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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 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.

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THE STROKE SHEET	ACCIDENT STATEMENT
Date Of Report	16/12/2019 14:19
Date Of Accident	13/12/2019 20:15
Exact Location Of Accident	JUNCTION OF BISHAN STREET 12/BISHAN STREET 13
Country/State of Loss	SINGAPORE
CONTRACTOR OF THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FV6512M
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE, LTD.
Co Reg No	201629994W

 Email Address
 KAMILSAN21@YAHOO.COM

 Mobile Phone No
 (LOCAL) +65-83695487

 Alternative Phone No
 OFFICE-83695487

Vehicle Particulars

Manufacturer HONDA Model WAVE

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?

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 5113531735

Cover Note Number

Driver

Name of Driver KAMILAH BINTE HASSAN

 NRIC No
 \$8509714H

 Date Of Birth
 10/04/1985

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/10/2006

Driving Experience 13 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-83695487

Fax Number

Contact Number OTHERS-83695487

EMail Address KAMILSAN21@YAHOO.COM

Address

BLK 275 YISHUN STREET 22

#01-136

Postcode

760275

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

RAINING

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

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

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191214/2070

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

SKB5569C

Vehicle Make/Model/Colour

NISSAN

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

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

KAMILAH BINTE HASSAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FV6512M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address Postcode

#### . Claim Handling

#### Accident MT/1075889

Total Excess Applicable  Excess Type Per Accident  OD Standard Excess YIED OD Excess Additional Excess Total OD Excess Applicable  ■ Benefits  ■ GST Registered Information GST Registered GST Registered GST Registeration No. Modification History  ■ Policyholder Mailing Address  Address 1 31 ALEXANDRA R Address 4 Unit No. 04-08  ■ OI Driver Info  Driver Name Unnamed Driver Unnamed driver Name KAMILAH BINTE P Register Date of Driver License G5/10/2006 Contact No. (Mobile) 83695467 Address 1 BLK 275 #01-136	D. SURANCE S SHAN STREET 12/BUSHAN  0.00  0.00	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hin:mm Orange Force STREET L)  Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable	Third Party  a No Yes  G  Yes  20:15  1,500,00  0,00  1,500,00  GST Registration Date GST Status Verified	Policyholder Loading Contact No.; eCode eCode Reass Private Hire Accident Typ Country of A ICM No.
Poscyholder Name ALORIDE PTE, LTC Product Code FLEET MASTER IN Contact No. (Mobile) 83695487  Email Address  KFK No Yes No Yes No Protection No  Accident Details  Report Date 16/12/2019 15:44  Date of Accident Accident Location 11/12/2019  Reporting Centre Accident Location 11/12/2019  Per Accident  OD Standard Excess Applicable  Excess Type Per Accident  OD Standard Excess  Total OD Excess Additional Excess  Total OD Excess Additional Excess  Total OD Excess Applicable  Benefits  Benefits  Post Registered Information  GST Registration No. Modification History  Policyholder Mailing Address  Address 1 31 ALEXANDRA R  Address 4  Unit No. 04-08  OI Driver Info  Driver Name Unnamed Driver  Unnamed driver Name KAMILAH BINTE P  Register Date of Driver License G5/10/2006  Contact No. (Mobile) 83695467  Address 1 BLK 275 #01-136	D. SURANCE S SHAN STREET 12/BUSHAN  0.00  0.00	Contact No.(Office)  Special Remark  TCA  NCD Entitlement(%)  Accident Report Within 24 hrs  Time of Accident hit:mm  Orange Force  (STREET 1)  Windscreen Excess  TP Standard Excess  YIED TP Excess	a No Yes  0  Yes  20:35  1,500,00  0.00  1,500.00  GST Registration Date	Contact No.: eCode eCode Rease Private Hire Accident Typ Country of A ICM No.:
Product Code FLEET MASTER IN Contact No. (Mobile) 83695487  Email Address  KFK No Yes	SHAN STREET 12/BISHAN  0.00  No	Contact No.(Office)  Special Remark  TCA  NCD Entitlement(%)  Accident Report Within 24 hrs  Time of Accident hit:mm  Orange Force  (STREET 1)  Windscreen Excess  TP Standard Excess  YIED TP Excess	a No Yes  0  Yes  20:35  1,500,00  0.00  1,500.00  GST Registration Date	Contact No.: eCode eCode Rease Private Hire Accident Typ Country of A ICM No.:
Contact No. (Mobile)  Email Address  KFK + No Yes  No Yes  No Protection No  Accident Details  Report Date 15/12/2019 15:44  Reporting Centre  Accident Location 2000 Excess Applicable  Excess Type Per Accident  OD Standard Excess  YIED OD Excess  Additional Fixer of Information  GST Registered  GST Regist	9,00 0,00 No	Contact No.(Office)  Special Remark  TCA  NCD Entitlement(%)  Accident Report Within 24 hrs  Time of Accident hit:mm  Orange Force  (STREET 1)  Windscreen Excess  TP Standard Excess  YIED TP Excess	a No Yes  0  Yes  20:35  1,500,00  0.00  1,500.00  GST Registration Date	Contact No.: eCode eCode Reass Private Hire Accident Typ Country of A ICM No.:  Driver is Cor
Email Address  KFK + No Yes  No Protection No  Accident Details  Report Date 16/12/2019 15/49  Date of Accident 23/12/2019 15/49  Reporting Centre  Accident Location 20/10/2019  Total Excess Applicable  Excess Type Per Accident  OD Standard Excess  FIED OD Excess  Additional Excess  Fotal OD Excess  Additional Excess  Fotal OD Excess Applicable  ST Registered Information  3ST Registered Information  3ST Registered Information  ST Registered Information  OST Registered Information  OST Registered Information  ST Registered Inform	D.00 0.00 0.00	Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs Time of Accident hit:mm Orange Force STREET L3  Windscreen Excess TP Standard Excess YIED TP Excess	Q Yes 20:15  1,500,00 0.00 1,500.00  GST Registration Date	eCode eCode Reas Private Hire Accident Tyl Country of A ICM No.  Driver is Co
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Address 1 BLK 275 #01-136		Driver Age	34	Driving Exp
NAME OF TAXABLE PARTY O		Contact No.(Office)		Contect No
	5	Address 2	VISHUM STREET 22	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No. 01-136				
Does he own a Singapore Yes = No Registered car?		Driver Vehicle No.	FV6512M	Driver Insu
Declaration				
Breathalyser or Blood Test 0 mg Reading?		Any injury?	Yes - No	
Modification History				
Claim 001 OD-MX New				
A-District Assessment of the A				
Claim Type *			QD-MX	Insured Name
Contact No.(Mobile)				Contact No.
				(Home)
Email Address				Vehicle Number
Claim Description			FV6512M / SKB556	9C ON 13 Dec 2019
Preferred	55.ACC192.444.51771	11	1-13-13-13-13-13-13-13-13-13-13-13-13-13	
Workshop Profess	nsured Liability Not at	GIA		
Finalisation Coption	Preferred Worksho	op, Name unknown v report Receive		Claim
Date Registered			16/12/2019 15:51	Close Date
				Workshop
Report Taken By			ROSLI WAHAB	THE PERSON NAMED IN COLUMN 1

