

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 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. 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	03/02/2021 14:29 (SGT)
Date of Accident	02/02/2021 11:24 (SGT)
Exact Location of Accident	2 Adam Rd, Singapore 289877
Additional Location Information	FOOD CENTER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG548B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ADLI BIN ABU BAKAR
NRIC No	SXXXX316I
Email Address	eddisyah171111@gmail.com
Mobile Phone No	(Phone) +65-81817196
Alternative Phone No	+65-81817196

VEHICLE PARTICULARS

Manufacturer	Sym
Model	Maxsym
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5118708370
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ADLI BIN ABU BAKAR
NRIC No	SXXXX316I

Date Of Driving Pass	26/05/2017
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81817196
Alt. Phone Number	+65-81817196
Email Address	eddisyah171111@gmail.com
Address	BLK 537 WOODLANDSDRIVE 16 #04-171
Address complement	-
Postcode	730537
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
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?	No
Was there any audio recorded?	No


SKETCH PLAN

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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)**

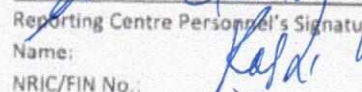
I understand, acknowledge, agree and consent that:

- (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:
 - (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' 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.

 02/02/2021

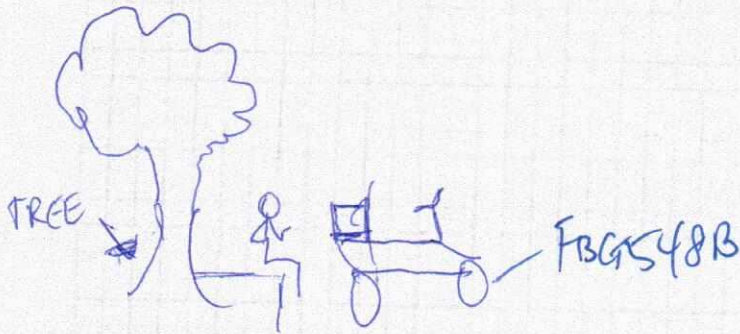
Policyholder's Signature
Date & Time:


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

 03/02/2021
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

ADAM ROAD FOOD CENTER



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2nd February 2021 at 11:24am, I was at Adam Road Food Center to get My coffee. After doing so, I went back to my motorcycle to sit at the ledge just beside to drink my coffee, within a few seconds I hear a loud breaking noise and felt that the tree hit my head and manage to quickly escape to safety.

DECLARATION

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

[Signature] 02/02/2021
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 03/02/2021
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Date of Accident : 02/02/2021 Accident Time: 1124 (24-HR-Format)
Accident Place : Adam Road Food Center
Vehicle Reg. No. (Car Plate No.) : FBG 548 B
Vehicle Make/Model : Maxsym 400i
Insurance Company : NTUC Policy No. 5118708370
Owner or Company Name /IC No. :
Owner or Company Contact No. : Owner's Hp Company Tel
DRIVER'S Name / IC No. : Muhammad Adli Bin Abu Bakar
DRIVER'S Date Of Birth : 15/07/1995 DRIVER'S License Pass Date 13 APR 2016
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : woodlands drive 16 Block 537 #04-171
DRIVER'S Contact No./ Alt No. : 1) 6881-7196 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Eddisyah171111@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video captured by car camera: YES \ NO
Was there any audio captured : YES/NO
Any Injuries : Yes/No : Name of injured :
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Claim Handling

Accident MT/1119862

Policy No.	5118708370	Vehicle No.	FBG548B	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD ADLI BIN ABU BAKAR			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	81817196	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	03/02/2021 14:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/02/2021	Time of Accident hh:mm	11:24	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ADAM ROAD FOOD CENTER			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 537 #04-171	Address 2	WOODLANDS DRIVE 16	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-171	Related Policy Number	5118708370-01	

▼ OI Driver Info

Driver Name	MUHAMMAD ADLI BIN ABU BAKAR	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9524316I	Driver DOB
Register Date of Driver License	01/01/2018	Driver Age	25	Driving Experience
Contact No.(Mobile)	81817196	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 537 #04-171	Address 2	WOODLANDS DRIVE 16	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-171			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBG548B	Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MUHAMMAD ADLI BIN ABU BAKAR
Contact No.(Mobile)	81817196	Contact No.(Home)	689346
Email Address	eddisyah171111@gmail.com	OI Vehicle Number	FBG548B
Claim Description	FBG548B / - ON 2 Feb 2021		
Preferred Workshop	Insured Liability	Not at Fault	
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	03/02/2021 14:36	GIA report	Received
		Claim Close Date	

Report Taken By

ROS LI WAHAB

Workshop
Repairer

[Print AK letter](#)

Save

Submit

Attachment

[illegible]

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 14:36	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 14:36	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 14:36	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 14:36	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 14:36	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 14:36	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 14:36	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 14:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 14:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2021 14:36	SAS		Normal	SAS

▼ Video List

Uploaded By/Date	Folder Date	File Name	
			<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>

THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5118708370
The Policyholder	: MUHAMMAD ADLI BIN ABU BAKAR BLK 537 #04-171 WOODLANDS DRIVE 16 SINGAPORE 730537

Period of Insurance	: 18 Aug 2020 To 17 Aug 2021
Sum Insured	: N/A
Premium (inclusive GST)	: S\$258.45

Interest Insured

Cover Type	: Third Party	
Named Driver (1)	: MUHAMMAD ADLI BIN ABU BAKAR	
Named Driver (2)	: MUHAMMAD AFIQ BIN ABU BAKAR	
Make/Model	: SYM/MAXSYM 400I CVT	
Capacity	: 400cc	Number of Seater : 2
Registration Number	: FBG548B	Registration Year : 2012
Chassis Number	: RFGLXA902CS001102	Insure with COE : N/A
Excess (Section 1)	: N/A	NCD Entitlement : 20%
Excess (Section 2)	: N/A	
Hire Purchase Company	: N/A	

Memo A : N/A

Endorsement Operative: M1

Agency	: DIRECT BUSINESS DEPT (00000600280)
Date of Issue	: 18 Aug 2020 21:49 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive