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Owner / Driver: (1	Tcl:)	
Policy No: () Period	: ()	Cover Type:	(1.	
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<u>(2 /);</u>		Involce dated		Pee Charged	CHEEN	-

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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 incurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

the second of the second of	ACCIDENT STATEMENT
Date Of Report	10/10/2019 17:49
Date Of Accident	04/10/2019 17:45
Exact Location Of Accident	ALONG TUAS AVENUE 5
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FT7517D
Insured/Policyholder	
Name Of Registered Owner	AHMAD FIRDAUZ BIN HUSSAIN
NRIC No	S8008790Z
Email Address	TAZNATRA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98624499
Alternative Phone No	OTHERS-98624499
Vehicle Particulars	
Manufacturer	HONDA
Model	XL
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK FROM 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5102758088-01
Cover Note Number	
Driver	
Name of Driver	AHMAD FIRDAUZ BIN HUSSAIN
NRIC No	S8008790Z
Date Of Birth	21/03/1980
Occupation	INDOOR
Date Of Driving Pass	21/03/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98624499
Fax Number	
Contact Number	OTHERS-98624499
HAVE BUILDING TO SERVICE TO SERVI	HEART SELECTION AND A SECURITION OF THE PROPERTY OF THE PROPER

TAZNATRA@HOTMAIL.COM

Address

BLK 549B SEGAR ROAD

#18-642

Postcode

672549

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

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

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/20191009/7002

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

XB9956M TRAILER

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

AHMAD FIRDAUZ BIN HUSSAIN

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FT7517D

Were seat belts worn?

Was this injured conveyed to hospital by ambutance?

YES

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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.
- 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:
 - 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 Sign

NRIC/FIN No.:

NRIC/FIN No.:

Date & Time:





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20191009/7002

REPORT OF A TRAFFIC ACCIDENT

	me Report I 019 07:41	Made:	Vide Report No.: J/20191004/0113	Station Diary No.:	
Informa	int's Partic	ulars			
	f Informant: FIRDAUZ	BIN HUSSAIN	Address: APT BLK 549B SEGAR ROA	D #18-642 SINGAPORE 672549	
ID Type NRIC N	/ ID No.: O / S80087	90Z	Contact No.: Home/Office: Mobile: 98624499		
Nationa SINGAR	lity: PORE CITIZ	EN	Email: taznatra@hotmail.com		
Sex: Male	Age: 39	Date of Birth: 21/03/1980	Figure 100- China - San South State Control of the		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: ELECTRICAL INSTRUCTMENT TECHNICAN		RUCTMENT	Driving Licence Information: Class: 2B Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident:		
Location:		INU	104/10/2019 17	.45	
TUAS AVENU	ICE				
TOAS AVEN	JE 3				
Weather:		Pood Surface			10 111
Weather: Clear		Road Surface: Dry		Roa	d Speed Limit:
Clear		Dry		50 F	Km/h
		Dry Traffic Control:	rkina	50 F	(m/h fic Volume:
Clear Traffic Flow:	ion:	Dry	rking	Traf Mod	Km/h

Details of V	ehicle Involve	d				Marie Commission
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FT7517D	Motorcycle	HONDA	XL125V1	Black		0
XB9956M	TRAILER TRUCK	MITSUBISHI		White	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FT7517D	NTUC Income Insurance Co-Operative Limited		10/08/2019	09/08/2020		





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

2 of 3 Report No. T/20191009/7002

CONTINUATION OF REPORT

Details of Perso	n Involved	1500			Seil.	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestriar	Cross	sing: NA
Rider		Wall Land				
Name	AHMAD FIRDAUZ BIN HUSSAIN			ID No		S8008790Z
Related Vehicle	FT7517D (Motorcycle)			Conta	ct No.	98624499
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licen Expiry	q	Class: 2B Date of Expiry: NIL
Date Treatment	04/10/2019 Date Dis			charge	06/10	/2019
No. of Days granted Medical Leave 34			Degree o		Serio	us

Brief Details.

On 04/10/2019 at around 1745hrs, I was riding my motorcycle, V1) FT7517D along Tuas Avenue 5 towards Tuas Road. The traffic was moderate & moving.

A trailer head truck, V2) XB9956M has moved to exit its company premises. I had horned a few times but the driver continued to move out to the other side of the road in the direction of Tuas Avenue 5.

I had lost unconscious momentarily during the accident and realized I was dragged for a distance after. I was conveyed to the NTFGH and admitted & warded from 04/10/2019 to 06/10/2019.



MEDICAL CERTIFICATE (Ref:60438584)

ORIGINAL

NAME: AHMAD FIRDAUZ BIN HUSSAIN

NRIC: S8008790Z

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 4/10/2019 to 6/11/2019 inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 04/10/2019 18:35 to 05/10/2019 00:36. The aboved name was admitted from 05/10/2019 00:36 to 06/10/2019 13:47.

06/10/2019 Date

Dr. Anyi ZHANG (P1670Z) Issued by

Signature

Location: WARD B09 PRIVATE

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Probability Name Problet Code Contact No (Mobile) final Address 878			Vehicle No.	FT7517D		2224.50(9880)	
Product Code Contact No (Mobile) Small Address API;						GST Registration No.	
Contact No (Motele) Ernell Address APK	AHMAD FIRDAUZ 80%					Palicyholder MIDC	
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37%	00124499		Contact No.(Office)			Contact No.(Home)	60
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						Private Hire	No
Report Date Date of Accident	11/10/2019 09:44		Accident Report Within 24 hrs) ter		Akkilderé Typer	
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Pullcyholder Mai	lling Address						
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ortact on (Motive)			Driver Age	39		Driving Experience	36/03/3990
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ddrau 4	BLK 5498 #18-642		Address 2	SEGAR ROAD		Address 3	
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AGCIDENT STATEMENT

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email = taznatra @ hotmail·com



Certificate of Insurance

MOTOR	VEHICLES (THIRD	PARTY RISKS AN	ND COMPENSATION	ACT (CHAPTER 189)
MOTOR	VEHICLES (THIRD	PARTY RISKS AN	ND COMPENSATION	RULES 1960
ROAD T	RANSPORT ACT, 19	87 (MALAYSIA)		MATERIA SE

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5102758088-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FT7517D

Chassis Number

: VTMJC32A01E000910

2. Name of Policyholder

3. Effective Date of Insurance

: AHMAD FIRDAUZ BIN HUSSAIN

: 10 Aug 2019

4. Expiry Date of Insurance

: 09 Aug 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing,
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2)

N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

PLEASE REFER OVERLEAF

INSURE WITH COE

YES

NAMED DRIVER (1)

: AHMAD FIRDAUZ BIN HUSSAIN

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

N/A

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: CHEN YANBING (00000602506)

Date of issue

: 25 Jul 2019 17:05 hrs

Reprint

: 25 Jul 2019 17:06 hrs

Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive