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.

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 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 24/02/2021 13:14 (SGT) Date of Accident 22/02/2021 12:00 (SGT) Exact Location of Accident King's Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ8536E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

ARDY ISKANDAR BIN MUHAMMAD RAFI NRIC No. SXXXX922Z

Email Address

zackiskandar5230@gmail.com Mobile Phone No (Phone) +65-92330439

Alternative Phone No +65-92330439

VEHICLE PARTICULARS

Manufacturer Honda Model Cb150r

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 5115606226-01

Cover Note Number

DRIVER

Name of Driver ARDY ISKANDAR BIN MUHAMMAD RAFI

NRIC No SXXXX922Z Date Of Birth 29/10/1994 Occupation Outdoor

Date Of Driving Pass 16/05/2018 Driving experience 2 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-92330439 Alt. Phone Number +65-92330439 Email Address zackiskandar5230@gmail.com Address BLK 165 STIRLING ROAD #12-1249 Address complement Postcode 140165 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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? Yes 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Queenstown Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004719999 Alt. Police Station Phone No (Fax) +65-64715299 Police Station Address No. 3 Queensway #01-03 Singapore 149073 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210222/2119

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSMF8535KVehicle ManufacturerKiaVehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of DriverNG MIN HUATNRIC NoSXXXX767C

Contact Number	-
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

Name of injured person	ARDY ISKANDAR BIN MUHAMMAD RAFI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBQ8536E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be <u>completed</u> by the <u>Policyholder</u> and/or the <u>Authorised Driver</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GA 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 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)

Lunderstand, 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.

24/2/2021 1200/Mes

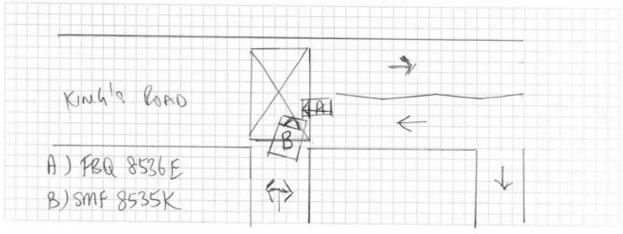
Policyholder's Signature / Date &

Time

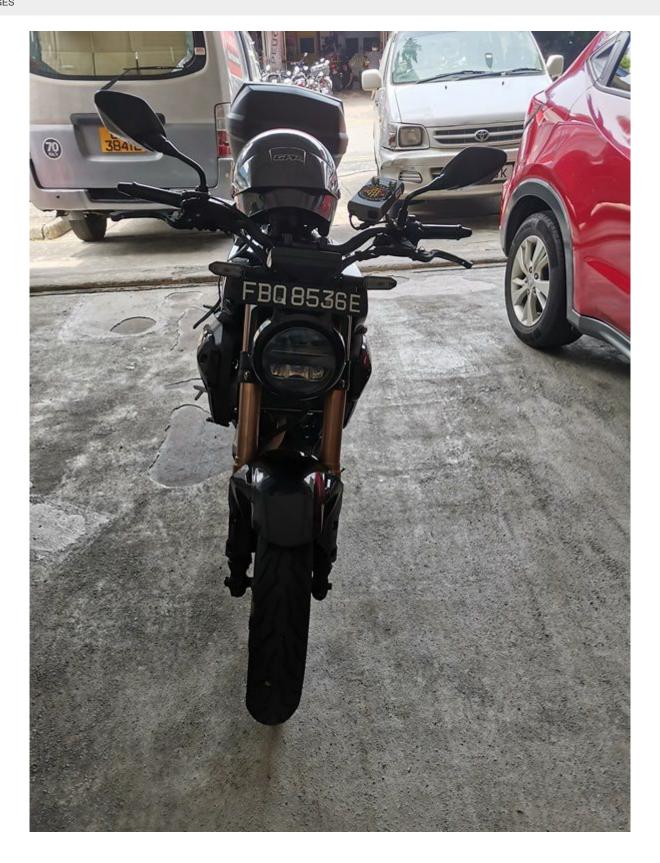
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



