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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 <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 aforecast.

ALTO CONTRACTOR DE LA C	
	ACCIDENT STATEMENT
Date Of Report	23/10/2019 13:15
Date Of Accident	29/09/2019 22:15
Exact Location Of Accident	JURONG WEST STREET 64 TOWARDS JURONG POINT
Country/State of Loss	SINGAPORE
CONTRACTOR DESCRIPTION DE LA CONTRACTOR DE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB7772A
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	SAMDING916@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88179511
Alternative Phone No	OFFICE-88179511
Vehicle Particulars	
Manufacturer	YAMAHA
Model	X-1R-135CC (M)
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	5085645204
Cover Note Number	
Driver	
Name of Driver	SAMSULRUDIN BIN SUKOR
NRIC No	T0040321G
Date Of Birth	14/11/2000
Occupation	INDOOR
Date Of Driving Pass	06/08/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88179511
Fax Number	and Canada consum of 2001 1220 and 200 120
Contact Number	OTHERS-88179511
EMail Address	CAMPINICO16@CMAIL COM

SAMDING916@GMAIL.COM

Address

BLK 823 JURONG WEST STREET 81

#02-472

Postcode

640823

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 - CROSS JUNCTION

Weather Conditions

AFTER RAIN

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

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?

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

NANYANG N.P.C

Police Station Address

ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191005/2085

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD3372R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

Name

SAMSULRUDIN BIN SUKOR

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBB7772A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 3. 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.
- 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. 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.
- 7. 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:
 - (i) 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: 23 10/2017

SKETCH PLAN	Turons Was 1 ST 64
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A)FBB7772A - B)SHO3377R	TO SUROMY WAS CIRLI
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DECLARATION	
We declare the foregoing particular the forego	33 lio 398
Policyholder's Signatur 213 Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time: 28 10 back 12 7 87





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

1 of 3 Report No. T/20191005/2085

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 17:11	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	A STATE OF THE STA	The second second second second	
SAMSU	f Informant: LRUDIN BI		Address: APT BLK 823 JURONG WES SINGAPORE 640823	ST STREET 81 #02-472	
NRIC N	/ ID No.: O / T004032	21G	Contact No.: Home/Office: Mobile: 88179511 Email:		
National SINGAP	ity: ORE CITIZ	EN			
Sex: Male	Age: 18	Date of Birth: 14/11/2000	Type of Informant:		
Race: Malay			Language:	Institution / School Name:	
Occupation: Jobless			Driving Licence Information: Class: 2B	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Attended by Police Drive: Accide		Type of Location	
Location: Along Road 1 JURONG WE Towards Juro	ST STREET 64		29/09/2019 22:15		
Weather: Clear		Road Surface: Wet	R	Road Speed Limit:	
		Traffic Control:	Т	Traffic Volume: Light	
Traffic Flow: One Way Type of Collis		Traffic Light - Wor	· · · · · · · · · · · · · · · · · · ·		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBB7772A	Motorcycle				Seriously	
	Ų.				Damaged	17.70

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





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

2 of 3 Report No. T/20191005/2085

CONTINUATION OF REPORT

Rider	LANE NO THE PROPERTY OF THE PARTY.	CHARLES SHOW	STATE OF THE PERSON NAMED IN	THE REAL PROPERTY.		A STATE OF THE PARTY OF
Name	SAMSULRUDIN BIN SUKOR			ID No	•	T0040321G
Related Vehicle	FBB7772A (Motorcycle)			Conta	ct No.	88179511
Hospital/Clinic	National University Hospital			Class Drivin Licens Expire	g	Class: 2B Date of Expiry: NIL
Date Treatment	29/09/2019 Date Dis			harge	02/10	0/2019
No. of Days gran	ted Medical Leave	27	Degree o	f Injury	Serio	us

Brief Details.

On the 29/09/2019 at about 2215hrs, I was riding my bike FBB7772A along Jurong West Street 64 towards Jurong Point and I collided into a taxi with unknown carplate number while he/she was making a discretionary right turn. I could only recall hitting the front left of the taxi.

