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SN08212O0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 24/02/2021 13:14 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (24/02/2021 13:14 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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

D-1-0/15-1-	
Date Of Driving Pass	16/05/2018
Driving experience Gender	2 YEARS AND 9 MONTHS
The state of the s	Male
THE COLUMN TWO IS NOT THE PROPERTY OF THE PROP	(Phone) +65-92330439
Alt. Phone Number Email Address	+65-92330439
Address	zackiskandar5230@gmail.com
	BLK 165 STIRLING ROAD #12-1249
Address complement Postcode	-
	140165
Is the driver the policyholder? If No, Relationship of the Driver with the Insured	Yes
	•
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	
2 State Control of Management (1977)	·
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	0.111
Weather Conditions	Collision - Major/Minor Rd
Road Surface	Clear
	Dry
OTHER INFORMATION	
Was any family with the territory	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident Was anybody injured in the Accident?	2
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	Yes
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?	Ver
Police Station Name	Yes
Police Station Phone No	Queenstown Neighbourhood Police Centre (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?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20210222/2119	
ATTACHMENT(S)	
Are accident photos available for attachment?	V.
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes No
	NO
DETAILS OF OTHER	VEHICLE PROPERTY 1
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	
Vehicle Manufacturer	SMF8535K
Vehicle Model	Kia
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Private car

Contact Number	
Address complement	-
Address complement	-
Postcode	-
Incurance Company Name	_
Nature Of Damage	-
	-
No Of Passanger (Including Drivers)	-
rto. O'r asseriger (including Driver)	100

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	APDVISKANDAD BINI MUULAAMAAD DAGO
Address	ARDY ISKANDAR BIN MUHAMMAD RAFI
Address Complement	-
Post Code	
Approximate Age Years Old	T ^o
Injuries Sustained	TO COMPANY TO THE STATE OF THE
Injured person in which webi-led	SLIGHT INJURY
Injured person in which vehicle?	FBQ8536E
Were seat belts worn?	- 0
Was this injured conveyed to hospital by ambulance?	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.
- 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
- (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.

Al 24/2/2021 1200 Hes

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

	7	->	
KINH'S ROBO	HAI	<u> </u>	
A) FBQ 8536E B) SMF 8535K	18/		
8) SMF 8535K	(A)		1

REF	FIR 7	o Polich	RUPORO	7/20210222/2119	
				1100100001011	
					/
				/	
	-				

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

Driver's Signature (If driver i₀ not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

ACCIDENT'STATEMENT

5	CCIDENT DATE: (22 / .02 / 201	(DD/MM/YYYY), TIME:(IL	. 59 JUHHMMI
L	OCATION: Kings Road to	wards bukit tim	an Rd.
. ja -		NTUC:	APTY EIDE 2 THEETI
*	F)TYPE: (SALOON / COUPE / MP G)VEHICLE CATEGORY: (PRIVAT h) PURPOSE OF USING AT ACCI I) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PA	V / VAN / LORRY MOTORCY JE / COMMERCIAL MOTORCY DENT TIME: WORK IN G.	CLE OTHERS)
	2. INSURED / POLICY HOLDER AJNAME: ARDY ISRAMO b) NRIC/FIN/PASSPORT: 5943 c) ADDRESS: BIK 165 Str	OME 8 MUHDRAFIMA 99222 CONTACT	ALE FEMALES
My of passang Clincluding drive	*CONTINUE TO 3.d IF DRIVER AID DRIVER AID DRIVER DINAME: AS above BINRIC/FIN/PASSPORT: CIADDRESS:		LE / FEMALE)
	*d) DATE OF BIRTH: 129/10 e) OCCUPATION: (INDOOR OU f) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE O IF NO, RELATIONSHIP OF THE 5. a) WEATHER CONDITION: (CLEAR b) ROAD SURFACE (DRY) WET / 6. WAS ANYBODY INJURED (YES) N 7. a) REPORTED TO POLICE (YES) N	TOOOR) 16 MAY 2018 F THE INSURED'S COMPAN DRIVER WITH INSURED: 2 PRAINING / OTHERS OTHERS (O)	OWNER
Ho of passenger Including driver	" C) NRIC/FIN/PASSPORT: S OI	8535 E. MODEL:	KIA .
tho of passenge, Including divive	d) VEHICLE NUMBER: DRIVER'S NAME: NRIC/FIN/PASSPORT:	MODEL:CONTACT;:	

email = zackiskandar 5230@ gmail : com VIDRO Yes





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3 Report No. T/20210222/2119

REPORT OF A TRAFFIC ACCIDENT

22/02/202	e Report N 21 18:09	/lade:	Vide Report No.:	Station Diary No.: 77
Informar	t's Partic	ulars		
	Informant: KANDAR I	BIN MUHAMMAD	Address: APT BLK 165 STIRLING 140165	ROAD #12-1249 SINGAPORE
ID Type / NRIC NO	ID No.: / \$943992	22Z	Contact No.: Home/Office:	Mobile: 92330439
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:	
Sex: Male	Age: 26	Date of Birth: 29/10/1994	Type of Informant: Rider	6-
Race: Malay			Language:	Institution / School Name:
Occupation Rider	on:		Driving Licence Informat Class: 2B	ion: Date of Expiry:

Type of Accident:	Injury Others	la de la companya de	Drink Drive: No	Date/Time of Accident: 22/02/2021 12	2:00	Type of Location: T-Junction
Location:						
EMPRESS RO	DAD		616.0			
Weather: Clear		Road	Surface:		A company	ad Speed Limit: Km/h
Traffic Flow: One Way	4	Traffi	ic Control: Controlled	•	Tra	ffic Volume:
Type of Collisi Between Movi	on: ing Vehicles - Head	d To Side	MIT THE PARTY OF T		Any	vone conveyed by bulance:

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

Details of V	ehicle Insurance		HE GOVERN	Line of the State
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ8536E	NTUC Income Insurance Co-Operative Limited	5115606226-01	15/01/2021	14/01/2022





T/20210222/2119

2 of 3

Report No. T/20210222/2119

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

CONTINUATION OF REPORT

No. of Pedestria	Involved: No ns Injured: NIL					
Rider	ns injured. NIL	Use of Pe	edestria	n Cros	sing: NA	
Name	ARDVISKANDAR DINIMI				ties he addust	
- 1-2-118-12	ARDY ISKANDAR BIN MUHAMMAD RAFI		ID No.		S9439922Z	
Related Vehicle	FBQ8536E (Motorcycle)					
	(wotorcycle)		Conta	act No.	92330439	
Hospital/Clinic	ALEXANDRA HOSPITAL					
*	- I WIND WITHOUT TAL		Class of		Class: 2B	
			Drivin		Date of Expiry: NIL	
			Licent	Date		
Date Treatment	22/02/2021	Date Disc			10004	
No. of Days gran	ted Medical Leave 03	Degree of	Injury	22/02		
Driver		Degree of	Hijury	Slight		
Name	Ng Min Huat		ID No.	a mind a	004007	
			וט ועט.		S0163767C	
Related Vehicle	NIL		Contact No.		NIL	
Hospital/Clinic	NIL		Class	o.f.	Ol- NIII	
			Class of Driving		Class: NIL	
					Date of Expiry: NIL	
		5	Licence & Expiry Date			
Date Treatment	NIL	Date Disch				
No. of Days grant	ed Medical Leave NIL	Degree of	Injury	NIL NIL		
		Degree of	iiijury	IVIL		

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

SIGNATURE

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 **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sr Staff Sgt HAZALI BIN SANUSI	
Signature Of Interpreter: Not applicable	Date/Time:
/	22/02/2021 18:09
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SSI TAY CHUN KEEN	Case.
Contact No.: 65476229	
Authentication Stamp	1

