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SN0820C30001 / Nutional Assessment Centre Services [159721] ENTRY DATE & TIME: 03/12/2020 11:58 (SGT) SUBMITTED BY: Rosll Bin Abdul Wahab VERSION: 1 (03/12/2020 11:58 (SGT))



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.

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.

ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident

Additional Location Information Country/State of Loss

03/12/2020 11:58 (SGT) 01/12/2020 12:05 (SGT) Orchard Turn, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBK7348U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

Email Address Mobile Phone No

Alternative Phone No.

No

MD NOORQAYYUM B SAMSUDIN

SXXXX103B

md.noor.isaac@gmail.com (Phone) +65-87932937 +65-87932937

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Piaggio

VESPA GTS SUPER 300

Private use

No - Claiming third party

Motorcycle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

NTUC

ThirdPartyFireTheft

No

5118644317

MD NOORQAYYUM B SAMSUDIN SXXXX103B

Date Of Driving Pass 06/11/2007 Driving experience 13 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-87932937 All. Phone Number +65-87932937 Email Address md.noor.isaac@gmail.com Address BLK 26 #08-50 Address complement JALAN KLINIK Postcode 160026 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201202/2029

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Addrage complement

SGT6128M Mazda

Private car **JOHN**

(Phone) +65-96381296

Side Swipe

Clear Dry

No

No

No

Yes 1

No

Yes

ORCHARD N.P.C

Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

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.
- 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:

- 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 enternal 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:

3-12-2020 10:21 am Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

DECLARATION

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

Policyholder's Signature Date & Time:

3.12.2020 1021am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No .:

ACCIDENT'STATEMENT

ACCIDENT D.	ATE: (01 1 2 1 202	(DD/MM/YYYY), TIME:(12 · : 0	25_)(HH:MM)-
LOCATION:_	Orchard Turn	V *	#. -V	•
1. DETAI	LS OF VEHICLE			
a)VEI	HICLE NUMBER: FBK	7248U		20 X
blinsi	JRANCE COMPANY:_	NTUC Income	erecentral is	*
c)POI	JCY NUMBER: 511	2644317		
	JCY TYPE: (COMPREHE		TY KIHIRD PART	FIRE &THEFTO
	KE & MODEL: Veson		The state of the s	Tarta, arritari)
	(SALOON / COUPE / A		MOTOPCYCL	OTHERS
gIVFH	ICLE CATEGORY: (PRIV.	ATE / COMMERCIA	LAMOTORCYC	1EI
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AINA	AE: mohamad Noorgayyon	in Bin summertin	MALE	FEMALE)
[11] [1] [1] [1] [1] [1] [1] [1] [1] [1]	FIN/PASSPORT: 585		CONTACT: 8	
	RESS: 26, Jalan Eli		_common	
. * CONT	TINUE TO 3.d IF DRIVER	ALSO POLICY HOL	DER	
THO of passange DRIVER			DEN	
Chief de La SalNAM		about	MALE	/ FEMALE)
	/FIN/PASSPORT:		CONTACT:	
() claddi				
*d)DAT	E OF BIRTH:	/)(DD/M	M/YYYY)	•
e)OCC	UPATION: (INDOOR / C	OUTDOOR)	N 7.	
DOSTE	OF DRIVING PASC	MANUSCOCKE WILL	•	.0
4. WAS D	RIVER AN EMPLOYEE	OF THE INSURED	S COMPANY?	(YES / NO)
	RELATIONSHIP OF TH			· Ocura 40
	HER CONDITION: 4CLE		HERS	
	SURFACE: PORY / WET		·	
	YBODY INJURED IYES			
7. a)REPOI	RTED TO POUCE (YES)	NOT "	a'r Inte ch	MONA .
IF YES,	PLEASE STATE WHICH F	OUCE STATION:	Overein hours are	THOU .
B THIRD PA	URIY VEHICLE			
	IICLE NUMBER: SGT 6	128M	MODEL: Mard	-
Including driver) b) DRIV	VER'S NAME			#9 /2A/
() C) NRIC	C/FIN/PASSPORT:		CONTACT: 96	381276
	RTY VEHICLE	540	LIODEI .	200
MA OF DAZZANEST	ICLE NUMBER:	•	MODEL:	
land to the for bonn	ER'S NAME:			
NRIC	C/FIN/PASSPORT:		CONTACT:	 .
()	(4			
			*	

email = md. noov. isaac@gmail. Com VIDED





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 1 of 4 Report No. T/20201202/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2020 11:34			Vide Report No.:	Station Diary No.: 26	
Informa	nt's Partice	ulars			
		QAYYUM BIN	Address: APT BLK 26 JALAN KLINIK #	#08-50 SINGAPORE 160026	
TO SECURE OF SPECIAL PROPERTY.	/ ID No.: D / S850510	03B	Contact No.: Home/Office: Mobile: 87932939		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 35	Date of Birth: 19/02/1985	Type of Informant: Rider		
Race: Malay	a.F	24	Language:	Institution / School Name:	
Occupat UNEMP			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

General Infor	mation of the Accide	nt		by be sylvin by	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/12/2020 12:05	Type of Location Straight Road	
Location: ORCHARD T Weather:	URN	Road Surface:	F	Road Speed Limit:	
Clear		Dry		10	
Traffic Flow: Two Way		Traffic Control: Not Controlled	1777	Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ring Vehicles - Side Sv	vipe - Same Direction	а	nyone conveyed by mbulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBK7348U	Motorcycle	PIAGGIO	VESPA GTS SUPER 300 IE ABS/ASR	Blue	Slightly Damaged	0	
SGT6128M	Car				No Damage	0	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		





2 of 4

Report No. T/20201202/2029

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBK7348U	NTUC Income Insurance Co-Operative Limited	5118644317	18/08/2020	17/08/2021		

Details of Person	n Involved						
Any Pedestrian In	volved: No						
No. of Pedestrian	s Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA			
Rider			THE REAL PROPERTY.	BE USE			
Name	MOHAMAD NOORQAYYUM BIN SAMSUDIN			ID No.	5	S8505103B	
Related Vehicle	FBK7348U (Motorcycle)			Conta	ct No.	87932939	
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	charge	NIL		
	ted Medical Leave	NIL	Degree o	of Injury	NIL		
Driver					UFI.		
Name	JOHN			ID No		NIL	
Related Vehicle	SGT6128M (Car)			Contact No.		96381296	
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	charge	NIL		
	ited Medical Leave	NIL	Degree o	of Injury	NIL		

Brief Details.

On 01/12/2020 at around 1205hrs, I was riding on my motorcycle bearing the number plate (FBK7348U) along Orchard Turn towards Wisma direction.

I was riding along side another vehicle bearing the car plate (SGT6128M). Out of a sudden, the said vehicle had turned left without signaling into Orchard Parksuites. As a result, the vehicle had hit into the right side of my motorcycle and came to a stop.

However I lost control of my motorcycle and fell into the bushes in front. I wish to state that I was not injured. I then picked up my motorcycle and gestured for the driver to come out of his vehicle. The driver apologized for what he did. However he mentioned that he did not bring his identification card.

The driver only provided his name and contact number and told me to claim from his insurance. The driver informed he was not injured. Subsequently the driver left. I wish to state that I am unsure if the driver's vehicle sustained any damage. Both sides on my motorcycle sustained some minor dents, there





320120272020

3 of 4

Report No. T/20201202/2029

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

CONTINUATION OF REPORT

were also scratches on the left side and cracks on the right side as well. No police or ambulance came.

I wish to state that I do not have any camera recording the incident. I had tried contacting the driver but there was no response from him.





