SV0L214M0007 / VICOM LTD (VAC) - Kaki Bukit [415933] ENTRY DATE & TIME: 22/04/2021 12:28 (SGT) SUBMITTED BY: Siti Fadhlon Abdul Kader VERSION: 1 (22/04/2021 12:28 (SGT))

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.

- 4. The issue and acceptance of this is form by instrained 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 22/04/2021 12:28 (SGT) Date of Accident 15/04/2021 15:40 (SGT) Exact Location of Accident Singapore Additional Location Information HOLLAND ROAD TWARDS BUKIT TIMAH (NEXT TO ESSO) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK7686T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD NUR HADI BIN MOHD GHAZALI NRIC No. S9725327G Email Address hadi 7@hotmail.com Mobile Phone No (Phone) +65-82793079 Alternative Phone No +65-82793079

VEHICLE PARTICULARS

Manufacturer

Model PIAGGIO / GILERA RUNNER ST 200 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 Transmission Manual CC 200

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5120297284 Cover Note Number

DRIVER

Name of Driver MUHAMMAD NUR HADI BIN MOHD GHAZALI NRIC No. S9725327G

Date Of Birth 31/07/1997 Occupation Outdoor Date Of Driving Pass 12/01/2017 Driving experience 4 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-82793079 Alt. Phone Number +65-82793079 Email Address hadi 7@hotmail.com Address BLK 419 CLEMENTI AVENUE 1 #16-217 Address complement Postcode 120419 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 Side Swipe Weather Conditions **DRIZZLING** Road Surface \/\eq 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? Yes 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT No.T/20210417/7004; ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD3154D Vehicle Manufacturer Hvundai

Taxi

Vehicle Model

Vehicle Variant
Vehicle Colour
Vehicle Category

HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Name of Driver	ANANDAN S/O SINNAYAN
NRIC No	S6811198F
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 Address	MUHAMMAD NUR HADI BIN MOHD GHAZALI BLK 419 CLEMENTI AVENUE 1 #16-217
Address Complement	-
Post Code	120419
Approximate Age Years Old	23
Injuries Sustained	-
Injured person in which vehicle?	FBK7686T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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

l 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.

 IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

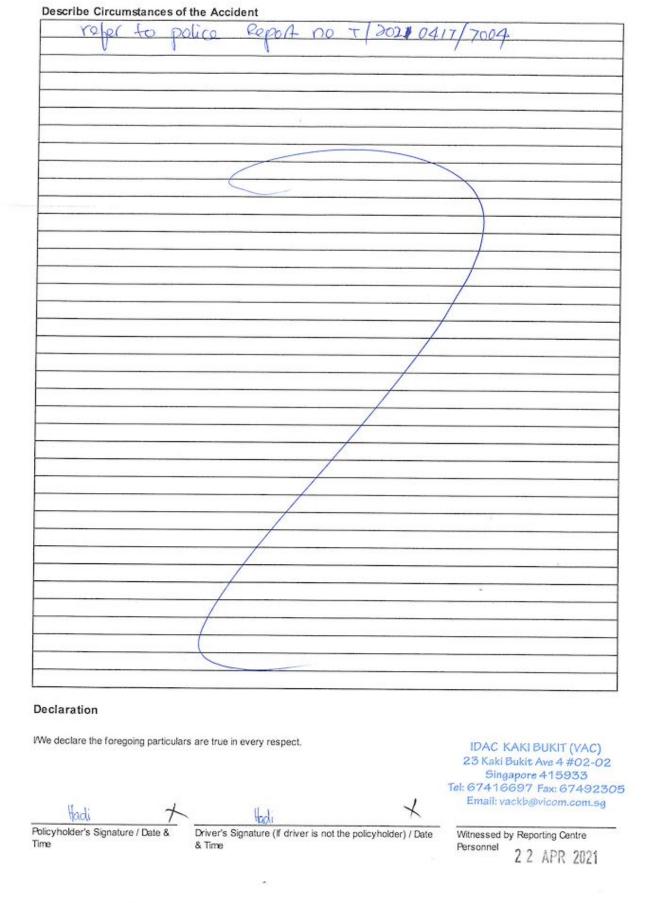
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel 2 2 APR 2021