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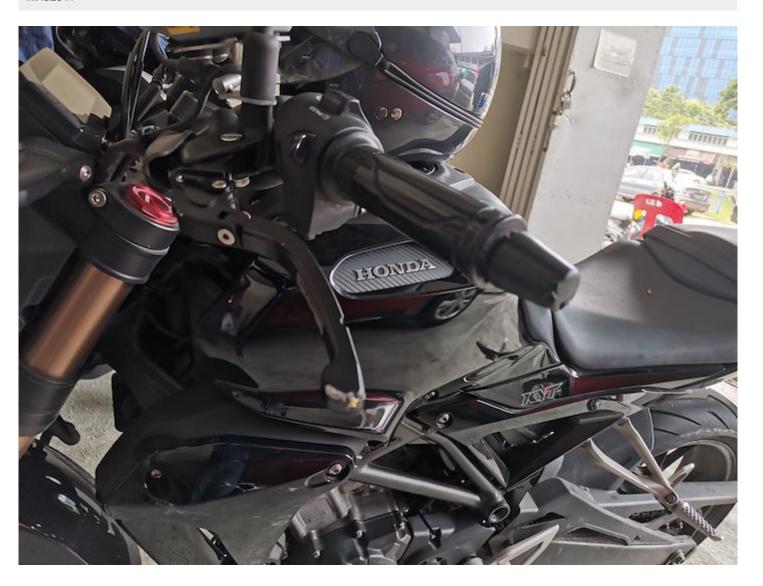


