2nd August 2019.

I was given a case card by the Traffic Police to lodge a Traffic Accident Report. Ref J/20190729/0091.

Segar Road #01-05 Singapore 577735 Tel: 6892 9999





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

3 of 3 Report No. T/20190730/2007

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: J / Sgt 3 LUCAS KOH PEI SONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2019 01:10
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
Authentication Stamp	



A member of the NUHS

Signature

MEDICAL CERTIFICATE (Ref:57829070)

ORIGINAL

NAME: NOR DINIE BIN MOHAMAD NOR

NRIC: S9301298D

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 2/8/2019 to 13/9/2019 inclusive

The certificate is not valid for absence from court attendance.

The aboved name attended our facility / received treatment on 02/08/2019.

02/08/2019 Date Dr. Amritpal SINGH (16542E) Issued by

Location: A53 ORTHOPAEDICS

Clinic A53
Orthopaedics, Sports & Pain
Ng Teng Fong General Hospital
1 Jurong East Street 21
Singapore 609606

A meniber of the NJHS

MEDICAL CERTIFICATE (Ref: 29532462)

ORIGINAL

NAME: NOR DINIE BIN MOHAMAD NOR

NRIC: \$9301298D

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 29/7/2019 to 12/8/2019 inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 29/07/2019 15:45 to 29/07/2019 19:00.

29/07/2019

Dr. Ren-Hao Michael KWAN (64800J) Issued by

Signature

Location: NTFGH EMERGENCY

Accident MT/1058019										
Princy No.	1103270909	Venicle No.	FEKTRIN		GST Fegs	erysten No.				
COMPLETE NO.										
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Frontiet Code Contact No (Muselle)	HOTORCYCLE INSURANCE	Cover Type	Third Party		reading			п		
Email Address	817,20126	Centect No.(Office) Special Hamark			Contact N	(amme)		1		
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Date of Accident	29/97/2519	Time of Accident In Imm.	15:09		Country a			Singapo		Crisis dang
Reporting Certire	authorite action	Orange Force	No		IDM No.			10018080	0.40	
Accident Location	ALONG JALAN BESAR									
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Unnamed Driver Excess		Outside Singapure CO Excuss								
Dani Party Excess	46.00	Dutyde Singspore T# Excess								
▽ Renefits										
GST Registered Informat										
GST Registered GST Registration No.	010			etration Date us Ventiled		444				
Hodrication History				of Assistant		795				
The Policyholder Mailing Add	Peza									
Address 1	BLK 513 #64-73	Address 2	FELAPANIC ROAD		Appress 3			SINGAL	PORE 67051	5:
Aytoness 4		Address Type	Singapore address		Past Cres			670510		
unit No.	d4-75	Related Palloy Number	\$103270805							
₩ OI Driver Info										
Driver Name	NOR DINIE BIN MONAHAD NOR	Driver Type	Meth Driver							
Unhamed diver Name: Regular Data of Driver License	22/08/2011	Driver NAJC	593012980		Driver DO			18/015	1993	
Contact No.(Motive)	#1729126	Detrier Alje Contact No.(Office)	24		Driving E					
Address I	BLS 815 #04-70	Address 2	IELAFANG ROAD		Contact N Address 2			- Contract		
Address 4	300,000,000	Address Type	Singapore address		Past Case			979518	PORE 47051	11
limit No.	64-70	104545-1074	1.015051 11770		1700000			419900		
Does he own a Singapore Registered car?	Yes: + 760	Driver Vehicle No.	#8K29VB		Driver Inc	orer Campar		Amuc		
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ACCIDENT STATEMENT

	ACCIDENT DATE: 20 0 20)(DD/MM/YYY), TIME:(15 :	OO)(HH:MM)
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