I could not remember the accident as it happened too fast and I was in pain but was still conscious. I could not recall the damage to my bike and/or to the taxi. We also did not get to exchange any particulars. I also did not get to see the driver of the taxi. I was given 27 days of Hospitalization leave. I wish to state that the bike was a rented bike from "Aloride".





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

3 of 3 Report No. T/20191005/2085

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Singapore Police Force

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 / Sgt 3 YAP QI LONG, BENJAMIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2019 17:11
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:
Authentication Stamp	

HCL.

ACCIDENT'STATEMENT

AC	CIDENT DATE: () ON JOL JODIMMY	YYY), TIME; (22; 14) (HH:MM)
Loc	EATION: FLOWING WAST 'ST 64 7	lowador Julius Poni)
	DETAILS OF VEHICLE GIVEHICLE NUMBER: FBB 772 A BJINSURANCE COMPANY: MTHC CIPOLICY NUMBER: GIPOLICY TYPE: (COMPREHENSIVE / THIRD)	PADTY / TIMOD D A DYV CIDE A VICETI
	# MAKE & MODEL:	PARTY / THIRD PARTY FIRE &THEFT
•	()TYPE: (SALOON / COUPE / MPV / VAN / LO g) VEHICLE CATEGORY: (PRIVATE / COMMEI 11) PURPOSE OF USING AT ACCIDENT TIME: 1) ARE YOU CLAIMING UNDER YOUP OWN IN 1F NO. PLEASE STATE (THIRD PARTY CLAIM /	RCIAL / MOTORCYCLE) PLIVANY WAR
2	INSURED / POLICY HOLDER	
	A)NAME: # (LONGIPH) D)NRIC/FIN/PASSPORT: C)ADDRESS:	(MALE / FEMALE)
the of passongs Concluding driver	* CONTINUE TO 3.d IF DRIVER ALSO POLICY DRIVER AMOUNT SAME: SAME SULPHINE BY S DINRIC/FIN/PASSPORT: 7 6040(2) C C) ADDRESS:	State State of the State of St
5,	ODATE OF BIRTH: 19 11 200 100 00 00 000 000 000 000 000 00	Slook JRED'S COMPANY? (YES KNO) ITH INSURED:
7.	WAS ANYBODY INJURED (YES / NO)	W/mu/a chi ja
He of passanger	IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE a) VEHICLE NUMBER: SHO 3372 R b) DRIVER'S NAME:	MODEL:
() ,	b) DRIVER'S NAME:	CONTACT:
Ho of passinger	d) VEHICLE NUMBER:	MODEL:
Industing, detre-) I) NRICYFIN/PASSPORT:	CONTACT:
/	8 0 (90	

