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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 18/01/2021 17:11 (SGT) Date of Accident 18/01/2021 07:50 (SGT) Exact Location of Accident 100 Pasir Panjang Rd, Singapore 118518 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS6427

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMMAD KAIRUL UMAM BIN AHDON NRIC No. SXXXX921G Email Address m khairulpaduka@hotmail.com Mobile Phone No (Phone) +65-94790119 Alternative Phone No +65-94790119

VEHICLE PARTICULARS

Manufacturer Yamaha Model Aerox Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5120460590 Cover Note Number

DRIVER

Name of Driver MOHAMMAD KAIRUL UMAM BIN AHDON NRIC No SXXXX921G Date Of Birth 20/12/1982 Occupation Indoor

Date Of Driving Pass 12/10/2002 Driving experience 18 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-94790119 Alt. Phone Number +65-94790119 Email Address m_khairulpaduka@hotmail.com Address BLK 36 TEBAN GARDENS ROAD #07-295 Address complement Postcode 600036 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJB3527Z Vehicle Manufacturer Hyundai Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver YONG YEW KEE NRIC No SXXXX045C Contact Number (Phone) +65-97435388 Address Address complement Postcode

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EK9988L
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KATHERINE LIM
Contact Number	(Phone) +65-96452500
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Rease report <u>correctly</u> the details of the accident to speed up the claims process.
 This Formmust be <u>completed by the Policyholder and/or the Authorised Driver</u>.
 Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material fact allow insurance companies to <u>repudite 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.

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7. By the fodgement 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 at oresard and consent that:

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

Lunderstand, acknowledge, agree and consent that:

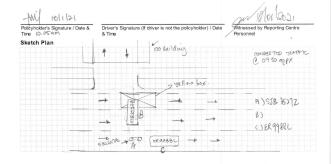
(a) bly naurer, my worknow legde, agree and consent that:

(a) bly naurer, my worknow pand the General Insurance Association of Singapore ("GNA") may/are permitted to collect, use, disclose and/or process my personal datalepses/oral information set out in this fform and any other personal information provided by me or additional personal information and or process my personal datalepses on a first matics set out in this fform and any other personal information provided by me or collectively referred to as the "Insurers"), the huseres' was versionally were personal information provided by me or collectively referred to as the "Insurers"), the huseres' sub years have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the huseres' sub years and were personal information provided by my collective processory in a subject of 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) carrying out and/or dealing with my instructions or responding to any equiries by me;

(iv) administering ny claims (including the



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declare the foregoing particular	are true in every respect.	
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yholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre







