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SINGAPORE ACCIDENT STATEMENT

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 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.

ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

08/12/2020 17:58 (SGT) 13/09/2020 21:45 (SGT) Tampines Ave 5, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBD8074P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

ISYAFIL SYAFRIN BIN KAMISAN

SXXXX846F

syafrinisyafil@gmail.com

(Phone) +65-86996440

+65-86996440

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

X-1r

Private use

No - Claiming third party

Motorcycle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

ThirdParty

No

5105286936-02

DRIVER

Name of Driver

NRIC No

ISYAFIL SYAFRIN BIN KAMISAN SXXXX846F

Date Of Driving Pass Driving experience 17/05/2019 Gender 1 YEAR AND 4 MONTHS Mobile Number Male Alt. Phone Number (Phone) +65-86996440 Email Address +65-86996440 Address syafrinisyafil@gmail.com Address complement BLK 302B #06-188 Postcode ANCHORVALE LINK Is the driver the policyholder? 542302 If No, Relationship of the Driver with the Insured Yes Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver No Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Weather Conditions Collision - U-Turn Road Surface Clear Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident No Was anybody injured in the Accident? 2 Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Yes 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 Police Station Phone No Traffic Police Alt. Police Station Phone No. (Phone) +65-65470000 Police Station Address (Fax) +65-65474900 Was notice of intended Prosecution given? 10 Ubi Avenue 3 Singapore 408865 If yes, against whom? No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20200922/2026

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Yes Was there any audio recorded? No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number /ehicle Manufacturer SML1995F /ehicle Model Mazda ehicle Variant ehicle Colour ehicle Category Private car

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

INJURED PERSONS DETAILS

INJURED 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- This Formmust 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' 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
- (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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes, 07/12/2020 03:03pm

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Time & Time Fersonnel Sketch Plan TAMPINAS A) FBP 8074P B) SML 1995 E

TAMPINAS AUGIS

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ation						

02:03pm Policyholder's Signature / Date & Time

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

Winessed by Reporting Centre Personnel

M. ROMA

ACCIDENT STATEMENT

ACCIDENT DAYE: (13) 84.) 2020	JOD/MM/YYYY TIME! 21 . If
LOCATION: TAMPINES AVENUE	JODANNATTY), TIME: (21 :95)(HH:MM)
1. DETAILS OF VEHICLE	
aJVEHICLE NUMBER:_ FB 080	20
DINISTRANCE NOWRES. LEGOO	<u>14P</u>
DJINSURANCE COMPANY: NT	UC INCOME .
CIPOLICY NUMBER: 5105286	936-02
diPOLICY TYPE: (COMPREHENS)	IVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
OJMAKE & MODEL: YAMAHA	X1 X1 FIRE & HEFT
FITYPE: (SALOON / COUPE / MPV	//VAN/LORRY/MOTORCYCLE/OTHERS)
9) VEHICLE CATEGORY: (PRIVATE	COMMERCIAL / MOTORCYCLE / OTHERS)
h)PURPOSE OF USING AT ACCID	OMMERCIAL / MOTORCYCLEJ
I) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE ITHIRD BAR	WILL WILL THE THE THE THE THE THE
IF NO. PLEASE STATE ITHIRD BAR	UP OWN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	TH CLAIM / REPORTING ONLY)
AJNAME: ISYAFIL SYAFRIN O	IN CARACARI
b)NRIC/FIN/PASSPORT: 596	ALL DILLE
CIADDRESS ART ALK 2000	24846F CONTACT: 8699 6440
11 OF 3018	ANCHORVALE LINK #06-199 SINGAPORE 542
Mus of passange DRIVER ALSO	O POLICY HOLDER
(Including driver) DINAME: AS ABOVE .	The state of the s
(1) bINRIC/FIN/PASSPORT:	(MALE / FEMALE)
CIADDRESS:	CONTACT:
- INDONESS.	
*d)DATE OF BIRTH: (//	
eloccupation: (INDOCO	J(DD/MM/YYYY) .
FIDATE OF DRIVING PASC	OOR
4. WAS DRIVER AN EMPLOYER	25/07/2016
IF NO. RELATIONSHIP OF THE PA	THE INSURED'S COMPANY? (YES / (NO)) RIVER WITH INSURED: OWNER.
5. a) WEATHER CONDITION: (CLEARY)	RIVER WITH INSURED: OWNER.
DIROAD SURFACE: (DRY / WET / OT	KAINING / OTHERS
6. WAS ANYBODY INJURED (YES) NO)	HERS
7. a) REPORTED TO POUCE (YESY NO)	
IE VES DIEVEE EL VE CALE LA	Name of the contract of the co
IF YES, PLEASE STATE WHICH POUC	ESTATION: TP HEADQUARTERS
Ho of passenger a) VEHICLE NUMBER: SML19	ace .
Including driver) b) DRIVER'S NAME	MODEL: MAZDA
() RIC/FIN/PASSPORT:	
9. THIRD PARTY VEHICLE	CONTACT:
	(A)
	MODEL:
f) NRIC/FIN/PASSPORT:	CONTACT::-
	196 T (A 50)