email = SANDING-619@gmail-com

Claim Handling Se premium on this policy has	and then collected.							
ccident HT/104X190	WC22200111K1							
oley No.	ST85645254-02 V	etricle No.	F987772a		GST Region	acine Ne.		
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→ Policyholder Mailing A	hddress							
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CHIL No.	04-08	lateted Policy Number	50H3648394-93					
Drose Name	Universed Driver	Driver Type	Unnemed Onver					
Unnamed driver Name		Officer full C	100400210		Driver DOB		14/11/1900	
Register Date of Driver Licens		inver Age	158		Driving Exp			
Contact Ne.(Motale)	88179513	Dentect No.(Office)			Contact No.	(mmw)		
Address 5	BLK 822 #07-872	Address 2	JUROWG WEST STI	ACET BY	Address 3		STNGAPORE 6408	22
Address 4		Address Type	Foreign address		Post Code		640823	
Unit No. Opes he own a Singapore	03-472							
Registered co/T	Tes + No	onver werecle No.	PB87772A		Driver Insu	ret Company	NTUC	
Declaration								
Dreathelyser or Blood Test	fi mg	kny injuny?	Yes a tio					
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Curtact No [Mobile]					(Hame)		(Office)	+
Email Address					Vehicle	F987772A	T# Venicle	5+D33738
					Number	Fel Bloto Bridge	Name of	The same of the sa
Claim Description				FB87772A / SH03372A 0	ON 25 Sept 2015		Preferred Worseho	
Preferred	Statured Liability Not at Fault							
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	NAC_BURIT_MERAH_BUGG76(N S (BUKIT MERA)	ATIONAL ASSESSMENT CENTRE SERVICE M)1 on 23 Oct 1019 14:30	Phytos		Normal	Photos 2019-10-22
	NAC_BUKIT_MERAH_800676(N S (BUKIT MERA	ATTONAL ASSESSMENT CENTRE SERVICE H)) un 23 Oct 2019 14:30	Photos		Normal	Spices 5578-70-13
	NAC_BURIT_MERAH_BOD676(N S (BORIT MERA	AATIONAL ASSESSMENT CENTRE SERVICE (F)) th 23 Dct 2018 54:30	Photos		Normal	Promos 2019-10-23
	NAC_BURIT_MERAH_\$00676(N 5 (BUNIT MERA	AATIONAL ABSESSMENT CENTRE SERVICE HI) on 23 Oct 2019 14:30	Photos		Normal	Pintos 2019-10-23
	NAC_BURIT_MERAH_800676(# S (SUKIT MERA	HATTOWN, ASSESSMENT CENTRE SERVICE HI) on 23 Oct 2010 74:30	Photos		Normal	Philine 2019-18-23
A ser	WAC BURTT MEAAH BOOGTS! S S (BURTT MERA	NATIONAL ASSESSMENT CENTRE SERVICE HI]) on 23 Oct 2019 14:30	Protes		Name	Photos 2019-10-23
	NAC_BLACT_MERAH_BOOMTS() S (BUKIT MERA	NATIONAL RESEESMENT CENTRE SERVICE HI) se 23 Oct 2019 14:30	Philos		Normal	Photos 3019-15-23
			Oldini Francisci	glacine	ant reporting t	Jeim (dax)

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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY Certificate Number : 5085645		
Index mark and Registration		Cover : Third Party
Chassis Number	Number of venicle	: FBB7772A : 4S3502968
2. Name of Policyholder		: ALORIDE PTE, LTD.
3. Effective Date of Insurance		: 02 Nov 2018
Expiry Date of Insurance		: D1 Nov 2019
. Persons or Classes of Person	s entitled to drive#	
(a) The Policyholder.		
		cyholder's order or with his/her permission.
the Motor Vehicle or ha	s been so permitted	ed in accordance with the licensing or other laws or regulations to drive d and is not disqualified by order of a Court of Law or by reason of any driving the Motor Vehicle.
Limitations as to Use#		
(a) Use for social domestic	and pleasure purpo	ses and in connection with the Policyholder's or Hirer's business.
his Policy does not cover		
(a) Use for racing, pace-mai		
 (b) Use for the carriage of goods (other than samples) (c) Use for any purpose in connection with the Motor? 		그리고 하는 아니라 하는 것이 많아 아니라 아니라는 것이 없는데 아니라
(Chapter 189) and Section		n 8 of the Motor Vehicle (Third Party Risks and Compensation) Act ransport Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section headings.		
(Chapter 189) and Section headings. EXCESS (SECTION 1)	on 95 of the Road T : N/A	ransport Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2)	on 95 of the Road T : N/A : S\$1,	ransport Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) NSURE WITH COE	en 95 of the Road T : N/A : S\$1, : N/A	ransport Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) NSURE WITH COE NAMED DRIVER (1)	: N/A : S\$1, : N/A : N/A	ransport Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2)	: N/A : S\$1, : N/A : N/A : N/A : N/A	ransport Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY	: N/A : S\$1, : N/A : N/A	ransport Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Pol Vehicles (Third Party Risks and C	: N/A : S\$1, : N/A : N/A : N/A : N/A : N/A ccy to which this Ce	ransport Act, 1987 (Malaysia), are not to be included under these