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(I) SINGAPORE ACCIDENT STATEMENT

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

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

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.

ACCIDENT STATEMENT

Date of Submission

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

21/12/2020 18:28 (SGT)

18/12/2020 21:30 (SGT)

#01-580 Ridout Rd, Tea Garden, Singapore 149066

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBL9277Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No.

Alternative Phone No

No

MUHAMMAD AZLAN BIN SUPARMAN

SXXXX374J

superboi91@gmail.com

(Phone) +65-97345436

+65-97345436

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

Yamaha

Mt-03

Employment

No - Claiming third party

Motorcycle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

ThirdPartyFireTheft

5100414118-02

DRIVER

Name of Driver

NRIC No

MUHAMMAD AZLAN BIN SUPARMAN SXXXX374J

Date Of Driving Pass	23/03/2017
Driving experience	
Gender	3 YEARS AND 9 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-97345436
Email Address	+65-97345436
Address	superboi91@gmail.com
	BLK 404 CHOA CHU KANG AVENUE 3
Address complement	#04-421
Postcode	680404
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	163
Does Driver Own Other Vehicles?	N-
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Togistical Manager of Oaler Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
-	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	CLOUDY CITCONSTITY Darriaged writist parked
Road Surface	Dry
	ыу
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No
Was any other material or respect to no spiral by ambulance?	₹
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Police Station Name	Yes
	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	NO.
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20201219/2068	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
2 Company of the Comp	
	SJF4401A
Vehicle Manufacturer	9 = 1
Vehicle Manufacturer Vehicle Model	273
Vehicle Manufacturer Vehicle Model Vehicle Variant	7.7
Vehicle Manufacturer Vehicle Model Vehicle Variant	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	

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

WITNESS DETAILS

WITNESS 1

Name

Phone Email **GINETTE**

(Phone) +65-84861337

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.
- 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 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.

8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

lu 21/12/20 17:57

Policyholder's Signature / Date & Time Driver's Signature (# driver is not the policyholder) / Date & Time

Wilnessed by Reporting Centre Personnel

Sketch Plan

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We declare the foregoing particulars are true in every respect.

Oh 21/12/2020

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ACCIDENT'STATEMENT

ACC	IDENT DATE: 18 1.12 1020 100/MM/	YYY), TIME: (21: 30)(HH:MM)
Loc	ATION:	
1	DETAILS OF VEHICLE GIVEHICLE NUMBER: FBL 9277Y BINSURANCE COMPANY: NTUC 1 CIPOLICY NUMBER: \$100414118-0	
560	d]POLICY TYPE: (COMPREHENSIVE / THIRD e)MAKE & MODEL: YAMAHA MT-03 f)TYPE: (SALOON / COUPE / MPV / VAN / LO g)VEHICLE CATEGORY: (PRIVATE / COMMI h)PURPOSE OF USING AT ACCIDENT TIME:	PARTY / THIRD PARTY FIRE &THEFT) ORRY / MOTORCYCLE / OTHERS) ERCIAL / MOTORCYCLE)
	I) ARE YOU CLAIMING UNDER YOUR OWN I	INSURANCE (YES/NO)
2.	AJNAME: MUHD AZLAN BIN SUPARMO BJNRIC/FIN/PASSPORT: 59111374 J C)ADDRESS: BIK 404 CHOA CHU KAN	CONTACT: 9734545
62 19 8	Land of the land o	
# No of passanger	DRIVER AS above	Y HOLDER (MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT:	CONTACT:
4.	*d)DATE OF BIRTH: (31 / 03 / 1441) (1 e)OCCUPATION: (INDOOR / OUTDOOR) F)DATE OF DRIVING PASC 23 / 03 WAS DRIVER AN EMPLOYEE OF THE INS	1/2017
	IF NO, RELATIONSHIP OF THE DRIVER \	WITH INSURED: 6WNES
5.	b)ROAD SURFACE: (DRY / WET / OTHERS_	3 / OTHERS
6	WAS ANYBODY INJURED (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATE	ON: BUKIT TIMAH N.P.C.
Ho of passinger	a) VEHICLE NUMBER: STF4401A	MODEL:
- Including driver)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	CONTACT:
9.	THIRD PARTY VEHICLE	Henry
the of passanger	d) VEHICLE NUMBER:	MODEL:
Including driver)	e) DRIVER'S NAME:	CONTACT::-
(,	98) 123 W W

email = Superboig1@gmail.com





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

1 of 3 Report No. T/20201219/2068

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 15:23	/lade:	Vide Report No.: E/20201218/0173	Station Diary No.: 33	
Informa	nt's Partic	ulars			
	f Informant: IMAD AZLA MAN		Address: APT BLK 404 CHOA CHU K SINGAPORE 680404	(ANG AVENUE 3 #04-241	
ID Type / ID No.: NRIC NO / S9111374J			Contact No.: Home/Office: Mobile: 97345436		
National SINGAF	lity: PORE CITIZ	'EN	Email:		
Sex: Male	Age: 29	Date of Birth: 31/03/1991	Type of Informant: Vehicle Owner		
Race: Javanes	3025502 123521 1 331500000 ACRESON		Language:	Institution / School Name:	
Occupat GRABF		/ERY DRIVER	Driving Licence Information: Class: 2B,2A Date of Expiry:		

	mation of the Accide	Drink	To 1 = 1	T+ **
Type of Accident:	Hit and Run		Date/Time of Accident: 18/12/2020 21:30	Type of Location: Car Park
Location: QUEENSWA	Y			
Weather: Cloudy		Road Surface: Dry	F	Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
raffic Flow:		Not Controlled	1	No Traffic

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9277Y	Motorcycle				Slightly Damaged	0
SJF4401A	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20201219/2068

2 of 3

Report No. T/20201219/2068

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

CONTINUATION OF REPORT

Vehicle Owner Name	MUHAMMAD AZLA	N BIN SUF	ARMAN	ID No		S9111374J
Related Vehicle	FBL9277Y (Motorcycle)			Conta	ct No.	97345436
Hospital/Clinic	NIL		Class Drivin Licens Expir	g	Class: 2B,2A Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	scharge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL	

Brief Details.

On 18/12/2020 at about 2125hrs, I parked my motorbike (FBL9277Y) at the carpark of MacDonalds along Queensway. I then left and proceeded into the MacDonalds to collect the order for my Grab Delivery order.

Later at about 2130hrs, while I was inside MacDonalds, I was alerted by other Grab drivers to go and check on my motorbike as another vehicle had hit it and had already left. I then proceeded out and made a check on my motorbike. I discovered that my motorbike had toppled on the left side.

At that time, there was a witness at scene and she informed me that she had called for the traffic police. Hence, I waited for traffic police arrival and did not touch my motorbike. The witness details is Ginette, 86481337. She also had the video footage of the accident.

Upon Traffic police arrival, they did their investigations and I was given a case card with Report number E/20201218/0173, IO Sufyan (CTT: 65476390 / 98174874) and was advised to lodge a traffic accident report. I discovered that my motorbike had sustained scratches mostly on the left side of the vehicle. The left panel was cracked as well and the rear number plate is dented.

After concluding their investigations, I then returned home. Subsequently, the witness WhatsApp me the video footage of the accident. Later, I handed over the video footage of the accident to Traffic Police investigation officers. From the video, I observed that another vehicle (SJF4401A) had tried to make a right turn and during the right turn, the left side of the vehicle had collided into my motorbike, causing it to topple. Upon the collision, the vehicle did not stop but he did reverse and then drove off subsequently.

Hence, I am lodging this traffic accident report, following Traffic Police's instructions.





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999 3 of 3 Report No. T/20201219/2068

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: E / Sgt 3 LAU KOK TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2020 15:23
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case:
Authentication Stamp	SIGNATU