Save | Submit

### Attachment

Choose File No file chosen  Clear  Please Select  Please Select  Choose File No file chosen  Clear  Please Select  Please Select  Please Select  Please Select  Choose File No file chosen  Clear  Please Select	Clear Please Select • NO Clear Please Select • NO Clear Please Select • NO Urgency	Clear		to file chosen	
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https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

#### 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: 1212 L

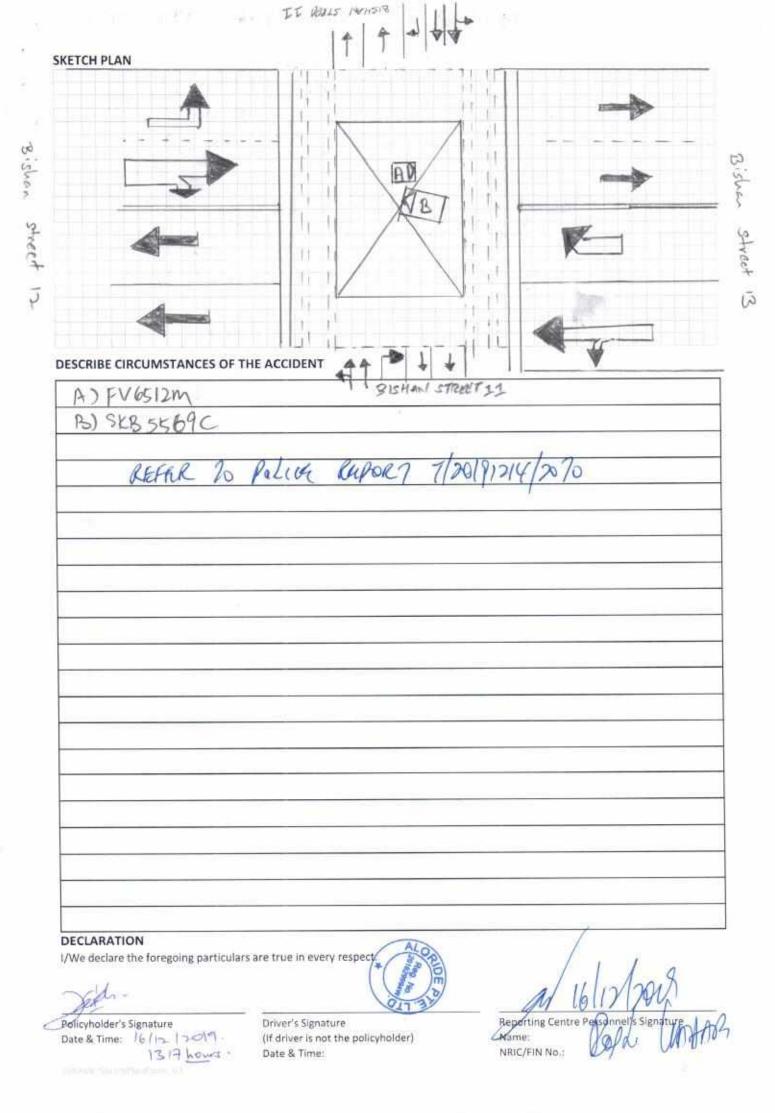
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign

Name:

NRIC/FIN No .:



# AGCIDENT'STATEMENT

ACCIDE	NT DATE: 13.1	2 40151100	(MM/YYYY), TIN	14:1 20:1	(HH:MM)
LOCATIO	ON: JIMICTICA	ot Bista	W 51 12	BISHOW	
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	DINSURANCE CO	414			
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	d) POLICY TYPE: (C			THÍRD PARTY	PIRE ATHERI
	e/MAKE & MODEL )TYPE:(SALOON /			TOTO POPUL	E ( OTHERS)
	) VEHICLE CATED	ORYI (PRIVATE / C	OMMERCIAL /	MOTORCYC	LE)
1	n) PURPOSE OF US	ING AT ACCIDENT	TIME: PRIVE	THA WARE	
17	IF NO, PLEASE ST	ING UNDER YOUP	OWN INSURAN	CE (YES/NO	)
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	D) NRIC/FIN/PASSI D) ADDRESSI	ORTI	~~~~~~	ONIACII	0 1 1 1
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	DINRIC/FIN/PASS	PORTI	BY7141	CONTACTI	8764140
	a)ADDRESS:	Parameter and INVASCIN			
	d) DATE OF BIRTH		(DD/MM,	(YYYY)	Sec. 18
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4.	WAS DRIVER AN	EMPLOYEE OF T	HE INSURED'S	COMPANY	7 (YESY)
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5.	D) WEATHER CON	EI (DRY /WED) OT	HERS	1	
	WAS ANYBODY I		۸ .	. 1	37 St 185
7.	a)REPORTED TO F IF YES, PLEASE S	TATE WHICH POU	CE STATIONS	upul 4	MIC
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1 of 3 Report No. T/20191214/2070

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 14/12/201	e Report N 9 13:32	lade:	Vide Report No.:	Station Diary No.: 55		
Informan	t's Partici	ılars				
	nformant: BINTE H		Address: APT BLK 275 YISHUN STREET 22 #01-136 SINGAPORE 760275			
ID Type / ID No.: NRIC NO / \$8509714H		14H	Contact No.: Home/Office: Mobile: 83695487			
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Female 34 10/04/1985			Type of Informant: Rider			
Race: Javanese			Language: Institution / School Nam English			
Occupation MAINTEN	on: IANCE OF	FICER	Driving Licence Information: Class: 2B Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 13/12/2019 20:18	Type of Location X-Junction
BISHAN STR BISHAN STR	EET 13 ON OF BISHAN STREET		2	
Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow Two Way		Traffic Control: Traffic Light - W	orking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ring Vehicles - Head To Sid	е		Anyone conveyed by ambulance: Yes

