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Owner/Driver ( .		Tel:	•	
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Confirmed by 1 (	+ Date	and the second second second second	Times	)
Insured/Driver Liability: ( %) [1	Note-Est Status (WO):	N: 0-20%; P:	21-79%. F: 80-1	00%)
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1) Apply for Transport Allowance ( )/C	Courtesy Car ( )			
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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

The state of the s	ACCIDENT STATEMENT
Date Of Report	18/09/2020 16:25
Date Of Accident	16/09/2020 18:00
Exact Location Of Accident	ALONG NICOLL HIGHWAY
Country/State of Loss	SINGAPORE
THE THE PERSON WAS COME OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FX7514R
Insured/Policyholder	
Name Of Registered Owner	HAFILAH BTE ABDUL KARIM
NRIC No	SXXXX567J
Email Address	HAFILAH.97@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-94747508
Alternative Phone No	OTHERS-94747508
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400SFHV-399CC
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	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5115670904
Cover Note Number	
Driver	
Name of Driver	HAFILAH BTE ABDUL KARIM
NRIC No	SXXXX567J
Date Of Birth	14/11/1997
Occupation	INDOOR
Date Of Driving Pass	18/12/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94747508
Fax Number	
Contact Number	OTHERS-94747508
EMail Address	HAFILAH,97@LIVE.COM,SG

Address

BLK 63A LENGKOK BAHRU

#07-376

Postcode

150063

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

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

myorved in the accident

~

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

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

BUKIT MERAH WEST NPC

Police Station Address

ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 ,

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/20200917/2071

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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

HAFILAH BTE ABDUL KARIM

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FX7514R

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.
- 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.
- 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")
- 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.

Policybolder's Signature

Date & Time: 18/9/2010

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnells Signatur

Name:

NRIC/FIN No.:

SKETCH PLAN	Along M	LICOLL HIGHWA	Ay
			A)FX7514R B)IMKNOWAD CAR
DESCRIBE CIRCUMSTAN		т ,	
RATTIN 20	filter fil	MP 1/20200	917/2071
		/	
DECLARATION /We declare the foregoing po	articulars are true in ever	ry respect.	ma 10/09/2000
Policyholder's Signature Date & Time: 18/09/1070 15/00/118	Driver's Signat (If driver is not Date & Time:	t the policyholder)	Regarding Centre Personnel's Signature Name:  RRIC/FIN No.:

# ACCIDENT STATEMENT

	CCIDENT BATE: N. 109 1 3000 )(DD/MM/YYYY), TIME: 18 :00 )(HH:	MN
L	OCATION: NICHAL HIGHWAY	
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: FX7514R	
	DINSURANCE COMPANY: NTOC INCOME	114
	CIPOLICY NUMBER: 5115670904	
	DIMAKE & MODELL	
	CHANGE & MODEL! HONDA SURPE II	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME:	1.
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER	
	A)NAME: HAFILAH BIATE ABOUL MALE / FEMALE	
	b)NRIC/FIN/PASSPORT: S91405673 CONTACT: 94747500	
9 9	CJADDRESS: BIK GA LENGKOK BANTO #07-376 SCISIO63)	_
**************************************	* CONTINUE TO 2 d IE DRIVER HAS TO	_
The of passange Concluding drive	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER	
Chad di 1	alliame: As apole	
conducting drive	) a)NAME: AS ABOVE . (MALE / FEMALE)	
(_)	b)NRIC/FIN/PASSPORT:CONTACT:CONTACT:	_
	JINOONESS.	- 2
	*d)DATE OF BIRTH: (_ILL / II / 1907 )(DD/MM/YYYY)	_
7.1	e)OCCUPATION: (INDOOR / OUTDOOR)	
	FIDATE OF DRIVING PASC 18 DEC 2019	
4	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ONNER	
5.	a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS	-
	DIROAD SURFACE: IDRY / WET / OTHERS	-!
6.	WAS ANYBODY INJURED LYES ( NO.)	_1
7.	a) REPORTED TO POUCE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION: BURIT MERCH WEST NAC	i.
M 11- 0 B.	THIRD PARTY VEHICLE	
# He of passenger	d) VEHICLE NUMBER	
( Including driver)	b) DRIVER'S NAME:	6
( )	CONTACT:	
9.	THIRD, PARTY VEHICLE	e:
Ho of passanger	d) VEHICLE NUMBER: MODEL:	Jac.
(Including driver)	e) DRIVER'S NAME:	2002
C STIME CHANGE	f) NRIC/FIN/PASSPORT:CONTACT::	
()		
	Tip	

email = Haflah . 97@ live com sg





1 of 3

Report No. T/20200917/2071

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

REPORT OF	A TRAFFIC	ACCIDENT	4	Station Diary No.	
Date/Time 17/09/2020	Report M		Vide Report No.:	59	
Informant	's Particu	lars			
Name of It	nformant:	DUL KARIM	Address: APT BLK 63A LENGKOK BA 150063	HRU #07-376 SINGAPORE	
ID Type / ID No.: NRIC NO / S9740567J			Contact No.: Home/Office: Mobile: 94747508		
Nationality: SINGAPORE CITIZEN			Email:		
Sex Female	Sex Age: Date of Birth:		Type of Informant: Rider	La contract Name	
Race:			Language:	Institution / School Name:	
Occupation			Driving Licence Information: Class:	Date of Expiry:	