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

4 of 4 , Report No. T/20201202/2029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Parksuites

Reciporo hum

Parksuites

Park

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:	Signature Of Informant:
Sgt 2 BRYAN NG ZHI HAO	
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2020 11:34
	:3 14 E: 10
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case:
Authentication Stamp	314 172

Claim Handling Accident MT/1112206

Policy No.	5318544317	Vehicle No.	FBX7348U		GST Regist	tration No
Certificate No.	- Walter Call Hall and Annual Service County					
Policyholder Name	MD NDDRQAYYUM B SAMSUDIN				Policyholde	er NRIC
Product Code	MGTORCYCLE INSURANCE	Cover Type	Third Parky, Fire &	Theft	Loading	
Contact No.(Mobile) Email Address	87932937	Contact No.(Office)			Contact No	:(Home)
KFK	EMARY MARKET	Special Remark			eCode	
	No Yes	TCA	No Yes		eCode Rea	son
NCD Protection	No	NCD Entitlement(%)	00		Private Hin	ë
Accident Details						
Report Date	03/12/2020 11:33	Accident Report Within 24 hrs	Yes		Accident T	уря
Date of Accident	01/12/2020	Time of Accident hhamin	12:05		Country of	Accident
Reporting Centre		Orange Force			ICM No.	
Accident Location	ALONG DRICHARD TURN					
→ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess				
OD Standard Excess	0.00	TF Standard Excess		0.00		
YIED OD Excess	0.00	YIED TP Excess		0.007	Driver is C	Overed
Additional Excess	77738.0	AVVIN ANTERNASSIE		MOMENT.	(44 (MSD) 18 SA	* SWEEKE?
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00		
▽ Benefits	, 17787 T. 11	TO SERVICE AND ADDRESS OF THE PARTY OF THE P				
	ion					
GST Registered	No		GST Regist	ration Date		
GST Registration No.			GST Status		31	Ves
Modification History						
Policyholder Mailing Add	ress					
Address 1	BLK 26 #08-50	Address 2	SALAN KLINIK		Address 3	
Address 4	SINGAPORE 160026	Address Type	Singapore address		Post Code	
Unit No.	#08-50	Related Policy Number	5118644317		0.10.000	
⇒ OI Driver Info						
Driver Name	MOHAMAD NOORQAYYUM BIN SAMSUDIN	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	58505103B		Driver DOS	3
Register Date of Driver License	03/12/2029	Driver Age	35		Driving Ex	perience
Contact No.(Mobile)	67932937	Contact No.(Office)			Contact No	
Address 1	BLK 26 #08-50	Address 2	JALAN KLINIK		Address 3	
Address 4	51NGAPORE 160026	Address Type	Singapore address		Post Code	
Unit No.	#88-50		CONTRACTOR AND INCIDENCE			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBX7348U		Driver Iris	urer Comp
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
neading:						
Modification History						
Claim 001 New						
Claim Type *				DD-MX	▼ Insured	MD NOC
Contact No.(Mobile)				87932939	Name Contact No. (Home)	
Email Address				MD.NOOR.ISAAC@GMA	10	FBx734
Claim Description				FBK7348U / SGT6128M	SALES	
Preferred	Insured Liability					
Workshop	Preference Not at Facili	CONTRACTOR OF THE PARTY OF THE	d v	T.		
Contact No. Yes						
Finalisation Yes Date Registered	Repair Preferred Workshop, No	ame unknown report Received		03/12/2020 11:54	Claim	

ROSLI WAHAB

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Print AK letter

Save Submit Attachment v. Accident No. MT/1112206 Claim No. 001 Last Doc. Received Yes ○ No Upload Date 03/12/2020 12:03 Path * Confidential Choose File No file chosen v NO Clear Please Select Choose File No file chosen Clear Please Select Choose File No file chosen Clear Pinase Select w No Choose File No file chosen Clear Please Select Y 80

Attachment List

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eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Palicy No. Date of Accident 01/12/2020 11:15 Vehicle No.(For Motor) FBK7348U Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Commence Date Insured Object Select Policy No. Vehicle No. Product Cover Type

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Third Party, Fire FBK7348U FBK7348U & Theft

Expiry Date

18/08/2020 17/08/2021