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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.
- 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.
- This report will be forwarded by the insurers of the GtA 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	12/09/2019 17:21
Date Of Accident	21/08/2019 06:50
Exact Location Of Accident	ALONG BUKIT BATOK EAST AVENUE 6
Country/State of Loss	SINGAPORE
DOMESTIC OF THE PARTY OF THE PA	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH8140K
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NUR IMAN BIN SAID
NRIC No	S9743570G
Email Address	ELBACONSTRIPZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91020517
Alternative Phone No	OTHERS-91020517
Vehicle Particulars	
Manufacturer	APRILIA
Model	RS4 125-124CC
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	5091631761-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NUR IMAN BIN SAID
NRIC No	S9743570G
Date Of Birth	12/12/1997
Occupation	INDOOR
Date Of Driving Pass	03/06/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91020517
Fax Number	Personal Control of the Control of t
Contact Number	OTHERS-91020517
EMail Address	ELBACONSTRIPZ@HOTMAIL.COM

Address

BLK 234 ANG MO KIO AVENUE 3

#03-1138

Postcode

560234

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

SIDE SWIPE

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?

- 17

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 SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190821/2121

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

SLF1467G

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KOU SENG KAR

NRIC/Passport Number

S1427339E

Contact Number

97372070

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1 MUHAMMAD NUR IMAN BIN SAID Approximate Age Injuries Sustain SLIGHT INJURY Injured person in which vehicle? FBH8140K Were seat belts worn? Was this injured conveyed to hospital by ambulance? YES

Address Postcode

Name

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 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 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:
 - (i) 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	W CONUT	15UKI	PANOX	TIM	HVA	
	-> +	car B		-3 -4 		A) FBH 8160K B) SUF14676
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DESCRIBE CIRCU	MSTANCES OF T	HE ACCIDEN	г			
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DECLARATION I/We declare the fo	regoing particulars	are true in eve	ery respect.			11-6-9
m						1 Mostock
Policyholder's Signa		Driver's Signa				Centre Personnel's Signature / / /





T/20190821/2121

1 of 3

Report No. T/20190821/2121

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 21/08/20	e Report M 19 17:50	ade:	Vide Report No.:	Station Diary No.: 97			
Informar	it's Particu	lars		是是原作的。 到上 25			
Name of	Informant:	IMAN BIN SAID	Address: APT BLK 234 ANG MO KIO A' SINGAPORE 560234	VENUE 3 #03-1138			
ID Type	/ ID No.: 0 / S97435	70G	Contact No.: Home/Office: Mobile: 91020517				
National SINGAP	ty: ORE CITIZ	EN	Email:				
Sex: Male	Age:	Date of Birth: 12/12/1997	Type of Informant: Rider				
Race: Javanes	e		Language: Malay	Institution / School Name:			
Occupat	tion:		Driving Licence Information: Class: 2B Date of Expiry:				

Type of Accident	Injury Conveyed By A		Drink Drive: No	Date/Time of Accident: 21/08/2019 06:5	0	Type of Location T-Junction
Location: Along Road 1 BUKIT BATC	Traveling Toward R	oad 2				
Weather		Road	Surface:		Roa	d Speed Limit:
Weather:		Road	Surface:			· ·
Weather: Clear Traffic Flow: Two Way		Dry Traff	Surface:	orking	Tra	nd Speed Limit: Flic Volume: Traffic

Vehicle No.	ehicle Involve	Make	Model	Color	Condition	No of Passenge
FBH8140K	Motorcycle	APRILIA	RS4 125 MANUAL	Black	Totally Damaged	0
SLF1467G					Slightly Damaged	1

Details of V	ehicle Insurance		met allen	Evniry Date
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8140K		5091631761-01	04/10/2018	03/10/2019





2 of 3

Report No. T/20190821/2121

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No						
No. of Pedestrian			Use of Pedestrian Crossing: NA				
Rider	A TANK BURNET	1 1500000	Contract		1 14 7 19		
Name	MUHAMMAD NUR II	SAID	ID No		S9743570G		
Related Vehicle	FBH8140K (Motorcy	FBH8140K (Motorcycle)				91020517	
Hospital/Clinic	NATIONAL UNIVER	SPITAL	Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: NIL		
Date Treatment	21/08/2019		Date Di			/2019	
No. of Days gran	ted Medical Leave	03	Degree of Injury Slight				
Driver	HARMAN TO A STATE OF THE STATE	ALC: YES					
Name	KOU SENG KAR			ID No	10	S1427339E	
Related Vehicle	SLF1467G	-		Contact No.		97372070	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL			
Date Treatment	NIL		Date Di	ischarge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL		

Brief Details.

On 21/08/2019 at about 0650hrs, I was riding my motorcycle; FBH8140K, Bukit Batok avenue 6 towards a T-junction on the first lane. As I was reaching the T-junction, I had the right-of-way as the traffic light was green. I then proceeded before suddenly, a car, SLF1467G, swerved from the right opposite direction and as I was unable to stop in time, my front collided with its left passenger side. I then dropped and rolled over. The car driver claimed that he did not notice that there was an accident, but he heard a noise. He then went to Bukit Batok East avenue 3 and that was when he noticed me. The driver then parked his car at the side, assisted me and provided his particulars. I was then attended by ambulance and sent to NUH. I was also given 3 days of MC from 21/08/2019 to 23/08/2019. I am also lodging this report for insurance claims.





