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| Insure/Driver Lability: (%) [Note-Est Status (WO): N: 0.20%; P: 21-79%, P: 80-100%] Year of Registration: () Warranty YES () /NO () Bacess (\$) Louding ; \$1,000 () /\$2,000 () Status (MA) (MA) (MA) (MA) (MA) (MA) (MA) (MA) | Policy No: () Perio | od: (|) | Cover Type: | (| ,} | |
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| Discussive Designation D | Insured/Driver Llability: (%) [No | ote-Est Sialus (WO) | : N: 0-20 | %; P: 21-799 | %. P: 80-10 | 01/1 | |
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| 3) Upload Resurvey Photo [Repuir Cost>\$3000] Injury: Continue Cost | 1) Apply for Transport Allowance ()/Co | urtesy Car () | | | ¥ | | ******* |
| ACC Checked by (Engr-In-Churge): C Checked by (Engr-In-Churge | | (,) | | - | - | 7. | |
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SN0821230004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 03/02/2021 14:29 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (03/02/2021 14:29 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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.

 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

DETAILS OF OWN VEHICLE

| Vehicle Registration Number | FBG548B |
|--|--|
| INSURED/POLICYHOLDER | |
| Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No | No MUHAMMAD ADLI BIN ABU BAKAR SXXXX316I eddisyah171111@gmail.com (Phone) +65-81817196 |
| Alternative Phone No | +65-81817196 |

+65-81817196

VEHICLE PARTICULARS

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

INSURANCE COMPANY

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

DRIVER

| Name of Driver | MUHAMMAD ADLI BIN ABU BAKAR |
|----------------|-----------------------------|
| NIDIO NI- | MOTH WHITE PRODUCTION |
| 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 | BER 337 WOODLANDSDRIVE 16 #04-1/1 |
| Postcode | 730537 |
| 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 | No |
| A CONTRACTOR OF THE PARTY OF TH | _ |
| Insurance Company of Other Vehicle Owned by Driver | 1- |
| 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 | No 1 |
| Was anybody injured in the Accident? | 1 |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | M = |
| Number of Passengers (Including Driver) | No |
| Has the driver been approached by unknown person(s) | 1 |
| 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 considered wheeler and Table 7 | |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |
| | |
| | |
| | |

SKETCH PLAN

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.
- 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.
- 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.
- 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 (ail 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:
 - 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.

Policyholder's Signature

02/7021

Date & Time:

Driver's Signature

(If driver is not the policyholder)

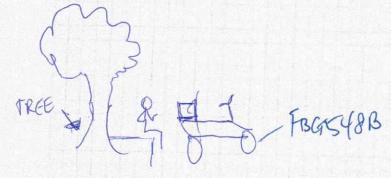
Date & Time:

Reporting Centre Persongel's Signatur

Name:

NRIC/FIN No.:

ADAM ROAD FOOD CENTRIR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 1 2 1 5 |
|--|
| On 2nd February 2021 at 11:24am, I was at Adam Road Food Center |
| 1 Collection of the state of th |
| To Joint they Catter, Within a few Seconds The |
| horse and tell that the tree hit my head and manage to |
| quickly rescape to sortety. |
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DECLARATION

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

02/02/2021

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Per

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.) | |
| Vehicle Make/Model | : Maxsym 400i |
| Insurance Company | :NTUC Policy No. 5118 7083 70 |
| Owner or Company Name /IC No | - 2110100710 |
| Owner or Company Contact No. | :Owner's HpCompany 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) 659 8181-7196 2) |
| DRIVER'S Occupation | (NDOOR \ OUTDOOR (e.g. working inside or outside office) |
| Email Address | Eddisyah 171111 @ 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 D | river): |
| Was there any video captured by car Was there any audio captured: YES Any Injuries: Yes/No: Name of init | camera: YES \ NO |
| | arty Driver's Particular (if any) |
| Vehicle Reg. No: | |
| Vehicle Make\Model: | |
| Name Driver: | Name Driver: |
| IC No. Driver: | |
| Driver's Contact & Add: | |

Claim Handling

| Claim Handling | | | | | | |
|--|----------------------------------|-------------------------------------|-------------------|--------------------------------|---------------------|----------|
| Accident MT/1119862 | | | | | | |
| Policy No. | 5118708370 | Vehicle No. | FBG548B | | GST Regist | ration N |
| Certificate No. | | | | | | |
| Policyholder Name | MUHAMMAD ADLI BIN ABU BAKAR | | | | Policyholde | r 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 | No Yes | TCA | No Yes | | eCode Reas | son |
| NCD Protection | No | NCD Entitlement(%) | 0 | | Private Hire | |
| | | The Endemont of | | | Titrate Till | |
| Report Date | 02/02/2021 14-21 | Accident Report Within 24 hrs | Yes | | Accident Ty | vno. |
| Date of Accident | 03/02/2021 14:31 | Time of Accident hh:mm | | | | |
| | 02/02/2021 | | 11:24 | | Country of | Acciden |
| Reporting Centre | 15.11 56.15 F005 GF17F5 | 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 C | overed? |
| Additional Excess | | | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | | 0.00 | | |
| | | | | | | |
| GST Registered Information | ion | | | | | |
| GST Registered | No | | GST Registr | ation Date | | |
| GST Registration No. | | | GST Status | Verified | | Yes |
| Modification History | | | | | | |
| | | | | | | |
| Policyholder Mailing Add | ress | usioi P21 | | | | |
| 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 | | 21.22 | |
| Unnamed driver Name | | Driver NRIC | S9524316I | | Driver DO | |
| Register Date of Driver License | 01/01/2018 | Driver Age | 25 | | Driving Ex | |
| Contact No.(Mobile) | 81817196 | Contact No.(Office) | | | Contact N | 80 |
| Address 1 | BLK 537 #04-171 | Address 2 | WOODLANDS DRIVE | E 16 | Address 3 | |
| Address 4 | | Address Type | Singapore address | | Post Code | |
| Unit No. | #04-171 | | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | FBG548B | | Driver Ins | urer Cor |
| Trogistics as care | | | | | | |
| Declaration | | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No | | | |
| | | | | | | |
| Modification History | | | | | | |
| Claim 001 OD-MX New | | | | | | |
| 21 20 20 1 | | | | | | |
| Claim Type * | | | | OD-MX | Insured | мин |
| eiemit (1he | | | | Land | ☐ Name ☐ Contact | |
| Contact No.(Mobile) | | | | 81817196 | No. | 6893 |
| | | | | VICEN WISHELDS WAS NOT THE WAY | (Home) | |
| Email Address | | | | eddisyah171111@gmail.com | Vehicle Number | FBG5 |
| Claim Description | | | | FBG548B / - ON 2 Feb 2021 | | |
| Preferred | Torrigod Highlith. | | | | | |
| | Insured Liability Not at F | ault 🗸 | | | | |
| Workshop Require No | Prefered | GIA GIA | 4 | | | |
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Report Taken By

ROSLI WAHAB Workshop Repairer

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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

Cover Type

: N/A

Premium (inclusive GST)

: S\$258.45

Interest Insured

: 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

: N/A

Chassis Number

: RFGLXA902CS001102

Insure with COE NCD Entitlement : 20%

Excess (Section 1)

: N/A

Excess (Section 2) Hire Purchase Company : N/A

: 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