Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/06/2020 16:28

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 <u>truthful and accurate</u> 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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/06/2020 16:10
Date Of Accident	17/06/2020 08:55
Exact Location Of Accident	JUNCTION OF UPPER EAST COAST ROAD BY JLN TUA KONG
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBQ3013E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FIRDAUS BIN NORHAM
NRIC No	S9517609G
Email Address	FEEDAUSN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92472102
Alternative Phone No	OFFICE-92472102
Vehicle Particulars	
Manufacturer	YAMAHA
Model	GDR155A (AEROX)-155CC
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5112367473
Cover Note Number	
Driver	
Name of Driver	MITHAMMAD FIRDALIS RIN NORHAM

Name of Driver MUHAMMAD FIRDAUS BIN NORHAM

NRIC No S9517609G

Date Of Birth 26/05/1995

Occupation OUTDOOR

Date Of Driving Pass 07/10/2014

Driving Experience 5 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92472102

Fax Number

Contact Number OFFICE-92472102

EMail Address FEEDAUSN@GMAIL.COM

APT BLK 392 TAMPINES AVENUE 7 Address

#08-237 SINGAPORE

Postcode 520392

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

COLLISION - MAJOR/MINOR RD Type Of Accident

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? YES

Was any injured conveyed to hospital by YES

ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE

NO

2

NO

1

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

NA Vehicle Registration Number Vehicle Make/Model/Colour NA **Details Of Properties** NA

Vehicle Category PRIVATE CAR

Name of Driver NA

NRIC/Passport Number

Contact Number NΑ

Address Postcode

Insurance Company Name

Postcode

DETAILS OF INJURED PERSON 1				
Name	MUHAMMAD FIRDAUS BIN NORHAM			
Approximate Age	25			
Injuries Sustain	REFER POLICE REPORT (CONTUSION OF SHOULDER REGION & ELBOW AREA)			
Injured person in which vehicle?	FBQ3013E			
Were seat belts worn?				
Was this injured conveyed to hospital by ambulance?	YES			
Address	APT BLK 392 TAMPINES AVENUE 7 #08-237 SINGAPORE			

520392

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 the purpose of the collective of the purpose of the collective of the purpose 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.

Policyholder's Signature

Date & Time: 22/06/20

Driver's Signature

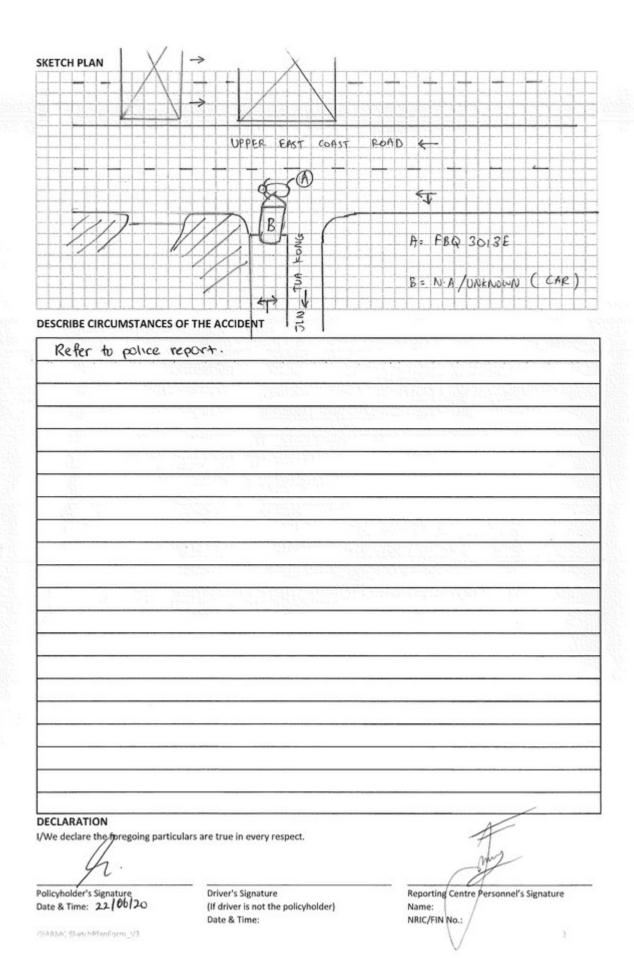
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/202u