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FV6512M	Motorcycle			,	Totally	0
SKB5569C	Car	NISSAN		1	Damaged Slightly	2





2 of 3

Report No. T/20191214/2070

Police Station Of Origin; Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

#### Brief Details.

On 13/12/2019 at 2014hrs - 2018hrs, I was riding from Bishan Street 12 towards Bishan Street 13. At the X- junction of Bishan St 12, 13 and 11, the traffic was in favour for me to proceed straight. At that time, one vehicle coming from the opposite direction, V1) SKB5569C made a right turn and its front bumper collided onto my right side of my motorbike. As such, together with my bike, I fell to the ground. Shortly, the driver of the car and some road users came to my assistance. The ambulance and traffic police came to scene. My right hand third finger has sustained injury, some slight abrasion on my right hand and my hand forearm has swollen a bit.

I wish to state that the accident was very unexpected and I was conveyed to Tan Teck Seng Hospital in conscious state. After being seen by the doctor, I was given 5 days of Medical leaves.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

3 of 3 Report No. T/20191214/2070

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: J / Staff Sgt NIRHMALA K GOVINDASAMY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2019 13:32
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476395	Classification Of Case;
Authentication Stamp NP168	



# Tan Tock Seng Hospital

11 Jalan Tan Tock Seng, Singapore 308433 TEL: (65) 6256 6011

NRIC: S8509714H		NAME: KAMILAH BINTE HASSAN
110010401046	REPRINT	MEDICAL CERTIFICATE
TTCH40291302		

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 17-Dec-2019 inclusive

Ch

day(s) from

13-Dec-2019

ō

The certificate is not valid for absence from court attendance

The above named attended for Examination/Treatment from

13-Dec-2019 21:00

0 13-Dec-2019 23:20

WONG KAI RUI ZEBEDEE

(63053E)

issued by

13-Dec-2019 Date

Emergency Department

Location

Signature

Amendee of National Healthcare Grays

eBaoTech										Genera	alClaim
Hello, NAC_BUKIT_MERAH	_800676						• Change	Languag	e • Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.	511353	1735		Date o	f Accident		13/12/2019	12:40	
	Vehicle	Na.(For Motor)	FV6512	м		Certifi	cate Number			U.S. 2007	
					3	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113531735	5113531735- 000081	ALORIDE PTE. LTD.	201629994W	GFM	Third Party	FV6512M	FV6512M	02/11/2019	01/11/2020
					17	ontinue I					



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

ADDENDUM  (A) PARTICULARS OF PERSONMAKING THE AMENDMENTS:  Original Report No: WBUG 6590 Vehicle Registration No: FV65124  Name (as special NAIC): AMUGA BUGK BUSS NRIC/FIN/Passport No: S6097  (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate  Address:  Contact (Tel): Mobile No.: S60946  Email Address:  Date of Accident: JUCOM OF BUSS NIME S7 12  Insurance Company: MU  B) ADDITIONALINFORMATION / AMENDMENTS:  Inaver made a report on the above mentioned accident and would like to include additional information make the following amendments:  CHANCER SHOWN BE FAMILY.			
Original Report No: Which Bulk Instruction No: FV6512  Name (as shown in NRIC): Amush Bulk Instruction No: S609 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate  Address: Singapore( Contact (Tel): Mobile No.: S609 (**)  Email Address: Time of Accident: 20: (**)  Place of Accident: Time of Accident: 20: (**)  Insurance Company: Which are some services and some services are services and some services are services and some services and some services and some services are services and services are services and some services are services and some services are services and services are services and services are services are services and services are services and services are services and services are services are services and services are	101	ADDENDUM	
Original Report No: Whice September 1 Sept	A	PARTICULARS OF PERSON MAKING THEAMENDMENTS.	
Name(assbeatin NRIC): Amush Bunk (INSERNIC/FIN/Passport No: S609)  (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate  Address:  Contact (Tel):		Original Report No . MIACOS 16590	
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate  Address  Contact (Tel):  Email Address:  Date of Accident:  Place of Accident:  Discourse Company:  Insurance Company:  ADDITIONALINFORMATION / AMENDMENTS:  I have made a report on the above mentioned accident and would like to include additional information make the following amendments:		Vehicle Registration 11 PM (0.12)	n
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Contact (Tel) :		(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate	11
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