email = SUAFRINISYAFIL@ GMAIL COM



T/20200922/2026

1 of 3

Report No. T/20200922/2026

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Date/Time 22/09/202		Made:	Vide	Report No.			Station Diary No.:
Informant	's Partic	ulars	-			T SEE SE	THE REAL PROPERTY.
Name of Ir ISYAFIL S	***************************************	BIN KAMISAN				06-188 ANC	HORVALE COURT
ID Type / I NRIC NO /	D No.: \$962484	46F	Cont	act No.: e/Office:	6006	Mobile: 86	5996440
Nationality: SINGAPOR		EN	Emai	1:			
Sex: Male	Age: 24	Date of Birth: 13/07/1996	Type	of Informan	t		
Race: Javanese			Langi	uage:		Institution	/ School Name:
Occupation Motorcycle		man	-	g Licence I	nformation:	Date of Ex	piry:
	y						
eneralinto		of the Accident	EE	3535		C Brown I	Section 19
ype of accident:		jury onveyed By Ambu	lance	Drink Drive: No	Date/Tim Accident:		Type of Location

Type of Accident:	Injury Conveyed By Ambu	lance	Drink Drive: No	Date/Time of Accident: 13/09/2020 21:45	Type of Location
TAMPINES A		Road St	urface:		David C
100000000000000000000000000000000000000		Wet			Road Speed Limit:
Traffic Flow:		Total Control of			
Traffic Flow: Type of Collision	0	Traffic C	Control:		Traffic Volume:

Vahicle No.	Туре	Make	Twenty-	THE OWNER OF THE OWNER OWNER OF THE OWNER O	The last of the last	
FBD8074P	Motorcycle		Model	Color	Condition	No of Passenge
	motorcycle	YAMAHA	X-1R	Black	- Stramott	No of Passenge
SML1995E	C++			THE OIL		0
SIMIC 1080C	Gar		A RESIDENCE			

TOURSUITABLE CO. On and I	FBD8074P	Insurance Company NTUC Income Insurance Co-Operative	Insurance No	Effective	Te.
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Report No. T/20200922/202



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian	Involved: No			
No. of Pedestria	ns Injured: NIL	Use of Per	destrian Cros	sing: NA
Rider	District the second second		CONTRACT OF STREET	
Name	ISYAFIL SYAFRIN BIN KAMIS	SAN	ID No.	S9624846F
Related Vehicle	FBD8074P (Motorcycle)		Contact No.	86996440
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		
lo. of Days grant	ed Medical Leave NIL	Degree of	Contract of the contract of th	

Brief Details.

On the above mentioned date time and location,

I was at the traffic light junction at the middle lane on a red light. As soon as the traffic light turns green, I move off. I have the right of way as I was riding straight. Out of a sudden, a vehicle from the opposite traffic junction made a u-turn without checking for other oncoming vehicles and collide onto me. I fell of the bike and someone called for the ambulance. I was conveyed to the nearest hospital. That's all.

