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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 wilholding 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

	ACCIDENT STATEMENT
Date Of Report	09/04/2020 16:56
Date Of Accident	08/04/2020 02:00
Exact Location Of Accident	ALONG SENGKANG CENTRAL TOWARDS COMPASSVALE STREET
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN2827X
Insured/Policyholder	
Name Of Registered Owner	ROSLAN BIN YUNOS
NRIC No	SXXXX895B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83636405
Alternative Phone No	OTHERS-83636405
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5112391700
Cover Note Number	

Driver

Name of Driver ROSLAN BIN YUNOS

 NRIC No
 SXXXX895B

 Date Of Birth
 05/04/1980

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/11/1998

Driving Experience 21 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83636405

Fax Number

Contact Number OTHERS-83636405

EMail Address NOEMAIL

Address BLK 262B COMPASSVALE STREET

#13-111

Postcode 524462

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

artiferen

.

Insurance Company of Driver's Own Vehicle

*

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

napas-

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

SENGKANG NPC

Police Station Address

ROAD: 2 SENGKANG SQUARE #01-02 POSTCODE: 545025 COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200408/2060

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

SLF9176T

Vehicle Make/Model/Colour

TOYOTA PRIUS HYBRID 1.8 CVT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KAIDA

NRIC/Passport Number

Contact Number

96533647

Address

Postcode

Insurance Company Name

Page 2 of 29

DETAILS OF INJURED PERSON 1

Name

ROSLAN BIN YUNOS

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBN2827X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
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- Any false reporting may be referred to the Police for investigation.
- 5. 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.
- 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:

1623 Krs 04/04/2020

- (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

Name:

NRIC/FIN No.:

	2rd lang p-51 "	T 157 LA.	-Pu57
A) FBN 2827X B) SYF 9176T		SEF 9175	SEND COMILE CENTARL TOWARD COMMISSIONE ST.)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		20, 20, 25, 25, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20		
REFRE	To Palute	RAPORT	7/10200408/7	2060

DECLARATION

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

1623 kg

60104/2020

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature April
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

LOCATION: SECOND (OD/MM/YYY), TIME:(02	· Bo Waller
LOCATION: SENGTANG CENTRAL	- Internit
1. DETAILS OF VEHICLE	
· a) VEHICLE NUMBER: FEN 2827 >	11023
DINSURANCE COMPANY: NTHE	
CIPOLICY NUMBER: 5112 39 1700	
d)POLICY TYPE: (COMPREHENSIVE CENTRE)	The second secon
DIMAKE & MODEL: YAMAHA SNIPER TISE	RTY FIRE &THEFT
D) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL /MOTORCY) D) PURPOSE OF USING AT ACCIDENT TIME: 1) ARE YOU CLAIMING UNDER YOUR OWN HARM	YCLE)
15 NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONL	Y)
AJNAME: ROSLAM BIN YUNGS	
DINRIC/FIN/PASSPORT: MA	LE) FEMALE
DINRIC/FIN/PASSPORT: 895 13 CONTACT:	83636405
CIADDRESS: BLIK 2625 COMPANIE STREET #	13-111
* COMPANY	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
MAI	E / FEMALE)
c)ADDRESS:CONTACT:	- /
O/MODINESSS:	
*dIDATE OF BIRTH: /	
e)OCCUPATION: (INDOOR (OFFICE)) ,
PLATE OF DRIVING PASS	N
4. WAS DRIVER AN ENDINGS	524
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? IF NO, RELATIONSHIP OF THE DRIVER WELL THE PRIVER WELL THE	(YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	aville!
The state of the s	
6. WAS ANYBODY INJURED (YES) NO)	
7. DIREPORTED TO POLICE (YES / NO)	9
IF TES, PLEASE STATE WHICH POLICE STATION: STATIST MILE	9
10 Services	
ching driver) b) DRIVER'S NAME SUF 9176T MODEL: 70 YO	was theres
	1 - 1 - 1
	-
C) NRIC/FIN/PASSPORT:	16/201/17
) PARIC/FIN/PASSPORT: CONTACT: G	6523647
9. THIRD PARTY VEHICLE 1 PASSENGE CI VEHICLE NUMBER:	6523647
PASSENGER OF DRIVER'S NAME: ON NRIC/FIN/PASSPORT: ONTACT: ONTAC	6523647
O) NRIC/FIN/PASSPORT: CONTACT: 9 PRISTRIPE CONTACT: 9 PRISTRIPE CONTACT: 9	603647

email = VIDEO





Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

T/20200408/20	160
	1 of 3

Report No. T/20200408/2060

	me Report I 020 20:54	Made:	Vide Report No.:	Station Diary No.	
Informa	ant's Partic	ulars	MEDICAL PROPERTY AND ADDRESS.		
	f Informant: N BIN YUN		Address: APT BLK 262B COMPASSVA SINGAPORE 542262	ALE STREET #13-111	
	/ ID No.: O / \$80098	95B	Contact No.: Home/Office: Mobile: 83636405		
National SINGAF	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 40	Date of Birth: 05/04/1980	Type of Informant:		
Race: Malay			Language:	Institution / School Name:	
Occupation: GRABFOOD DELIVERY		ERY	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

