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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.
- 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

What were an extra to the con-	ACCIDENT STATEMENT
Date Of Report	03/01/2020 15:14
Date Of Accident	02/10/2019 00:35
Exact Location Of Accident	NEWTON RD TWDS MOULMEIN RD
Country/State of Loss	SINGAPORE
The hard see where the property of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM153A
Insured/Policyholder	
Name Of Registered Owner	MUHD SYAHID B SULAIMAN
NRIC No	SXXXX476G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88269231
Alternative Phone No	OFFICE-88269231
Vehicle Particulars	
Manufacturer	YAMAHA
Model	AEROX GDR155 CVT
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	MOTORCYCLE
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107216352
Cover Note Number	
Oriver	
lame of Driver	MUHD SYAHID B SULAIMAN

NRIC No. SXXXX476G Date Of Birth 21/04/1993 Occupation OUTDOOR Date Of Driving Pass 19/06/2014

Driving Experience 5 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88269231

Fax Number

Contact Number OFFICE-88269231

EMail Address NOEMAIL Address BLK 812 YISHUN RING RD #04-4157

Postcode 760812

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 - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2 involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

YES

NO

YES

NO

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20191106/2029

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 SML1476L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name MUHD SYAHID B SULAIMAN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBM153A

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 <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.

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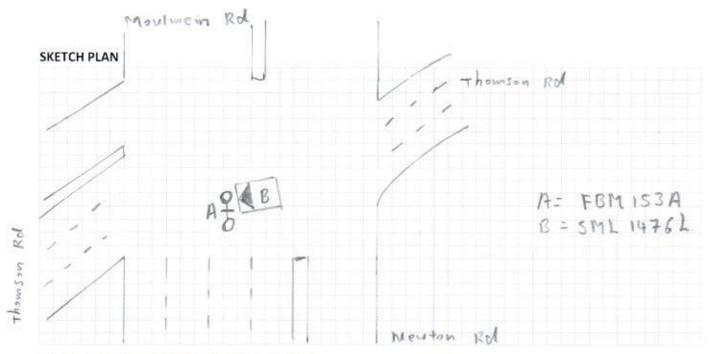
Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police	n .	The second secon
	Keport	7/2019 1106/2029.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Sherks

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

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/20191106/2029

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 10:49	Made:	Vide Report No.: E/20191002/0007	Station Diary No.:
Informa	nt's Partic	ulars		Compact of Compact Statement
	f Informant: IMAD SYAH IAN		Address: 812 YISHUN RING ROASINGAPORE 760812	AD #04-4157 KHATIB GARDENS
	/ ID No.: O / S93144	76G	Contact No.: Home/Office:	Mobile: 88269231
National SINGAF	lity: PORE CITIZ	ΈN	Email:	
Sex:	Age: 26	Date of Birth: 21/04/1993	Type of Informant:	
Race: Malay			Language:	Institution / School Name:
Occupa			Driving Licence Informa Class: 2B	tion: Date of Expiry:

Type of Accident:	Injury Conveyed By Ambula	Injury Drink Date/Time of Accident: Conveyed By Ambulance Drive: Accident: No 02/10/2019 00:3		5	Type of Location:		
Location: Along Road 1 NEWTON RC MOULMEIN F NEWTON RD							
Weather: Clear		Road Surface: Dry			Road Speed Limit:		
3733		Traffic Control:				Traffic Volume: Light	
Type of Collis	ion:					one conveyed by oulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM153A	Motorcycle	YAMAHA	AEROX GDR155 CVT	Red	Seriously Damaged	0
SML1476L	Car				Seriously Damaged	2

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20191106/2029

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

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM153A	NTUC Income Insurance Co-Operative Limited	5107216352	23/01/2019	22/01/2020

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No						
No. of Pedestriar	ns Injured: NIL		Use of F	Pedestriar	Cross	sing: NA	
Rider			1				
Name	MUHAMMAD SYAF	HID BIN SU	LAIMAN	ID No		S9314476G	
Related Vehicle	FBM153A (Motorcy	cle)		Conta	ct No.	88269231	
Hospital/Clinic	TAN TOCK SENG H	HOSPITAL	T- 00	Class Drivin Licend Expiry	g	Class: 2B Date of Expiry: NIL	
Date Treatment	02/10/2019		Date Di	scharge	01/11	/2019	
No. of Days gran	ted Medical Leave	07	Degree	of Injury	Serio	us	

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS RIDING STRAIGHT ALONG NEWTON RD TWDS MOULEMIN ROAD. AT THE JUNCTION I WAS HIT BY THE CAR THAT WAS TURNING RIGHT BUT I DID NOT SEE THE CAR COMING.

THAT IS ALL.





T/20191106/2029

3 of 3

Report No. T/20191106/2029

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

CONTINUATION OF REPORT

Sketch Plan

NP168

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.