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Date/Time Report Made: 17/06/2020 18:09		ade:	Vide Report No.:	Station Diary No 57	
Informa	nt's Particu	ilars		Fraction Sales and the	
	Informant: MAD FIRD/ M	AUS BIN	Address: APT BLK 392 TAMPINES AVE 520392	ENUE 7 #08-237 SINGAP	ORE
ID Type / ID No.: NRIC NO / S9517609G)9G	Contact No.: Home/Office:	Mobile: 92472102	
National SINGAP	ty: ORE CITIZ	EN	Email:	nagonale e senerale e	
Sex: Male	Age: 25	Date of Birth: 26/05/1995	Type of Informant: Rider	185	-
Race: Malay			Language:	Institution / School Name:	
Occupation: NEA OFFICER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambula	Drink Date/Time of		Type of Location	
Location: JALAN TUA	KONG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Light	
Type of Collis	sion: ving Vehicles - Head To Sid		endere en	Anyone conveyed by ambulance:	

Committee the committee of the committee	III STATES OF THE SECOND STATE	Model	Color	Condition	No of Passenge
Type	wake	Model	CUIO	E STATE OF STREET	
Motorcycle	YAMAHA	GDR155A	Red	Seriously	0
Wiotorcycle	17 uvirui ir c				
	Type Motorcycle	Type Make	Type Make Model	Motorcycle YAMAHA GDR155A Red	Type Make Model Color Condition Motorcycle YAMAHA GDR155A Red Seriously

Jehicle No	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative	5112367473	02/09/2019	01/09/2020





2 of 3

Report No. T/20200617/2079

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Perso	n Involved			阿克斯 [1]		
Any Pedestrian Ir	rvolved: No					
No. of Pedestrians Injured: NIL		Use o	Use of Pedestrian Crossing: NA			
Rider	Metable Metable State	A Maria Const		A STATE OF THE STATE OF		当时被使用的形式
Name	MUHAMMAD FIRDAUS BIN NORHAM		ID No	2.10	S9517609G	
Related Vehicle	FBQ3013E (Motorcycle)			Conta	ct No.	92472102
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	17/06/2020 Date D			Discharge	17/06	6/2020
No. of Days gran			ee of Injury	Sligh		

Brief Details.

Earlier today 17/06/20:20 at around 0900hr I was travelling straight along East coast road on my motorcycle FBQ3013E, when I saw upfront there was a car who was trying to exit out from a minor road, Jalan Tua Kong. As I had the right of way, I proceeded on with my journey.

However, as I was approaching the car, the car seemingly did not see me. I think she was too focused on the left side and did not stop at the stop line to check for the blind spots and proceeded to make a right turn, which ended up colliding into my side of the motorcycle. The impact was so big that it flung me off to the road.

As I was laying conscious on the floor and in a state of shock, I managed to hear and was attended to by a doctor and a nurse from a private clinic nearby the vicinity. They also assisted in calling an ambulance over to the incident location. As soon as the ambulance arrived, I was conveyed via ambulance to CGH.

I did not manage to gather any particulars from the vehicle that collided into me. I also have no idea of the condition of my motorcycle and have no idea where my motorcycle is at right now.

I was treated at CGH after conveyance, and was treated and discharged at CGH. I suffered contusion of shoulder region and contusion in the elbow area. My MC number is EMD202092824 and was given 3 days, 17 Jun 2020 to 19 Jun 2020

I also wish to state that there were a few witnesses that assisted me in the situation in a coffee shop beside to road of Jalan Tua Kong.

JINGAPORE **POLICE FORCE**



.ation Of Origin:

ies N.P.C ipines Avenue 4 SINGAPORE 529682

No: 1800-5871999

CONTINUATION OF REPORT

3 of 3

Report No. T/20200617/2079

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.

Signature of officer Recording The Report. G / Sgt 2 KOH WEE SIANG	Signature of miormant.
Signature Of Interpreter:	Date/Time:
Not applicable	17/06/2020 18:09
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	
Sgt 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	
Contact No., 65476171	,
Authentication Stamp	





