General Infor	mation of the Acci	dent	J 1072-			
Type of Accident:	Injury Others	Injury		Date/Time of Accident: 08/04/2020 02:30	Type of Loc X-Junction	
SENGKANG COMPASSVA	ALE BOW	assvale Bow. T	Fowards Se	engkang. Before MR		
		Road S	surrace:		Road Speed Limi	t:
Traffic Flow:		Traffic	Control:		Traffic Volume:	
Type of Collisi Between Movi	ion: ing Vehicles - Head	To Side			Anyone conveyed ambulance:	d by

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN2827X	Motorcycle	YAMAHA	SNIPER T150	Blue		0
SLF9176T	Car	ТОУОТА	PRIUS HYBRID 1.8 CVT	White		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Evels Data
	The state of the s	modranice 140	Lifective	Expiry Date





2 of 3

Report No. T/20200408/2060

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN2827X	NTUC Income Insurance Co-Operative Limited	5112391700	04/09/2019	03/09/2020

Details of Perso	n Involved					CONTRACTOR OF THE PARTY OF THE
Any Pedestrian I	nvolved: No		.,,			
No. of Pedestrian	ns Injured: NIL		Use of Per	destriar	Cross	sing: NA
Rider		CHIEF IN THE		1		
Name	ROSLAN BIN YUNOS			ID No		S8009895B
Related Vehicle	FBN2827X (Motorcycle)			Conta	ct No.	83636405
Hospital/Clinic	SINGHEALTH POLYCLINICS - SENGKANG			Class Drivin Licens Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	08/04/2020 Date Disc			harge	08/04	1/2020
No. of Days gran	ted Medical Leave	03	Degree of	Injury	NIL	

Brief Details.

On 08/04/2020 at about 0200hrs, I was riding my motorcycle along Sengkang Central towards Sengkang. While I was on the right lane, a white car was on my left. While nearing to the MRT station, the white car hit me on my rear left of my bike, causing me to fall on to the ground immediately on my left. He stopped his vehicle, came out to assist me and picked my motorcycle up together with two other passerby. I was in a shock and unable to remember what had happened.

I wish to state that I only sustain some abrasion on my left knee and left elbow. I also have lower back aching pain and my thigh aching pain.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

3 of 3 Report No. T/20200408/2060

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: F / Staff Sgt JOSHUA KWEK YONG CHEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2020 20:54
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	

Acidem MY/100	****								- 53
Policy No.	8142304299	Webside INC.	PWGROTE		OUT For	patriation fee.			
Centrals No.									
Pokryholder Name	NOSLAN RIM YUNGS				Postgro	DAY NASC	520098958		
Product Code	MOTORCACTE DATEMBRICE	Groet Tuper	Three Party, F.	Inc & Charle	LOADING		9		
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ere:	- No : Yes	YCA.	- No. Yes		eCode 8	market 1			
Accident to	ng.	NCD Evillement, fall	1.0		Philips	fire:	100		
Report Date	. (04/04/C/02/0 1-4-20)								
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Second Sype	Per Account	WYSELFREY KARRE							
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GST Representative N	0			Datus Herried		Yes			
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269	NAC BUKIT MERRY BUILDING NATIONAL ASSESSMENT CE S (BOKIT MERAN)) or DS Apr 2020 17:24	VIRE SERVICE Hulos		Normal		Photo: 3020-#-6			640.
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0	3 ((RURTT MERAH))) on 39 Apr 3000 \$7124	TENNESSON PHONES		Normal		Photo 2020-4 (r			669
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1	WAC_BOKET_MEEGA GCOGGE(N B CROKET MERGE)	IATIONAL ASSESSMENT CENTRE SERVICE (I) or 88 Apr 2020 17:23	Photos		Normal			Ent
4995	NAC BURT PERAM ADDRESS N BURDE NESA	ARTIONAL ASSESSMENT CENTER SERVICE P/I an 39 Apr 2020 CT 23	Promis		Nemal		Photos 2020 4 9	F
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(A)	5.0000000000000000000000000000000000000	NATIONAL ASSESSMENT CENTRE SERVICE VII) BILOS AUT 2020 17:24	******		Noneal		Photos 2023-4-9	tax
E. 2	TWE_DUKIT_PERSO, BIOGRAL 5 (BUKIT REAL	NATIONAL ASSESSMENT CENTRE SERVICE (NO) on 09 Apr 2020 17-24	Phillips		Numa		Hutca 2020 4-9	: Edit
. B291								



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISK	S AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISK:	S AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAY	SIA)
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MOTOR VEHICLES (THIRD PARTY	RISKS)	RIHER	10201	DATAL AVERAGE
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ertificate Number 5112391700		
211523T\00	Cover : Third Party, Fire	& Thei
Davidson and the second		100

- Index mark and Registration Number of Vehicle FBNZ827X Chassis Number
- : MH3UG0740H0067389 2. Name of Policyholder ROSLAN BIN YUNGS 3. Effective Date of Insurance
- : 04 Sep 2019 4. Expiry Date of Insurance : 03 Sep 2020
- 5. Persons or Classes of Persons entitled to drive#
 - (a) Named Driver(s) Only. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to Use# (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- This Palicy does not cover (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) N/A

EXCESS (SECTION 2) N/A EXCESS (THEFT OUTSIDE SINGAPORE) PLEASE REFER OVERLEAF INSURE WITH COE YES NAMED DRIVER (1) ROSLAN BIN YUNGS

NAMED DRIVER (2) N/A HIRE PURCHASE COMPANY - N/A

SUM INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS.

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : GOH WEI SHIUH (00000602703) Date of Issue : 03 Sep 2019 14:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: Authorised Officer

Chief Executive