Date Registered

Claim Handling(achident reporting, Claim Task, 001 OD-MX) Claim Handling Accident MT/1112864 Folicy No. 5105286936-02 Vehicle No. Certificate No. FBD8074P GST Registration No Policyholder Name isvafil svafkin bin kamisan Product Code MOTORCYCLE INSURANCE Policybolder NILIC Cover Type Contact No. (Mobile) Third Party 86996440 Loading Contact No.(Office) Email Address Contact No.(Hame) Special Remark KFK - No yes **е**Соле TCA NCO Protection No Ves eCode Reason NCD Entitlement(%) Accident Details 15 Private Hire Report Date 08/12/2020 17:47 Accident Report Within 24 hrs Date of Accident Yes 13/09/2020 Accident Type: Time of Accident hhomm Reporting Centre 21145 Country of Accident Orange Force Accident Location TAMPINES AVENUE IS ICM No. Total Excess Applicable Excess Type Per Accident Wind, Feen Excess QQ Standard Excess 0.00 TP Standard Excess YIED OD Excess 0.00 0.00 YIED TP Excess Additional Excess 0.00 Driver is Covered? Total OD Excess Applicable 0.00 Total TP Excess Applicable ⇒ Benefits 0.00 GST Registered Information GST Registered No GST Registration No. **GST Registration Date** Modification History **GST Status Verified** Yes Policyholder Mailing Address Address 1 BLK 3028 #06-188 Address 2 Address 4 ANCHORVALE I THE SINGAPORE 542302 Address 3 Address Type Singapore address Unit No: 05-188 Post Code Related Policy Number OI Driver Info 5105286936-02 Oriver Name ISYAFIL SYAFRIN BIN KAMISAN Driver Type Main Driver Unnamed driver Name Driver NRIC Register Date of Oriver License. S9624846F 75/07/2016 Driver DOB Driver Age Contact No.(Mobile) 86996440 Driving Experience Contact No.(Office) Address 1 BUX 3028 #06-188 Contact No.(Home) Address 2 Address 4 ANCHORVALE LINK SINGAPORE 542302 Address 3 Address Type Singapore address Unit No. 06+18R Post Code Does he own a Singapore Registered car? Yes No Driver Vehicle No. FBD8074P Driver Insurer Com Declaration Breathalyser or Blood Test Reading? 0 ma Any injury? Yes No Modification History Claim 001 OD-MX New Claim Type + Insured Name OD-MX 15YAFI Contact No. (Mobile) Contact 86996440 Email Address (Hame) SYAFRINISYAFIL®GMAIL.COM Vehicle Number FBD80 Claim Description FBDBD74P / SML199SE ON 11 Sept 2020 Preferred Bontact No. Yes Finalisation Preference Liability Not at Fault Preferred Workshop, Name unknown GIA.

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report Received

Print AK letter

ROSLI WAHAB Workshop Repairer

Save Submit Attachment Accident No. MT/1112864 Claim No. List Doc. Received. Ves O No 001 Upload Date 08/12/2020 18:02 Path . Choose File No file chosen Category « Confidential Choose File No file chosen Clear Please Select × NO Choose File | No file chosen Clear Please Select Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear. Please Select NO Cinar Please Select NO Attachment List Attachment Uploaded By/Date Category Urgency NAC_PAYA_UBI_BOOKOI{ NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:02 Des Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVILES) o 08 Dec 2020 18:02 Photos Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 6 08 Dec 2020 18:02 Photos Normal Photos NAC_PAYA_UBL_800601[NATIONAL ASSESSMENT CENTRE SERVICES] o OR Dec 2020 18:02 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:02 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:02 Photos Normal Priotos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:02 Photos Normal Photos NAC_PAYA_UBI_BB0601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:02 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:02 Photos Normal Photos NAC_PAYA_UBI_8006G1(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:02 Photos Mormal. NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 08 Dec 2020 18:01 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:01 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:01 Photos Normal Photos NAC_PAYA_LIBI_BI0601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:01 Photos Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:01 NRIC/ Driving License Normal NRICZ Driving I NAC_PAYA_URE_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Dec 2020 18:01 SAS Normal 5AS 2 Video List Uploaded By/Date Folder Date tps://giclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=272217411&caseId=2755573&taskId=501&objectId=&actionTyp... 2/3

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eBaoTech

Hello, NAC_PAYA_UBI_800601 GeneralClaim · Change Language My Desktop · Change Password · Log Out **Policy Query** Natice of Loss Policy Na. Date of Accident 13/09/2020 17:36 Vehicle No.(For Motor) FBD8074P Certificate Number Search Select Certificate Policyholder Name Policyholder NRIC Policy No. Product Cover Type Number Insured Object Commence Date Expiry Date No. 5105286936-02 ISYAFIL SYAFRIN BIN KAMISAN S9624846F GMC Third Party FBD8074P FBD8074P 12/08/2020 11/08/2021