Seneral Inform	nation of the Accid	dent	Date/Time of		Type of Location
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2020 18:	00	X-Junction
HOUGANG A	WENUE 1				
	TVENUE 1	Road Surface:		Ros	ad Speed Limit:
Weather:	AVENUE 1	Road Surface: Dry		1,145,00	
Weather: Clear Traffic Flow: Dual Carriag			orking	Tra He	ad Speed Limit:  offic Volume: avy yone conveyed by

Details of V	ehicle Involve	d		15.6	Condition	No of Passenge
Vehicle No.	Type	Make	Model	Color		INO OF F GOODINGS
		107/2000	CB400	White	Slightly	0
FX7514R	Motorcycle	HONDA	SFHV M		Damaged	

Details of V	ehicle Insurance	The New York	Effective	Expiry Date
M. Interior Min	Insurance Company	Insurance No		
Vehicle No.	moutance company	5115670904	18/01/2020	24/02/2021
FX7514R	NTUC Income Insurance Co-Operative Limited	5115070304	1.000	DESCRIPTION NACTORS AND





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

2 of 3 Report No. T/20200917/2071

Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of Perso		ION BUILD				DE LEGISTA DE LA COMPANIONE DE LA COMPAN
Any Pedestrian I						
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Rider	AUT THIS WALL TO SE			Cucotna	101033	ang. NA
Name	HAFILAH BINTE ABDUL KARIM  FX7514R (Motorcycle)		ID No		S9740567J	
Related Vehicle				Contact No.		94747508
Hospital/Clinic	BUKIT MERAH CENTRAL MEDICAL CENTRE PTE LTD			Class Drivin Licend Expin	g	Class: 2B,2A Date of Expiry: NIL
Date Treatment	17/09/2020		Date Di	scharge		/2020
No. of Days gran	ted Medical Leave	02		of Injury	Slight	

#### Brief Details.

On the 16/09/2020 at about 1800hrs, I was travelling from Singapore General Hospital (SGH) to Blk 125 Hougang Ave 1. I was riding my motorcycle bearing plate number FX7514R (V1) at the time. I remembered that after leaving SGH I travelled via MCE and lost my way when I exited Fort Road. After travelling along Fort Road, I remembered travelling along a long road on the second lane from the right. I wanted to make a lane change to the first lane but I noticed that there was a car on my right speeding up from the rear. I could not change lane and ended up in between 2 cars while on the move. I felt that I got hit on the right side but I could not stop as traffic was heavy. I tried my best to balance myself to refrain from falling and overtake the 2 cars.

Upon arriving at a junction, I stopped on the second lane from the left turning right. Out of a sudden the same car came from the left and stopped in front me at the junction. The driver of the said vehicle then went out of his car and started shouting at me and scolded me. He also showed his middle finger at me. I was too afraid to stop at the junction, thus when the green light turned on, I move off and made my way to Bik 125 Hougang Ave 1. After moving off I noticed that my front brake lever broke. I also felt some pain on my right leg. When I reached my destination I checked that my motorcycle also sustained damagss on the exhaust pipe.

I went to the clinic today and was given 2 days of MC. I sustained abrasion and swelling on my right sheen. I could not get the car plate number of the said vehicle as I was too afraid of how aggressive the driver was towards me.





The Particular Section 1

3 of 3

Report No. T/20200917/2071

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

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: D / Sgt 3 MUHAMMAD HAIQAL BIN AZMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/09/2020 17:29
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SI ANG YI TING, STEPHANIE Contact No.: 65476414	\$11.45
Authentication Stamp	

key No.	5139670904	Vetrose No.	FX75148		GST Registration No.		
rtificate: No.					Colonial Service	997405E72	
	HAPILAH STE ABO K				Policybolder NRIG	80/403517	
duct Code	HOTORCYCLE INSURANCE	Caver Type	Third Party		Loading	4	
ntact for (Mobile)	94747508	Cortact No. (Office)			Contact No (Hume)	Tana da	
rafit Address		Special Remark			eCode eCude Reason	No. of	
κ.	- No. Tee	TCA.	No Yes			No	
D Presention	Ne	NCD Entitlement(%)	3.0		Private Hire	1	
- Accident Datails		SVINISHED CONTINUES OF THE	000		WOOD COLLEGE CO.	FERRE MONEY	
port Clate	18/09/2020 16:53	Accident Report Water 24 hrs	Yes		Accident Type	Side Dwipe	
te of Accident	16/09/2020	Time of Acodent Nr. mm	18/00		Country of Accident	Singagone	
porting Centre		Grange Force			3CM NO.		
cident Location	ALONG WICOLL HIGHWAY						
Total Excess Applicable							
cess Type	Per Accident	Windscreen Excess					
Standard Excess	0.00	TP Standard Excess		D.DE	manus a ferromatic	Net Cavered	
ED OD Excess	0.00	Y18D TP Excess		0.00	Driver is Covered?	(Mediano)	
Mittorial Excess				5-20000			
cai OD Excess Applicable	0.00	Tutal TP Excess Applicable		3.00			
# Benefits							
v GST Registered Informatic	m .		TERRORIA PAUL				
T Registered	No.		GST Registr		Ves		
IT Registration No.			GST Status	Agrams.	165		
odification History							
Policyholder Mailing Addre	- Contract		C COLORADO MANAGORA		Address 3	LERGYCK BAHRU HEIG	pits
atress 1	6LX 63A #07-378	Address 2	LENGKOK BAHRU		Post Code	161063	
dóress 4	\$3NGAPGRE 151063	Address Type	Singapore address				
MENG.	01-376	Related Hullicy Nurriber	5115670904				
♥ OI Oriver Info			BW0722700-				
Inver Name	Haritah timbe styduk kammi	Driver Tyde	Main Onver		Driver DGB	14/11/1997	
mnamed driver Name		Dinver MAIC	597400677		Driving Experience	\$ 000000000000000000000000000000000000	
lagister Data of Driver License	07\07\3018	Driver Age	22		Contact No.(Home)		
ontact No.(Motole)	94747908	Cuntact No.(Office)			Address 3	LENGROK BARRU HEI	IMTS:
kadress 1	BLR 63A #07-37E	Address 2	LENGKOK BAHRLI		Rost Code	151000	
Address 4	SINGAPORE 151063	Address Type	Bergapore address		POST 1-90#	433902	
Unit No.	07-376				INDUSTRICT CONTROL OF THE PROPERTY OF THE PROP	****	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FX7514R		Driver Disurer Company	NTUC	
Declaration							
	2410	Any injury?	Yes. No				
breathstyser of Blood Test. Reading?	0 mg	SUCCESSION OF THE PARTY OF THE					
treathalyser of Black Test. Reading? Modification History	o.mg	Control of the Contro					
Reading?	u mg						
Neading? Hadification Halarry Claim 001 New	S Mg			DD-Mk	Insured HAFILAN BTE AS	OK Interest S	97405671
Reading? Hodification Hakiny	o mg			Manager .	Curtart	Contact in	
Neading? Hadification Halarry Claim 001 New	u mg			DD-MX 94747908		Correct No. (Office)	97405671 2788311
Needing?  Claim 001 Maw.  Claim Type *	u mg			Manager .	Curtact No. (Home) 54723050	Contact No. (Diffeet)  TP Vehicle Number	
Meading?  Claim 001 Baw  Claim 7/pc +  Certars No (Mubits)	u mg			94747508 HAFILAH 978LIVE	Compact   54713090   (100mt)   COM-SS   Verticle   EX75148	Contact No. (Children)	2709311
Meading?  Claim 001 May  Claim 7/ps *  Corriars No. (Mubin)  Email Address  Claim Description  Proferrod Workshop	Insured Lightity Not 8	t Fault V	TVO:	94747508 HAPILAN, 978LIVE PX7514R / UNKNOW	Comfact No. [54723090 (Home) Of Home) Of Home	Contact No. (Office)  Vehicle (United States)  Vehicle (United States)  Name of Preferred	2709311
Claim 001 Hew  Claim 001 Hew  Claim 7/pc *  Corriars No. (Mubita)  Email Address  Claim Description  Professor Wayschap danism No. Type	Insured Liability high a		lyed y	94747508 HAPILAH, 978LIVE, PX2514R / UNKNOW	Comfact No. [64723080 (Home) Commiss Partition (Home) Commiss Partition (Home) Commiss Partition (Home) Commiss Commiss Partition (Home) Commiss P	Contact Contact No. No. (Children) TP (Vehicle I) Number of Number of Preferred Workshop	2788311 JAKNOWN C
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### MEDICAL CERTIFICATE Bukit Merah Central Medical Centre Pte Ltd BLK 165 BUKIT MERAH CENTRAL #03-3683 SINGAPORE 150165 TEL: 6273 5455 No. 170330 HAD WAH This is to certify that Mr/Ms/Mdm \_ is under treatment by me and is medically assessed as Fit For duty Fir for light duty Unfit for duty Comments/Diagnosis ] Medicine cause drowsiness Injection given | Will infect others. Time in Staff No: Time out . Dept DR GAN CHEONG HWEE \* This certificate is not valid for absence from court or M.B., B.S. (S'PORE)

DESIGNATED FACTORY DOCTOR

other judicial proceedings unless specifically stated.

eBaoTech

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