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TP Bundenlyr Veh No: SN	1RSTORK	, MC(	)/Non-INC(	)	
Owner / Driver: (	7		Tcl:		<u> </u>
Policy No: ( ) Per	lod: (	)	Cover Type: (		<u></u>
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	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		%; P: 21-79%.	b: 80-100%)	
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©N0821280009 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/02/2021 17:27 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (08/02/2021 17:27 (SGT))



## 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

08/02/2021 17:27 (SGT) Date of Submission 08/02/2021 12:20 (SGT) Date of Accident Stevens Rd, Singapore **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

### **DETAILS OF OWN VEHICLE**

FBQ4453L Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? ADY SURIADDY BIN ROSMAN Name Of Registered Owner SXXXX173I NRIC No adysuriaddyrosman@gmail.com **Email Address** (Phone) +65-88217951 Mobile Phone No +65-88217951 Alternative Phone No

VEHICLE PARTICULARS

Yamaha Manufacturer Aerox Model Variant

Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

No - Claiming third party Motorcycle

INSURANCE COMPANY

NTUC Name of Insurance Company ThirdPartyFireTheft Type of Coverage Fleet Policy 5113134585-01 Policy Number Cover Note Number

DRIVER

ADY SURIADDY BIN ROSMAN Name of Driver SXXXX173I NRIC No

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	25/02/2016 5 YEARS Male (Phone) +65-88217951 +65-88217951 adysuriaddyrosman@gmail.com BLK 431C YISHUN AVENUE 1 #07-579 - 763431 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	No No -
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	SMR5508X Honda Vezel Private car SORAYOS YOSYINGYONG (Phone) +65-97818219

(Phone) +65-97818219

Contact Number

Address complement

Address

Dostrodo

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

#### 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.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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)

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' 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.

B) SMR 5508X

B) SMR 5508X

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escribe Circumstances of the Accident
On the date and time as stated, traffic along Sterens Road was jammed and congested.
So all the vehicles are close to each other.
It the relation and me were on the 2nd lane.
Car showed oly to lane I halfney and turned back into lane I.
Car jammed his brakes however the car brake lights did not turn on.
I you had to gam brake hovever distance was too cluse and I ended up
buffing the vent and (slightly right) of his near bumper.
Car driver does not count to admit that his strike lights alid not furn on.
Haever appred by the side to see his brake lights and it was not writing.
Damage to Runt of like.

### Declaration

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

1.49 pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# ACCIDENT'STATEMENT

ACCIDENT DATE: (06 102 ) 2021 (DD/MM/YYY), TIME: (12 20) (HH:MM
LOCATION: Stevens Poach
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: FBQ4453L
DINSURANCE COMPANY: NTUC INCOME
CIPOLICY NUMBER: 5113134585-01
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
OMAKE & MODEL: YAMAHA AFRICISS
F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE LYES (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM DREPORTING ONLY)
2. INSURED / POLICY HOLDER
AINAME: ADY SURIADDY SAN SIN ROSMAN (MALE) FEMALE)
b)NRIC/FIN/PASSPORT: 59624173I CONTACT: 88217951
CIADDRESS: YISMUN AVENUE 1 431C #07-579 5763431
* CONTINUE TO 3 die DRIVER ALSO ROUGHISTER
# CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  WHO of prisson got DRIVER A'S ABOVE
(Including 1 ) DRIVER A'S ABOVE
(Including driver) diNAME: [MALE / FEMALE]  b) NRIC/FIN/PASSPORT: CONTACT:
c)ADDRESS:
"d) DATE OF BIRTH: ( 14 / 07 / 1996 ) (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS 25 FEB 2016
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS
b)ROAD SURFACE: DRY/WET OTHERS
6. WAS ANYBODY INJURED (YES ! NO)
7. a) REPORTED TO POUCE (YES / NO) 4
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
Ho of passenger a) VEHICLE NUMBER: SMR 7508 X MODEL: HONDA VEZEL.
(Including driver) b) DRIVER'S NAME: SORAYOS YOSYINGYONG
(
IND AL PASSAULES DEINEDIS PLANE
(Including driver) f) NRIC/FIN/PASSPORT: CONTACT:
:. email = adysuriaddyresman@gmail.com
, store