Claim Handling Accident MT/1114515

Policy No.	5100414118-02	10100000000			
Certificate No.	3130414110-02	Vehicle No.	FBL9277Y		GST Registration N
Policyholder Name	AND SELECTION OF THE CASE OF T				
Product Code	MUHAMMAD AZLAN BIN SUPARMAN				Policyholder NRIC
Contact No.(Mobile)	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire &	Thert.	Loading
Email Address	97345436	Contact No.(Office)			Contact No.(Home)
KFK		Special Remark			eCode
NED Protection	No yes	TCA	W No Yes		eCode Reason
▼ Accident Details	No	NCD Entitlement(%)	15		Private Hire
1-0.00000000000000000000000000000000000	JANIES MATERIAL SECTION				
Report Date	21/12/2020 18:28	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	18/12/2020	Time of Accident hn:inm	21:30		Country of Accident
Reporting Centre		Orlinge Force			ICM No.
Accident Location	QUEENSWAY				SPERCENTER
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess		988	
YIED OD Excess	0.00	YIED TP Excess		0.00	
Additional Excess	B-000	TEO IV Excess		0.00	Driver is Covered?
Total OD Excess Applicable	0.00	T-4-1 T-1 T-1 T-1 T-1 T-1 T-1 T-1 T-1 T-1 T			
→ Benefits	0.00	Total TP Excess Applicable		0,60	
▽ GST Registered Informa	tion				
GST Registered					
GST Registration No.	No			ration Date	
Modification History			GST Status	Verified	Yes
▼ Policyholder Mailing Add	iress				
Address 1	BLK 404 #04-241	Addison 2			
Address 4	300 701 701 402	Address 2	CHOA CHU KANG A	VENUE 3	Address 3
Unit No.		Address Type	Singapore address		Post Code
OI Driver Info		Re sted Policy Number	5100414118-02		
Driver Name	MUHAMMAD AZLAN BIN SUPARMAN		annes account		
Unnamed driver Name	TOTAL PALPIT BIT SUPARMAN	Driver Type	Main Driver		
Register Date of Driver License	03/03/3014	Driver NRIC	591113741		Driver DOB
Contact No.(Mobile)	02/02/2016 97345436	Oriver Age	29		Driving Experience
Address 1	BLK 404 #04-241	Contact No.(Office)			Contact No.(Home)
Address 4	2015 404 #04-242	Address 2	CHOA CHU KANG A	VENUE 3	Address 3
Unit No.		Address Type	Singapore address		Post Code
Does he own a Singapore					
Registered car7	Yes No	Driver Vehicle No.	FBL9277Y		Oriver Insurer Comp.
Danton					
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
Modification History					
Modification History Claim 001 New					
					Incured
Claim Type *				ОД-МХ	Insured MUHAMN
Claim Type *				GD-MX 97345436	
Claim Type * Contact No.(Mobile)				Total Control Control	Contact No. (Home)
Claim Type * Contact No.(Mobile) Email Address				Total Control Control	Contact No.
Claim Type • Contact No.(Mobile) Email Address				97345436	Contact No. (Harre) OI Vehicle Number
Claim Type * Contact No.(Mobile) Email Address Claim Description	Insured Labelle			97345436 SUPERBOI91@GMAIL.COM	Contact No. (Harre) OI Vehicle Number
Claim Type * Contact No.(Mobile)	Preference Liability Not at Fau Preference Workshop, F			97345436 SUPERBOI91@GMAIL.COM	Name Phonouse Contact No. (Harne) OI Vehicle Ph.9277 Number

Report Taken By

Print AK letter

Claim Handling(accident reporting Claim Task

ROSLI WAHAB

Save Submit Attachment Accident No. MT/1114515 Claim No. Last Doc. Received Yes ○ No Upload Date 21/12/2020 18:35 Path = Category * Confidential Choose File No file chosen Clear Please Select ¥ NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Pinase Select Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select v NO Choose File No file chosen Clear. Please Select Attachment Uploaded By/Date Category Urgency Descr NAC_PAYA_UBI_EG0601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 18:35 Photos Normal Photos 21 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 n 21 Dec 2020 18:35 Photos Normal Photos 20 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 18:35 Normal Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 18:35 Photos Normal Photos 21 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 18:35 Photos Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos n 21 Dec 2020 18:35 Normal Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 18:35 Photos Normal Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 18:34 Physica Normal Photos 25 NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) o o 21 Dec 2020 18:34 Photos Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos n 21 Dec 2020 18:34 Normal Photos 21 NAC_PAYA_UBI_BOOGD1(NATIONAL ASSESSMENT CENTRE SERVICES) o # 21 Dec 2020 18:34 Photos Normal Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 21 Dec 2020 18:34 NRIC/ Driving License Normal NRIC/ Driving Lik NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) to SAS n 21 Dec 2020 18:34 Normal SAS 202 Video List Uploaded By/Date Folder Date File Name Display in New Window | Scott and uploading

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 * Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 18/12/2020 18:07 Vehicle No.(For Motor) FBL9277Y Certificate Number Search Policyholder Name Certificate Policyholder NRIC Select Policy No. Vehicle No. Insured Object Commence Date Product Cover Type Number Expiry Date MUHAMMAD AZLAN BIN SUPARMAN 5100414118-Third Party. FBL9277Y FBL9277Y 0 591113743 GMC 02 13/05/2020 12/05/2021 Continue