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+ N8: DV / Collect Excess Coordination 55 1: TP (N:1): TP (N:n INC) against INC \$20	Accordance to the
9) N12: Idac Mobile 30	Accordance to the
2/3; Invoice dated Fee Charged Invoice dated Fee Charged	Thad T

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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.

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.

The second secon	ACCIDENT STATEMENT
Date Of Report	08/04/2020 10:00
Date Of Accident	09/03/2020 16:00
Exact Location Of Accident	SENGKANG EAST RD BEFORE SENGKANG EAST WAY
Country/State of Loss	SINGAPORE
THE STATE OF THE S	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM2186S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AIDIL BIN MOHAIMIN
NRIC No	SXXXX604B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83285128
Alternative Phone No	OFFICE-83285128
Vehicle Particulars	
Manufacturer	YAMAHA
Model	TRICITY 155 ABS
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	REPORTING ONLY
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	5093769008-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD AIDIL BIN MOHAIMIN
NRIC No	SXXXX604B
Date Of Birth	24/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2007
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83285128

OFFICE-83285128

NOEMAIL

BLK 683B EDGEDALE PLAINS Address

#07-703

Postcode 822683

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

2

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

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? NO

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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I DID NOT NOTICED THAT VEHICLE B WAS STATIONARY STOPPED IN FRONT OF MY VEHICLE. MY VEHICLE FRONT PORTION HIT ONTO VEHICLE B REAR PORTION.

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 SHA9293X

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 5. 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.
- 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:

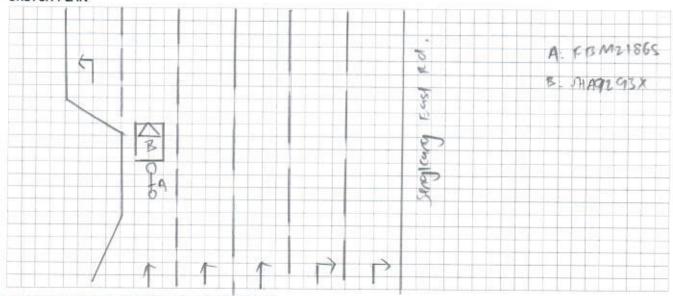
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN



ESCRIBE CIRCUMSTANCES OF THE ACCID	.NT		
refer to statement.			
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DECLARATION

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

Policyholder's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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	Vehicle	Na.(For Motor)	FBM21	86S		Certif	ficate Number]			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093769008- 02		MUHAMMAD AIDIL BIN MOHAIMIN	58906604B	GMC	Third Party, Fire & Theft	FBM2186S	FBM21865	23/08/2019	22/08/2020

Accident MT/1088015 Policy No.	5093769008-02	SALE CALL SALE	1202000	537637		
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mail Address		Special Remark		Contact No.(Home	•)	
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CD Protection	No	NCD Entitlement(%)	20	eCode Reason		
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eporting Centre	08/01/1020	Time of Accident hh:mm	16:30	Country of Acciden	nt.	Singapore
	Periodical Property and a second	Orange Force		BOM No.		
ccident Location	SENGKANG EAST ROAD X SENG	KANG EAST WAY				
▼ Total Excess Applicable						
xcess Type	Per Accident	Windscreen Excess				
D Standard Excess	0.00		12.00			
ED OD Excess	0.00	TP Standard Excess	9.00			
Oditional Excess		VIED TP Excess		Driver is Covered?		Not Applicable
Hall OD Excess Applicable	***					
♥ Benefits	0.00	Total TP Excess Applicable	0.00			
GST Registered Inform	ation					
T Registered	No		OFF BUILDING			
T Registration No.	144		GST Registration Date GST Status Verified	tree.		
odification History			was status ventied	Yes		
Policyholder Mailing Ad	dress					
ddress 1	BLK 84B #08-305	Address 2	LORONG 2 TOA PAYOH	Address 3		SINGAPORE 312084
idress 4		Address Type	Singapore address			
nit No.		Related Policy Number		Post Code		312084
OI Driver Info		THE POST NUMBER	5093769008-02			
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