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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.

<ol><li>By the lodgement of this report to the insurers, you here! aforesaid.</li></ol>	by consent to the archiving of this report at the centre and to copies of the report being made available
article and the second second second second	ACCIDENT STATEMENT
Date Of Report	08/01/2020 17:23
Date Of Accident	07/01/2020 19:00
Exact Location Of Accident	EU TONG SEN STREET TOWARDS UPPER CROSS STREET
Country/State of Loss	SINGAPORE
李·李·孙·杨·孙·公司的《《李·林·斯·尔》。	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH2101M
Insured/Policyholder	
Name Of Registered Owner	RASINA AFREEN D/O MOHAMED RAFI
NRIC No	SXXXX078Z
Email Address	AFREENRASINA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84045036

OTHERS-87693065

Alternative Phone No Vehicle Particulars

Manufacturer YAMAHA

Model YZF-R15-150CC (M)

Exact Purpose for which vehicle was being used at

time of accident

ON THE WAY TO SCHOOL

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 FIRE AND/OR THEFT

Fleet Policy

NO

Policy Number

5112704903

Cover Note Number

Driver

Name of Driver MOHAMED BASHEER MOHAMED NAJEEP

Passport No/FIN GXXXX463U Date Of Birth 15/10/1995 Occupation INDOOR Date Of Driving Pass 31/01/2019

**Driving Experience** 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87693065

Fax Number

Contact Number OTHERS-84045036

EMail Address AFREENRASINA@GMAIL.COM Address

BLK 370 BUKIT BATOK STREET 31

#02-201

Postcode

650370

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - FIANCE

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

Ŷ

General Information of the Accident

Type Of Accident

COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

A. I. Alex

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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

RIVER VALLEY NEIGHBOURHOOD POLICE POST

ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY:

Police Station Address
Police Station Contact

SINGAPORE

Was notice of intended Prosecution given?

TEL NO: 1800-2789999 - FAX NO: 62786427

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2020108/2110

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

SMM7854J

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver NRIC/Passport Number ANG TONG SIM SXXXX616H

Contact Number

86115331

Address

Postcode

Insurance Company Name

Page 2 of 24

### DETAILS OF INJURED PERSON 1

Name

MOHAMED BASHEER MOHAMED NAJEEP

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBH2101M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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.
- 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

17:30 hrs

(ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Pe Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time

ALTERNATION

SKETCH PLAN	JONG SAN STEAM	Januar DS	appeal coos	STRAKT
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ollcyholder's Signature		8-1-2020	N CXIV	VIDDIO 1
ate & Time:	Oriver's Signature (If driver is not the policy		Reporting Centre Perso	onnel's Signature

(If driver is not the policyholder)

Date & Time:

KOLL MOHARY

Name: NRIC/FIN No.:

# . AGCIDENT'STATEMENT

7	CIDENT DATE TO TO TO TO DO WWW.	YY), TIME:(19::00)(HH:MM)
loc	CATION: Fu Tan Sen Street	90.
	1. DETAILS OF VEHICLE	
	DIVERIGLE NUMBER: FRHOIDIM	
	DINSURANCE COMPANY, NTUC INCO	) Pro
***	CIPOLICY NUMBER: 5112704903	
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD P.	ARTY / THIRD PARTY FIRE &THEFT!
4	()TYPE: (SALOON / COUPE / MPV /VAN / LOP	PRY MACTORCYCLE / OTHERS
4	BIVEHICLE CATEGORY! (PRIVATE / COMMER	CIAL / HOTORCYCLEI
	h) PURPOSE OF USING AT ACCIDENT TIME:	12Clarating
	I ARE YOU CLAIMING UNDER YOUR OWN IN	SILVICOLING .
72	IF NO. PLEASE STATE MHIRD PARTY CLAIMY	SUKVUCE CHI AI
	2. INSURED / POLICY HOLDER	ACTORIES ONCY
	Alnamer Rooms Arrendo Mommed R	OF IMALE FEMALEL
	D(NRIC)FIN/PASSPORT: 397196782	CONTACT: 84013036
	CIADDRESSI BIK 244B COMPASSI	
	\$(54 <b>9</b> 0747	TOTAL BOOK STATE
in A	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLUER
No of parsong.	DRIVER	I Notes Comments
including distre	N DINAME: Michampa Dasheer Mehame	
(15		BIL 370 #02-201
·	CIADDRESS Bukit Batok St 31	DIS SID ITTUA ALL
	<u>\$(650376)</u>	50.00.50050
	*6) DATE OF BIRTH: (15) 10/1495 (D	D/MM/TTTT)
	a) OCCUPATION: (INDOOR / OUTDOOR)	1-10
	NORTE OF DRIVING PASS 31/6	112017
	4. WAS DRIVER AN EMPLOYEE OF THE INSU	TREDIS COMPANYS (YES 109)
	IF NO, RELATIONSHIP OF THE DRIVER W	
	S. DI WEATHER CONDITION (CLEAR) / RAINING	
	HIROAD SURFACE (ORY) WET / OTHERS_	
	6. WAS ANYBODY INJURED (YES / NO)	
	7. OREPORTED TO POUCE (YESY NO)	on Phone valley Northberry
	IF YES, PLEASE STATE WHICH POLICE STATIC	OW DIVEL AGUER LA PROGRAM
to of pursummen	8. THIRD PARTY VEHICLE	MODEL Honda
		MODERT TIONAL
Including delen	CI NRIC/FIN/PASSPORTI 569326/	U CONTION 9/11 5 331
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No ut passane	d) VEHICLE NUMBER:	MODEL!
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email =





1 of 3

Report No. T/20200108/2110

Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

## REPORT OF A TRAFFIC ACCIDENT

08/01/2	ime Report 2020 15:43	Made:	Vide Report No.:	Station Diary No.:
Name o	ant's Partic	7.		17
MOHA! NAJEE ID Type	MED BASH / ID No.: / G600264:	EER MOHAMED	Address: APT BLK 370 BUKIT BATOR SINGAPORE 650370 Contact No.: Home/Office: Email:	STREET 31 #02-201  Mobile: 87693065
Sex: Male	Age: 24	Date of Birth: 15/10/1995	Type of Informant:	
Race: ndian		2 14	Language:	Institution / School Name:
Occupati Student	on:		Driving Licence Information: Class:	Date of Expiry:

Type of	nation of the Accid	Drink	D-1- (F)	Trans.	
Accident:	Others	Drive:	Date/Time Accident:	of	Type of Location
Location:	Traveling Toward Ro	No	07/01/2020	19:00	Straight Road
TOTAL PROPERTY AND ADDRESS OF		Road Surface:			
Clear		Dry		Roa	ad Speed Limit:
Clear Traffic Flow:		Dry Traffic Control:			
Weather: Clear Traffic Flow: Type of Collisio	n: against opening of d	Dry Traffic Control: Traffic Light - Wor	king	Trat	ad Speed Limit: fic Volume:

Vehicle No.	Туре	Make	0.0		AND THE REAL PROPERTY.	0.00
FBH2101M	Motorcycle	iviake	Model	Color	Condition	No of Passenge
					Slightly	0
SMM7854J	Car				Damaged	7.55

	_
	The L
Use of Pedestrian Crossing: NA	
	Use of Pedestrian Crossing: NA





Police Station Of Origin: River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999

2 of 3 Report No. T/20200108/2110

CONTINUATION OF REPORT

Name					
I STATE OF THE STA	MOHAMED BASHEED ME				
D	MOHAMED BASHEER MOI	HAMED	ID	No.	
Related Vehicl	e FBH2101M (Motorcycle)		100	140.	G6002643U
	(Wictorcycle)		Co		
Hospital/Clinic	THE ICLINIC		00	ntact N	0. 87693065
	THE ICLINIC		101		_1
			Cla	ss of	Class: NIL
			Dri	ving	Date of Expiry: NIL
Date Treatment	08/01/2020		LICE	nce &	
No. of Days grad	nted Medical Leave 03	Data Di	EXD	iry Date	
Driver	ited Medical Leave 03	Date Dis	charge		1/2020
Name	ANG	Degree	or injury	/   Sligh	ıt
11001000	ANG TONG SUN				
Related Vehicle			IDN	0.	S6832616H
volated vehicle	NIL				00002010H
Janit Han			Cont	act No.	96145004
Hospital/Clinic	NIL		- STATE		86115331
	d an	141/1-24	Class	of	Cla
			Drivin	5330	Class: NIL
ate T-			Licen	ce &	Date of Expiry: NIL
ate Treatment	NIL		Expiry	Date	
n -6 m	111	Date Disch			
o. of Days grante	ed Medical Leave NIL	Degree of	arge	NIL	

On 07/01/2020 about 7pm, I was riding my motorcycle along Eu Tong Street wanting to make a left turn to Upper Cross Street. I was on the extreme left lane of the road. Suddenly the car (SMM7854J) on my front right which is on the second lane to the left opened it rear left passenger door. I tried to brake and swerved to avoid hitting the door but could not. My motorcycle hit onto the door and I fell onto the floor. The driver and the alighting passengers and some other people then came to my aid. Subsequently police and ambulance came. Before the emergency resources came, I came to find out that the driver is a private car hirer and the passengers were Indonesian tourists. The tourist claimed that the driver had told them to alight from the car in the middle of the road. I was checked by the paramedic and I told them that I do not required to be conveyed to the hospital. My family members came thereafter and sent me home.