Claim Handling Accident MT/1122189

Policy No.	5115606226-01	Valida Na		
Certificate No.	CONTRACTOR VA	Vehicle No.	FBQ8536E	GST Registration No
Policyholder Name	ARDY ISKANDAR BIN MUHAMMAD RAFI			
Product Code				Policyholder NRIC
Contact No.(Mobile)	MOTORCYCLE INSURANCE 92330439	Cover Type	Third Party, Fire & Theft	Loading
Email Address	32330439	Contact No.(Office)		Contact No.(Home)
KFK	No Yes	Special Remark		eCode
NCD Protection	No	TCA	No Yes	eCode Reason
	NO	NCD Entitlement(%)	10	Private Hire
Report Date				
Date of Accident	24/02/2021 14:37	Accident Report Within 24 hrs	Yes	Accident Type
Reporting Centre	22/02/2021	Time of Accident hh:mm	12:00	Country of Accident
Accident Location	VINC C DOAD	Orange Force		ICM No.
▼ Total Excess Applicable	KING;S ROAD			
Excess Type	Per Accident		1	
	rer Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess		
YIED OD Excess	0.00	YIED TP Excess	0.00	
Additional Excess	(5.554		0.00	Driver is Covered?
Total OD Excess Applicable	0.00	Total TP Excess Applicable	* **	
▽ Benefits		- Applicable	0.00	
	tion	E-William		
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Ver
Modification History			and the state of t	Yes
→ Policyholder Mailing Add	Iress			
Address 1	BLK 50 #13-500	Address 2	COMMONWEALTH DRIVE	Address 3
Address 4	SINGAPORE 142050	Address Type	Singapore address	Post Code
Unit No.	13-500	Related Policy Number	5115606226-01	
♥ OI Driver Info	areast to service the service to the			
Driver Name Unnamed driver Name	ARDY ISKANDAR BIN MUHAMMAD RAFI	Driver Type	Main Driver	
		Driver NRIC	S9439922Z	Driver DOB
Register Date of Driver License	16/05/2018	Driver Age	26	Driving Experience
Contact No.(Mobile) Address 1	92330439	Contact No.(Office)		Contact No.(Home)
	BLK 50 #13-500	Address 2	COMMONWEALTH DRIVE	Address 3
Address 4	SINGAPORE 142050	Address Type	Singapore address	Post Code
Unit No. Does he own a Singapore	13-500			
Registered car?	Yes No	Driver Vehicle No.	FBQ8536E	Driver Insurer Comp.
eclaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	11
lodification History				
5 M M M				
Claim 001 New				
Claim Type *				
Moss			OD-MX	Name ARDY ISI
Contact No.(Mobile)			92330439	Contact No.
			22330433	(Home)
mail Address			ZACKISKANDAR5.	OI 230@GMAIL.C Vehicle FBQ8536
laim Description				Number
laim Description			FBQ8536E / SMF8	8535K ON 22 Feb 2021
referred Vorkshop	Insured Liability Net at Fault			100
entite No. Yes	✓ Repair Preferred Workshop, Na	me unknown V GIA Received		
ate Registered	Option Option	report Received	<u> </u>	Claim
			24/02/2021 14:53	Close Date
ps://giclaim.income.com.s	g/gcs/icm/eclaim/registrationSave.do			
	5 5 September 200			1/3

Report Taken By

Print AK letter

ROSLI WAHAB

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1122189

Yes ○ No

Path *

Claim No.

Upload Date

001

24/02/2021 14:55

Choose File No file chosen
Choose File No file chosen

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Choose File No file chosen
Choose File No file chosen

Choose File No file chosen

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Category *		Confid	ential
Please Select	~	NO	~
Please Select	~	NO	~
Please Select	~	NO	~
Please Select	~	NO	~
Please Select	~	NO	~
Please Select	~	NO	~

A	Attachment Li	st			
	Attachment	Uploaded By/Date	Category	Urgency	Descr
	No.	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55	Photos	Normal	Photos 2
	N. Carlot	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55	Photos	Normal	Photos 2
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55	Photos	Normal	Photos 2
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55	Photos	Normal	Photos 2
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	186	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:55	Photos	Normal	Photos 2
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	8	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:53	Photos	Normal	Photos 2

Claim Handling(accident reporting Claim Task)





NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:53

Photos

Normal

Photos 2

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:53

NRIC/ Driving License

NRIC/ Driving Li-

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Feb 2021 14:53

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