# Claim Handling Accident MT/1120437

-Uni Ma						
olicy No.	5113134585-01	Vehicle No.	FBQ4453L	G	ST Registra	tion No.
ertificate No.						
olicyholder Name	ADY SURIADDY BIN ROSMAN			Po	olicyholder	NRIC
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & The	eft Lo	ading	
ontact No.(Mobile)	88217951	Contact No.(Office)		C	ontact No.(	Home)
mail Address		Special Remark		e	Code	
FK	No Yes	TCA	No Yes	e	Code Reaso	n
CD Protection	No	NCD Entitlement(%)	10	Pi	rivate Hire	
seport Date	08/02/2021 17:34	Accident Report Within 24 hrs	Yes	A	ccident Typ	e
ate of Accident	08/02/2021	Time of Accident hh:mm	12:20	C	ountry of A	ccident
eporting Centre		Orange Force		10	CM No.	
ccident Location	STEVENS ROAD					
▼ Total Excess Applicable	STEVENS ROAD					
	Do Andreit	Windows Even				
xcess Type	Per Accident	Windscreen Excess				
DD Standard Excess	0.00	TP Standard Excess		0.00		
TED OD Excess	0.00	YIED TP Excess		0.00	river is Cov	vered?
Additional Excess						
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00		
<b>▽</b> Benefits						
	ion					
			GST Registra	tion Date		
GST Registered GST Registration No.	No		GST Status V		Y	es
Modification History					1000	
rouncedon rustory						
Policyholder Mailing Add	race					
		Address 2	YISHUN AVENUE 1	,	Address 3	
Address 1	BLK 431C #07-579				ost Code	
Address 4	SINGAPORE 763431	Address Type	Singapore address	i.	031 0000	
Unit No.	07-579	Related Policy Number	5113134585-01			
	man and the second of the seco	165 ju				
Driver Name	ADY SURIADDY BIN ROSMAN	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S9624173I		Driver DOB	
Register Date of Driver License	25/02/2016	Driver Age	24		Driving Exp	
		0 1 1 1000 1			Contact No.	.(Home)
Contact No.(Mobile)	88217951	Contact No.(Office)		**		
Contact No.(Mobile) Address 1	88217951 BLK 431C #07-579	Address 2	YISHUN AVENUE 1		Address 3	
			YISHUN AVENUE 1 Singapore address	a de la companya de		
Address 1	BLK 431C #07-579	Address 2		a de la companya de	Address 3	
Address 1 Address 4 Unit No. Does he own a Singapore	BLK 431C #07-579 SINGAPORE 763431 07-579	Address 2		d	Address 3	rer Comp
Address 1 Address 4 Unit No.	BLK 431C #07-579 SINGAPORE 763431	Address 2 Address Type	Singapore address	d	Address 3 Post Code	rer Comp
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	BLK 431C #07-579 SINGAPORE 763431 07-579	Address 2 Address Type	Singapore address	d	Address 3 Post Code	rer Comp
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	BLK 431C #07-579 SINGAPORE 763431 07-579	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L	d	Address 3 Post Code	rer Comp
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	BLK 431C #07-579 SINGAPORE 763431 07-579	Address 2 Address Type	Singapore address	d	Address 3 Post Code	rer Comp
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L	d	Address 3 Post Code	rer Comp
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L	d	Address 3 Post Code	rer Comp
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L	d	Address 3 Post Code	rer Comp
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L	d	Address 3 Post Code	rer Comp
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L	d	Address 3 Post Code	rer Comp
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L		Address 3 Post Code Driver Insu	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L	d	Address 3 Post Code Driver Insu	rer Comp
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Address 1 Address 4 Unit No Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L		Address 3 Post Code Driver Insu Insured Name	
Address 1 Address 4 Unit No Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L	OD-MX V	Address 3 Post Code Driver Insu Insured No. (Home) OI	ADY SU
Address 1 Address 4 Unit No Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type * Contact No.(Mobile)	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L	OD-MX V  88217951  ADYSURIADDYROSMAN@GMAI	Insured Name Contact No. (Home) OI Vehicle Number	
Address 1 Address 4 Unit No Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No	Address 2 Address Type Driver Vehicle No.	Singapore address FBQ4453L	OD-MX V	Insured Name Contact No. (Home) OI Vehicle Number	ADY SU
Address 1 Address 4 Unit No Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type * Contact No.(Mobile)  Email Address  Claim Description  Preferred	BLK 431C #07-579 SINGAPORE 763431 07-579 Yes No 0 mg	Address 2 Address Type  Driver Vehicle No.  Any injury?	Singapore address FBQ4453L	OD-MX V  88217951  ADYSURIADDYROSMAN@GMAI	Insured Name Contact No. (Home) OI Vehicle Number	ADY SU
Address 1 Address 4 Unit No Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Claim 001 New  Claim Type * Contact No.(Mobile)  Email Address  Claim Description	SINGAPORE 763431 07-579 Yes No  0 mg  Insured Liability Preferered Note	Address 2 Address Type  Driver Vehicle No.  Any injury?	Singapore address  FBQ4453L  Yes No	OD-MX V  88217951  ADYSURIADDYROSMAN@GMAI	Insured Name Contact No. (Home) OI Vehicle Number	ADY SU

Report Taken By

ROSLI WAHAB

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	Select Policy N	o, Certificate Number	Policyholder	Policyholder	Search Product	Cover Type	Vehicle	Insured	Commence	Freier B. I.
	O 51131345		Name ADY SURIADDY BIN ROSMAN	NRIC S9624173I	GMC	Third Party, Fire & Theft	NO.	Object FBQ4453L	Date 05/10/2020	04/10/2021