The next day, I felt some discomfort and decided to go see a doctor in a private clinic. I was given outpatient treatment by the doctor and was given 3 days of medical leaves. My motorcycle suffered damages to the front part. The clutch lever was also broken.





Police Station Of Origin; River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999

3 of 3 Report No. T/20200108/2110

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:  E /  SI CHUA KIM HUAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2020 15:43
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
outhentication Stamp	

Claim Handling								Eatl
Accident HT/1079216								
Policy No.	5512704903	Vehicle No.	FBK2101M		GST Registration No.			
Conficient Im.								
Philopholise Name	RASINA APREEN D/G MOHAHELI RAFE				Policyholder NAIE	997199797		
Product Code Cortact No. (Products)	MOTORCYCLE INSURANCE	Cover Type	THEY Party, Fee &	TIWIT	Loading			
Ernel Address	94040036	Contact No JOffice) Special Remark			Current No. (Hyrrig)	pare-real		
RPW.	- No No.	TCA	22 22		eCircle.	740 T		
NCD Protection	Ne	BCD Crestiement(%)	- No. Yes		mCode Rosson	1477		
W Accident Details		nery comment of			Private Hes	No		
Sepret Date	04/01/20100 10:00	Appliest Razzet Witton 24 hea.	CHI		Accident Tape	Others		
Date of Accident	97/99/20120	Time of Account to men	39.00		Country of Acodemi	Singapore		
Requiring Centre		Drange Pone			JOH No.	(acadistace)		
Address Location	TO TONG SEN STREET TOWARDS UPPER CROSS STI	REET						
* Total Excess Appl	feátife							
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# Policyholder Maili	ng Address							
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Address 4		Address Type	Singapore address	-	Arthress 1 Aper Code	COMMAGGVALE NO	De .	
Unit No		Related Public Humber	2112124902			245514		
- OX Driver Lete								
Driver Name	MONAMED BASHESS HOHARED MARKET	Driver Fape	Mort Driver					
Unioned driver forms		Dring WAIC	580026480		Driver DDH	12/10/10/10		
Register Date of Driver Lie		Driver Age	24		Ovising Experience	0		
Contact No (Metria) Address 1		Contact No.(Office)			Coreact No. (Home)			
Address 4		Mem i	(Linear States)		Address I			
Unit No.		Address Type	Poreign adiness		Post Code			
Does he own a Singapore	NES - INC	Shryor Venade No.	-		2.01			
Registered car?			FRING (D) IN		Driver Traumer Company	NEGC		
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and all the state of					Number	hamber hame of		
Claim Discription				FBHZ101H / SHH7854T 0	4.7 Jan 2020	Preferred Workshop		
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27		TICHAL ASSESSMENT CENTRE SERVICE () on DR law 2020 18:04	Profes	Normal	: Ph	iliuk 2020-1-8	Edit
1	NAC_BURTT_MERAN_BIGUTAL NA B. (BURTT MERAN	TIGHAL ASSESSMENT CENTRE MERVICE I) on III Jun 2020, 18:34	Phobas	Normal	Ph	arms 2020-1-8	Edit
130	NAC NEADT MERAN KODEPU NA E (BURT MERAN	TIONAL ANDERSMENT CENTRE MENTILE () on 68 Jan 2020 18 d5	Photos	Normal	Ph	utos 2020-1-6	gais.
		TICHUN, ASSESSMENT CENTRE MERVICE () on DR Jun 2020 18:05	P100000	Number	75	etts 2020-1-8	5.611
Sept.		TONAL ASSESSMENT CENTRE SERVICE () == 00 Jan 2020 UP / III	Phytos	facemas		ms 2020-1-8	Edit
3	NEC BURST MERAN BUDGES NA E BURST MERAN	TROMAL ASSESSMENT CENTRE SERVICE () on the Jan 2020 19:35	Phone:	historial	5199	otis 2125-1-E	Edit
9		TIONAL ASSESSMENT CENTRE SERVICE	Photos	Normal		oten 2020-1-4	Edit
16	SSC BUNIT MERAH BOOK/BI NA 5 (BURIT MERAH	TOMBLE ASSESSMENT CENTRE SERVICE () on the Jan 2020 28:05	. Pridate	marinar .	(69)	1022-1-0	Bala
		TIONAL ASSESSMENT CENTRE SERVICE () on OR Jan 2020 16:05	Photos	Normal	Pho	otos 3030-1-8	tes
		TIONAL ASSESSMENT CENTRE SERVICE () on 06 Jan 2020 18105	Photos	Normal	Phi	etor 2020 ( iii	Let
1	SAC_BLEIT_MERAH_BODGTO  NA S (BLEIT HERAH	TIONAL ASSESSMENT CENTRE SERVICE () or DR Jan 2020 L9:05	Photos	blormal	299	etox 2020-1-#	Edit
3/2020			Claim Handlin	ng(accident rep	orting Claim Task )		

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