3 of 3

Report No. T/20190821/2121

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

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: F / Sgt 3 MASHIDAYAT BIN MASZENI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2019 17:50
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Authentication Stamp NP168 Singapore	Signal SN 085

Claim Handling Accident MT/1062193 GST Registration No. Bulley Ber 5091631361-01 Tetricle No. PRINCIPAL Companie No - Picksymiller Name 592435790 MUHAMMAD NUR DNAN EIN SAID Policyholder NRIC Loading Cover Type 000 Product Code MOTORCYCLE INSURANCE Third Forty Contact No. (Nome) Contact No (Mobile) 95020557 CONTRACT NO. (DONER) Res .* Drief Address Special Semark eCode TEA - No Yes of other Bussess Private Hire fin til NCD Protection fee T Accident Details Scotlent Type Accident Report William 24 hrs. Basism Date 12/09/2019 17:45 Yes Date of Accident 11/08/2019 Time of Acadest finance 96:50 Country of Accident Smigapore JOH No. Stange Force Hamming Centre Assistant Location ALDNIS BUYGT BATOK EAST AVENUE & St. Become Windscreen Excess Additional Excess Own damage Excess 0.00 Unnermed Driver Extens Dutnide Singapore OD Excuse Third Party Riccess 0.00 Dutside Singapore TP Excess · Benefits → GST Registered Information SST Registration Date GST Status verified CSY Registration No. Hopification History Petcyholder Halling Address ANG HO KID AVENUE II KERURI BARU RAUH YERK Address 2 Address t BUE 234 #83-1136 Singspure address Port Code 360234 Address Type Address 4 STNGAPORE SNIGSA 5001631761-01 that No. Resulted Policy Number - OT Driver Info HUHAMMAD NUR IMMA BITA SATO Main Driver Origin Name Douge DOB Driver WRIC 12/12/1967 Unnamell driver Barne 9,97435796 Register Date of Driver License 21 Criming Experience Cortact No.(Home) Contact No.(Office) Cortact No (Mobile) WIDSDALF Address 3 WEILIN BARY FALH VIOW ANG NO KID AVENUE 3 Address 1 N 4 234 #85-1138 Antress 2 Post Code 580234 Singapore address Wideress 4 SINGAPORE SAUZIN Address Type Driver braurer Company Driver Venocie No. PBH6140K Yes - No. firesthelyser or Blood Test Asading? Any many? THE . 100 Claim GO1 REW THE PROPERTY WAS THAN BIN SAD SHIPE w breum 397435700 00-MX Contact No. Contact 91020517 Contact No.(Roole) Of PRINCIALK SLFINETS Email Address PRHELADK / SLF1467G ON 21 Aug 2019 Claim Desiration Insured Limitity | next at Paul; # Bugger | Preferred Workshop, Nar T SIA Received flustract No. Yes Date 12/09/2019 00:00 12/09/2019 17:47 Date Registered BOSLI WANKS Report Telem By Print All Seider Save Submit Attachment Claim No. Accident No. MONTHWEST AND 12/09/2019 17/48 Last Duc. Received # Yes - No Upload Date Category.* funt: * * Normal * NO Choose File No file chosen Cear Choose File No lile chosen Cker Please Select * 140 * Wormst . * NO Choose File No file chases Clear Please Select Normal Clear * NO horméi Choose File No file chases * Normal * NO • Clear Please Select Chaose File No file chaven Choose File No file chosen Clear Please Select # NO * Normal 4 Message Read Attachment List Wig Sent? (CO) Limency Attachment Unitsaded Burtlete Category NAC_BURGT_MERAH_BOOKFOC NATIONAL ASSESSMENT CENTRE SERVICE S [BURGT MERAH]) on 12 Sep 2019 17:48 Process 2519-9-12 NAC_BURIT_MENAN_BUIG*6: NATIONAL ASSESSMENT CENTRE SERVICE S (SURIT MERANI) on 12 Sep 2119 17:48 Printee 2019-9-13 Photos NAC_BUNCT_MERAH_BODD/N; NATIONAL ASSESSMENT CENTRE SERVICE S (BUNCT MERAH)) on 15 Sep 2019 17 49 Photos 2019-9-12 #hobos

Claim Handling(accident reporting Claim Task)

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▼ Video Lief										
99		TIOWAL ASSESSMENT CENTRE SERVICE) on 12 Sep 2019 17:47	EAS		hormal	545	30x9- 3 -13			
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25		NAC_BURIT_MERAH_BU06761 NATIONAL ASSESSMENT CENTRE SERVICE S (RURIT MENAH)) on \$2.5ed 2019 17-47			Normal	Physical	# 3019-0-12			
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1		TIONAL ASSESSMENT CENTRE SERVICE) on 12 Sep 2019 17:42	Photos		Normal	Photo	s 2019-9-12			
	S (BUKIT NEKAH)	TIGNAL ASSESSMENT CENTRE SERVICE on 12 Sep 2019 17:47	Photos		Normal	Phone	* 201 9-9- 12			
1		TIONAL ASSESSMENT CENTRE SERVICE 1 on 12 Sep 2019 17:47	Photos		Normal		v 2019-9-12			
		TIONAL ASSESSMENT CENTRE SERVICE I on 12 Sep 2019 17:47	Photos		Normal	Photos	x 2019-9-12			
		TIONAL HODESIMENT CENTRE SERVICE (IDN 12 Sep 2019 7:48	Photos		Normal	Photos	2019-9-12			
		TIONAL ASSESSMENT CENTRE SERVICE 1 tot 12 Sep 2019 17:48	Photos		Normal	Photos	1 2019-9-12			

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	Policy t	No.				Date	of Accident		21/08/2019	17:51	
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence	Expiry Date
		5091631761- 01		MUHAMMAD NUR IMAN BIN SAID	59743570G	GMC	Third Party			04/10/2018	03/10/2019
		5091631761-	Certificate Number	Name MUHAMMAD NUR IMAN	NRIC 59743570G	Product	-1110 CH C 1110 TV 15	No.			Object Date