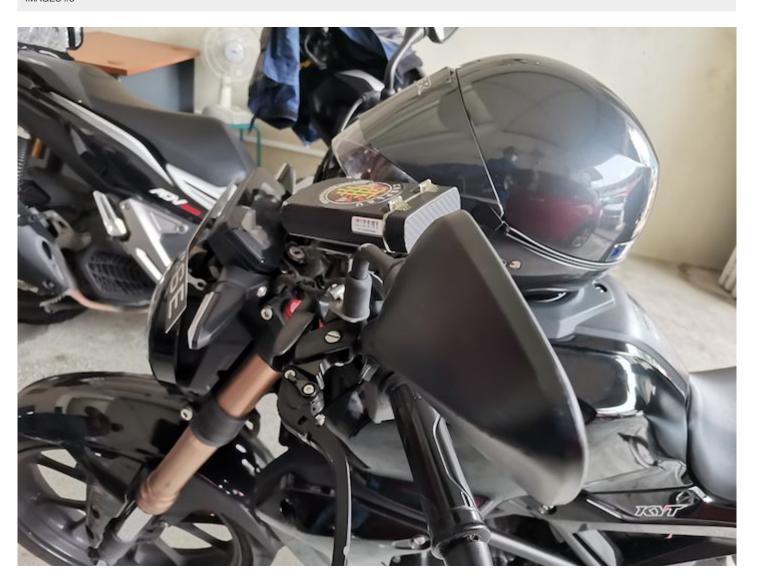


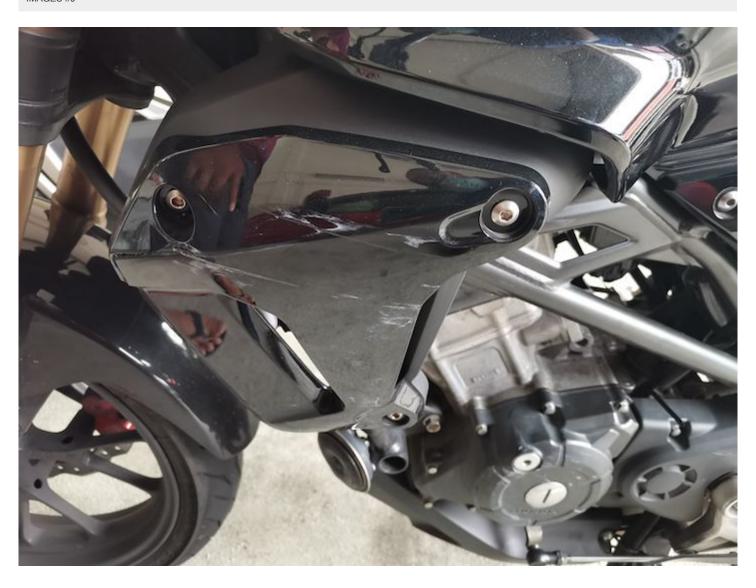






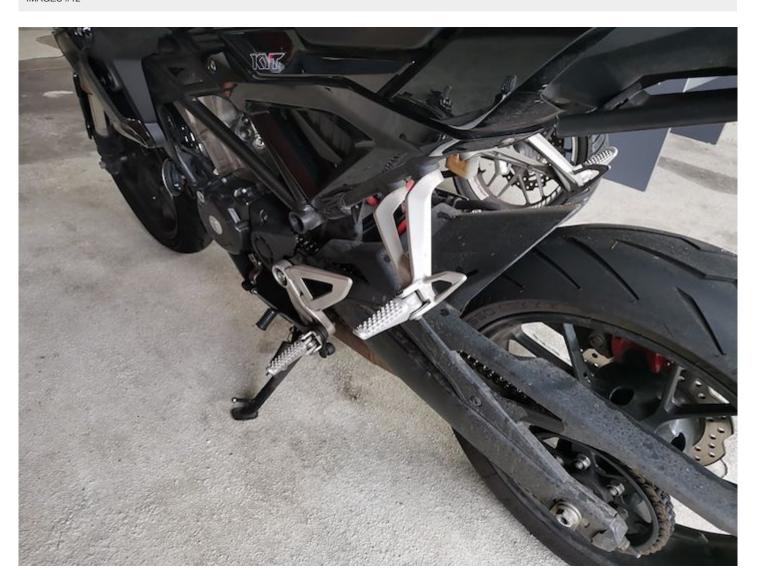








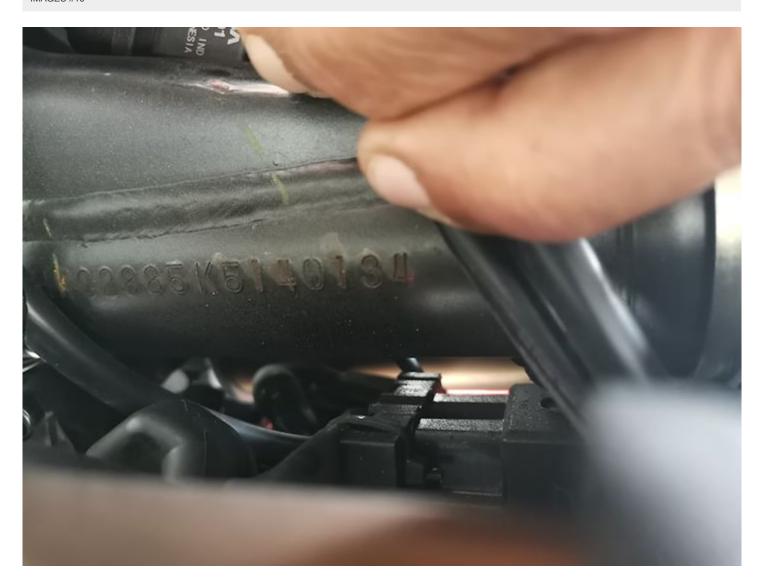




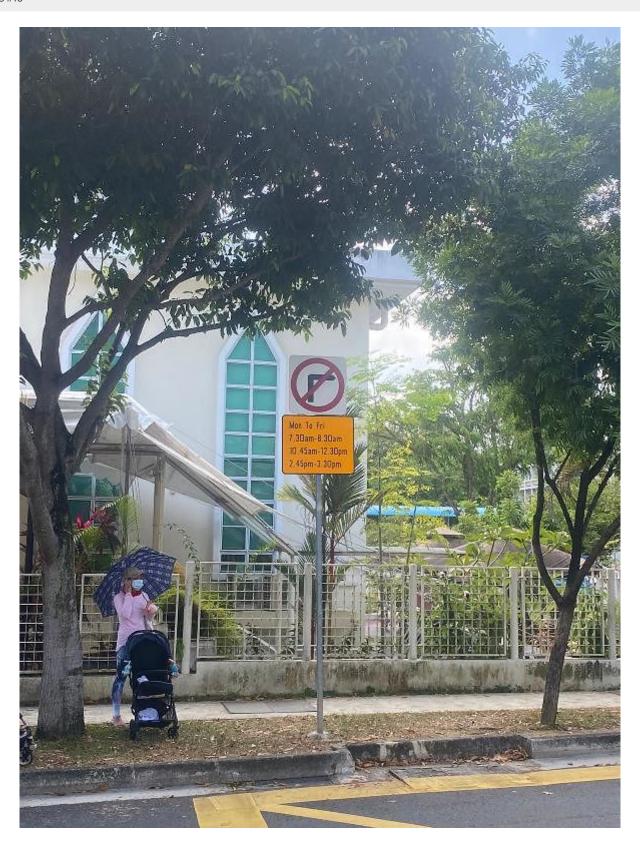
















Report No. T/20210222/2119

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2021 18:09			Vide Report No.:	Station Diary No.: 77	
Informa	nt's Partic	ulars	A LONG BANKS VALUE		
Name or	f Informant:		Address: . APT BLK 165 STIRLING 140165	ROAD #12-1249 SINGAPORE	
ID Type / ID No.: NRIC NO / S9439922Z			Contact No.: Home/Office:	Mobile: 92330439	
National SINGAP	ity: . ORE CITIZ	EN.	Email:		
Sex: Male	Age: 26	Date of Birth: 29/10/1994	Type of Informant:		
Race: Malay		Language:	Institution / School Name:		
Occupation:		Driving Licence Informati Class: 2B	on: Date of Expiry:		

Type of Accident:	Injury Others	354	Drink Drive: No	Date/Time of Accident: 22/02/2021 12:00	Type of Location T-Junction
Location:					
EMPRESS R	OAD				
Weather: Road Surface: Dry			Road Speed Limit: 50 Km/h		
Traffic Flow: One Way	v	1000700	ic Control: Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head	d To Side			Anyone conveyed by ambulance: No

Details of V	ehicle Involve	d		S. Salas		Des Altraction
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBQ8536E	Motorcycle	HONDA	CB150R MANUAL	Red	Slightly Damaged	0
SMF8535K	Car	KIA		Blue	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBQ8536E	NTUC Income Insurance Co-Operative Limited	5115606226-01	15/01/2021	14/01/2022	





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20210222/2119

CONTINUATION OF REPORT

Details of Perso		distributed to	A LEWIS CO.			
Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of Pe	destria	n Cross	eina: NA
Rider		NE SELECT	000 011 0	GCStria	11 0103	Sing. IVA
Name	ARDY ISKANDAR	BIN MUHA	MMAD RAFI	ID No.		S9439922Z
Related Vehicle	FBQ8536E (Motorcycle)			Contact No.		92330439
Hospital/Clinic	ALEXANDRA HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: NIL
Date Treatment	22/02/2021 Date Disc					2/2021
No. of Days gran	O Of Liquid granted Madisalls			Injury		
Driver		是 [1]		,,	o iigiii	Object to the second
Name	Ng Min Huat			ID No		S0163767C
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL		
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

On the abovementioned date, time and location, I was riding along Empress road when a car, SMF8535K, came out from the minor road on the left, failing to check for oncoming traffic. I couldn't evade in time and collided onto the front right bumper of the car. I subsequently went to seek treatment at Alexandra Hospital for back and head injury and was given 3 days of medical leave, commencing on the 22/02/2021. I was diagnosed as having back aches and given medication. I was told to monitor my condition due to my head injury and told to seek treatment again if it persists. My motorcycle is slightly damaged and I had sent it for repair.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20210222/2119

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

D / Sr Staff Sgt HAZALI BIN SANUSI	Signaturé Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2021 18:09
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476229	Classification Of Case:
Authentication Stamp NP168	
SIGNATURE	