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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.
- 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.
- Any false reporting may be referred to the Police for investigation,
- 5. 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.

《	ACCIDENT STATEMENT
Date Of Report	30/09/2019 10:33
Date Of Accident	25/09/2019 08:10
Exact Location Of Accident	BKE (PIE) 8KM (MPAG: 4624A)
Country/State of Loss	SINGAPORE
· · · · · · · · · · · · · · · · · · ·	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM7893B
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	SYARIFSEMEWI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87934420
Alternative Phone No	OFFICE-87934420
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE 125
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	5109280207
Cover Note Number	
Debugs	

Driver

Name of Driver AHMAD SYARIF BIN SENEWI

NRIC No S9637552B Date Of Birth 16/10/1996 Occupation **INDOOR** Date Of Driving Pass 04/09/2018

Driving Experience 1 YEAR AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87934420

Fax Number

Contact Number OTHERS-87934420

EMail Address SYARIFSEMEWI@GMAIL.COM Address

BLK 28 MARSILING DRIVE

#13-267

Postcode

730028

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

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

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190926/2062

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

FBQ1850T

Vehicle Make/Model/Colour

HONDA CB150R MANUAL

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

RASOOL

NRIC/Passport Number

Contact Number

90829529

Address Postcode

Insurance Company Name

Page 2 of 22

DETAILS OF INJURED PERSON 1

Name

AHMAD SYARIF BIN SENEWI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM7893B

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 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.
- 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.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time: 26 Sept 221"

21-23 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190926/2062

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 12:34	Made:	Vide Report No.: Station Diary G/20190926/0042				
Informa	nt's Partice	ulars		Louis Paris Control of the Control o			
	f Informant: SYARIF BI	N SENEWI	Address: APT BLK 28 MARSILING DRIVE #13-267 SINGAPORE 730028				
ID Type / ID No.: NRIC NO / S9637552B			Contact No.: Home/Office: 67173028 Mobile: 87534420				
	Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 22	Date of Birth: 16/10/1996	Type of Informant: Rider				
Race; Boyanese			Language:	Institution / School Name:			
Occupation: Student			Driving Licence Information: Class: Date of Expiry:				

General Inform	mation of the Accident			The second second	THE REAL PROPERTY.
Type of Accident:	Injury Conveyed By Ambulance		Drink Drive; No	Date/Time of Accident: 26/09/2019 08:10	Type of Location:
	EXPRESSWAY M (MPAG: 4624A)				
Weather: Road		Road St Dry	urface:	F	Road Speed Limit:
America (Albania (Alb		Traffic C	Control:	Т	raffic Volume:
Type of Collisi	ion:			a	Inyone conveyed by mbulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBM7893B	Motorcycle	HONDA	WAVE 125R	Blue		0
FBQ1850T	Motorcycle	HONDA	CB150R MANUAL	Black		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190926/2062

CONTINUATION OF REPORT

Rider		ET HELLE				
Name	AHMAD SYARIF BIN SENEWI			ID No		S9637552B
Related Vehicle	FBM7893B (Motorcycle)			Conta	ct No.	87534420
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	26/09/2019	Date Disc			0/2019	
No. of Days granted Medical Leave 03			Degree of		NIL	72010

Brief Details.

ON THE STATED DATE, TIME AND LOCATION

I WAS TRAVELLING ALONG LANE 1 OF THE LOCATION AS MENTIONED. MOTORBIKE OF PLATE NUMBER FBQ1850T WAS TRAVELLING ON THE SAME LOCATION IN FRONT OF THE LORRY. THE RIDER OF BIKE NUMBER FBQ1850T CLAIMS THAT HE DID GIVE SIGNAL BUT FROM MY VIEW THERE WAS NO SIGNALLING GIVEN. THE RIDER ALSO DID NOT CHECK HIS BLIND SPOT BEFORE MAKING A LANE CHANGE.

HENCE

1100

THE RIDER SWITCH LANE OUT OF THE SUDDEN, I WAS UNABLE TO STOP IN TIME AND COLLIDED ONTO THE REAR OF THE BIKE. I WAS CONVEYED TO KHOO TECK PHAT HOSPITAL WITH 3 DAYS OF MC. THAT ALL.





3 of 3

Report No. T/20190926/2062

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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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: TP / EUGENE AW WEI XUAN	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2019 12:34	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:	
Authentication Stamp		Taland F. Ly

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SIMMEN STAP

ACCIDENT STATEMENT

	ACCI	DENT DATE: (26, 09, 2019) (DD/MM/YYY), TIME: (
	LOCA	TION: Along Road I, Pan Island Bapa	essway
		VIDEACHINA PEREZIONA MINO CONTROLO CONT	
	1.	DETAILS OF VEHICLE FBM 7893 B	1
		a) vehicle -Momaek:	 2
		blinsurance company:	
		C)POLICY NUMBER:	TO A THE SECONDARY OF THE PARTY
		d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎR	D PARTY FIRE &THEFT)
		OMAKE & MODEL: HONGO WOVE 125 FA	
		FITYPE: (SALOON / COUPE / MPV /VAN / LORRY /MOTO	RCYCLE POTHERS)
ů.		g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL /MOT	TORCYCLED
		h)PURPOSE OF USING AT ACCIDENT TIME: MULING TO	MOVE
		I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (
		IF NO. PLEASE STATE THIRD PARTY CLAIM PREPORTING	3 ONEYT
	2.,	INSURED / POLICY HOLDER	No. of the Control of
		AINAME: SOUTHEN MAYOR	_(MALE / FEMALE)
		b)NRIC/FIN/PASSPORT:CONT	ract:
		c)ADDRESS:	
		to the second se	
		* CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER)7) (3
sisd to c	san get	DRIVER	
dudin	driver.)	STRAME: Ahmad Sydust . Bih Senewi	- (MALE /FEMALE)
ČL).		DIMICITATION OF CALL	ACH
1_/		CJADDRESS: Q1 & 28 MOVING DATE # 13-267	
		*d) DATE OF BIRTH: (16 / 10 / 1994) (DD/MM/YYY	v) .
		OCCUPATION: (NOOOR LOUIDOOR) 04/2018	
	- 2	WAS DRIVER AN EMPLOYEE OF THE INSURED'S CO	MPANY? (YES / NO)
	(78)	IF NO, RELATIONSHIP OF THE DRIVER WITH INSUR	PP: Nental
	5.	D) WEATHER CONDITION: (CLEAR) RAINING / OTHERS_	
	811	b)ROAD SURFACE: (DRY / WET / OTHERS	antico elegas para
	6.	WAS ANYBODY INJURED (YES / NO)	W 18 (80 V)
141		[전 이러워입다 인터 10 10 10 10 10 10 10 10 10 10 10 10 10	podo a Herri
		IF YES, PLEASE STATE WHICH POLICE STATION:	tendquarters.
w	8,		manda souday have
of pass	inger	a) VEHICLE NUMBER: F BQ 1850T MODE	ELL Honda CBISOR MAN
duding.	driver)	b) DRIVER'S NAME: KASOL	7 -03 WE20
13	1000	c) NRIC/FIN/PASSPORT:CON	TACT: 9082 9329
)	9,	THIRÖ PARTY VEHICLE	
o of pas	Commer-	d) VEHICLE NUMBER:MODE	EL:
	75 L	e) DRIVER'S NAME:	
eluding	"driver		TACT:
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eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. 5109280207 Date of Accident 26/09/2019 10:30 Vehicle No. (For Motor) FBM7893B Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Insured Object Commence Date Product Cover Type Select Policy No. Explry Date No. 5109280207-000033 SOUTHERN MOTOR 5109280207 23414700L GFM Third Party FBM7893B FBM7893B 07/05/2019 06/05/2020 Continue