TP / MUHAMMAD MOINUR RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2019 10:49
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp	To Alle Lea 1 of Charles

Hello, NAC_PAYA_UBI_80	0601					· Change	Languag	e + Chan	ige Password	Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		02/10/2019	15:08	
	Vehicle No.(For Motor)	FBM15	3A		Certif	ficate Number	0			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5107216352		MUHD SYAHID B SULAIMAN	S9314476G	GMC	Third Party, Fire & Theft	FBM153A	FBM153A	23/01/2019	22/01/2020

Claim Handling

alicy No.	5107216352		Vehicle No.	FBM153A		GST Regist	tration No.			
ertificate No.									0.00	
licyholder Name	MUHD SYAHID B SULAIMAN					Policyholds	er NRIC		4476G	
raduct Code	MOTORCYCLE INSURANCE		Cover Type	Third Party, Fire &	Theft	Loading	200000000	0		
gntact No.(Mobile)	MIL		Contact No.(Office)			Contact No	o.(Hame)	No. 1	-	
mail Address			Special Remark	10 525		eCode Rea		NO.		
FK	» No Yes		TCA	= No Yes		Private His		No		
CD Protection	No		NCD Entitlement(%)	10		7114400		140		
Accident Details			a service of the service statement and the	Was		Accident T	voe	Side	Swipe	
eport Date	05/12/2019 13:52		Accident Report Within 24 hrs	Yes		Country of		Singa		
ate of Accident	02/10/2019		Time of Accident hh;mm	00:40		ICM No.	1	800		
eporting Centre			Orange Force			1014140				
coldent Location	ALONG THOMSON ROAD JU	NCTION AND MOULMES	N KUAD							
▼ Total Excess Applicable			All Comment Promote							
xcess Type	Per Accident		Windscreen Excess							
O Standard Excess		0.00	TP Standard Encess		0.00					
TED OD Excess			YIEO TP Excess			Driver is 0	Sparayon ?	Not /	Applicable	
idditional Excess										
otal OD Excess Applicable		0.00	Total TP Excess Applicable		0.00					
▽ Benefits										
	ion									
ST Registered	No			GST Regit	tration Date					
ST Registration No.				GST Statu	a Verified		Yes			
todification History										
Policyholder Mailing Add	ress			Daniel B. (1990)		1700000000				
Address 1	BLK 20 #09-499		Address 2	JALAN TENTERAM		Address 3			MPCA HEIGH	ms-
Address 4	SINGAPORE 320020		Address Type	Singapore address		Post Code	V.	3200	020	
Jnit No.			Related Policy Number	5107216352						
OI Driver Info										
Driver Name			Driver Type			503 BD				
Jonamed driver Name			Driver NRJC:			Driver 00				
Register Date of Driver License			Driver Age			Driving E				
Contact No.(Mobile)			Comact No.(Office)				io.(Home)			
Address 1			Address 2			Address 3				
AGGITESS 1				Foreign address		Post Code	ř.			
Address 4			Address Type							
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Address 4 Junit No. Does he own a Singapore Registered car?	Yes = No					Driver In	surer Compan	A		
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Application History Claim 903 New	Yes = No				ОО-МХ	Insured Name	MUHD SYA		NRIC Contact No. (Office)	\$931
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Application History Claim 903 New Claim Type * Contact No. (Mobile) Email Address	Yes = No				OD-MX FBM153A / SML1476L O	V Insured Name Contact No. (Home) OF Number	MUHD SYAI		NRIC Contact No. (Office) TP Vehicle Number Name of Preferred	SML1
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	Uploaded By/Date	Folder Date	File Name		Source
∀ Video List					
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 15: 52		Photos	Normal	Photos 2020-1-3
8	NAC_PAYA_USI_800601(NATIONAL D3 Jan	AL ASSESSMENT CENTRE SERVICES) 0 2020 15:52	Photos	Normal	Photos 2020-1-3
	NAC_PAYA_UBI_800601(NATIONAL 03 Jan	AL ASSESSMENT CENTRE SERVICES) III 2020 15:52	Photos	Normal	Photos 2020-1-3
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		AL ASSESSMENT CENTRE SERVICES; o 2020 15:S2	Photos	Normal	Photos 2020-1-3
4	NAC_PAYA_UBJ_B00601(NATION: 03 Jan	AL ASSESSMENT CENTRE SERVICES) o 2020 15:52	Photos	Normal	Photos 2020-1-3
		AL ASSESSMENT CENTRE SERVICES) o 2020 15:53	Photos	Normal	Photos 2020-1-3
1		AL ASSESSMENT CENTRE SERVICES) 0 2020 15:53	Photos	Normal	Photos 2020-1-3
2	NAC_PAYA_URI_800601(NATION: 03 Jan	AL ASSESSMENT CENTRE SERVICES) o 2020 15:53	Photos	Normal	Photos 2020-1-3
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19	NAC_PAYA_UB1_800601(NATION: 03.3an	AL ASSESSMENT CENTRE SERVICES) o 2020 15:53	SAS	Normal	SAS 2020-1-3
6					
APR +0 = 1					

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