Sketch Plan

Holland Rood > -
Holland Rood > -
ZHOU - FRK TOSTST

Reader Coad Joan F850





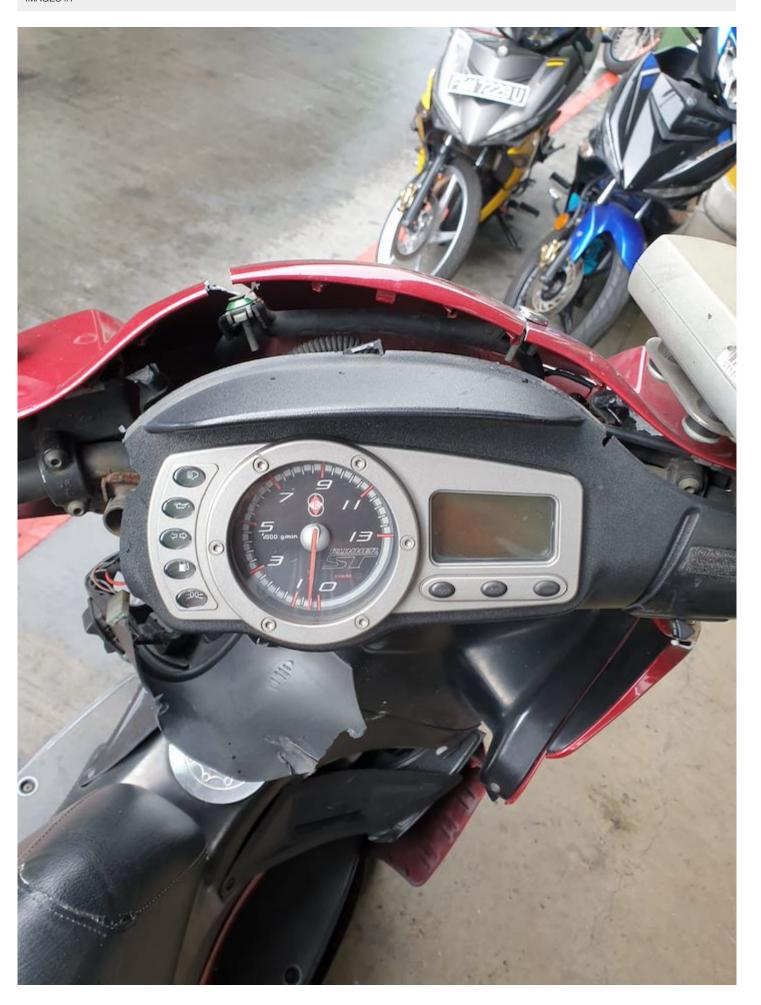




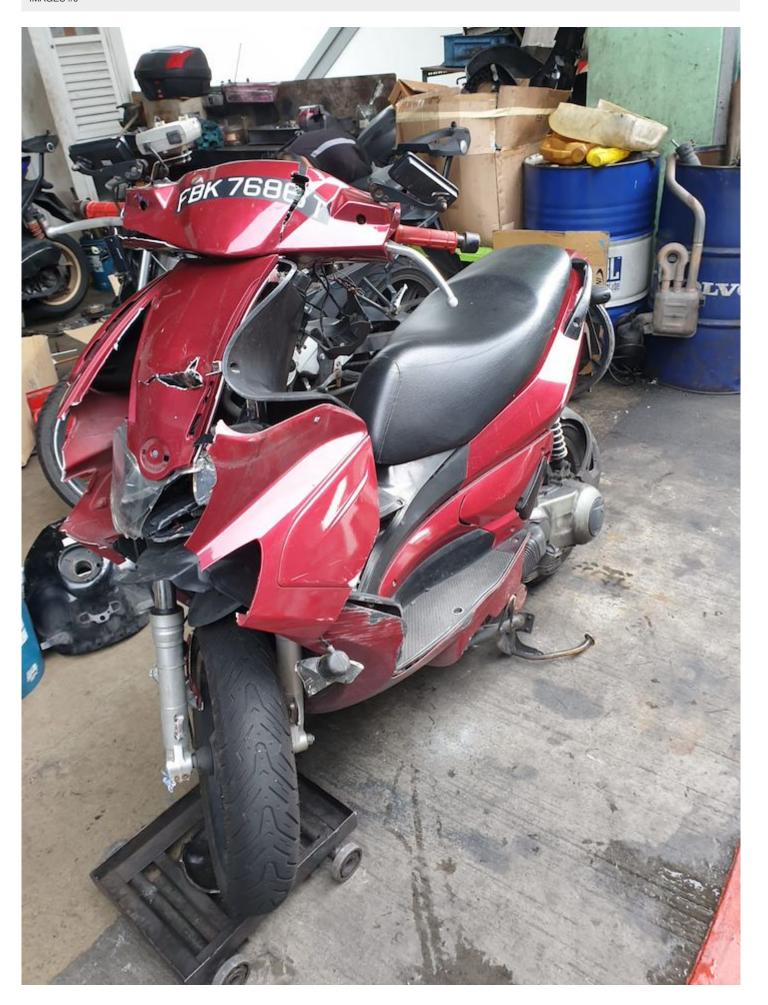




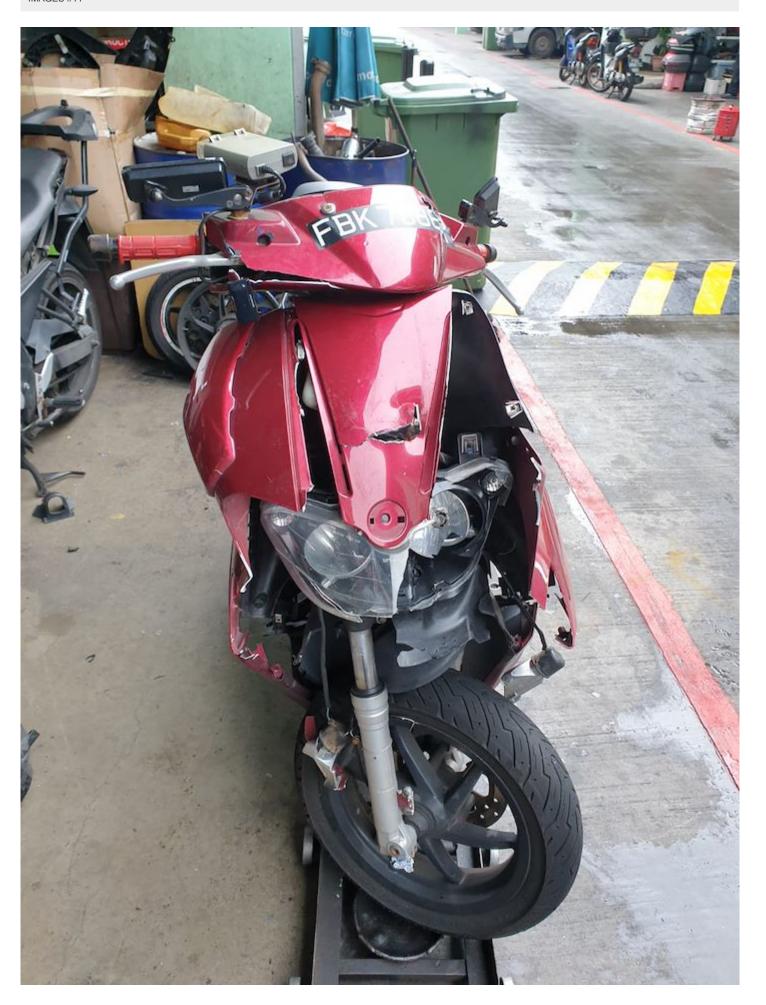
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210417/7004

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 21 09:38	Made:	Vide Report No.: E/20210415/0083	Station Diary No.:		
Informa	nt's Partice	ulars				
Name of Informant: MUHAMMAD NUR HADI BIN MOHD GHAZALI			Address: 693C WOODLANDS AVENUE 6 #11-765 SINGAPORE 733693			
	D Type / ID No.: NRIC NO / S9725327G		Contact No.: Home/Office: Mobile: 82793079			
Nationality: SINGAPORE CITIZEN			Email: HADI_7@HOTMAIL.COM			
Sex: Male	Age: 23	Date of Birth: 31/07/1997	Type of Informant: Rider			
Race: Malay			Language: English	Institution / School Name:		
Occupation: Food Delivery Rider		Driving Licence Inform Class: 2B	ation: Date of Expiry:			

Type of Attended by Police		Drink Drive: No	Date/Time of Accident: 15/04/2021 15:4	Type of Location Straight Road
Location: HOLLAND R	DAD			
Weather:		Road Surface:		Road Speed Limit:
		Wet		
Drizzling Traffic Flow: One Way		Wet Traffic Control: Traffic Light - Work	king	Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBK7686T	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	Red	Seriously Damaged	0
SHD3154D	Taxi	HYUNDAI				0

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000





2 of 4 Report No. T/20210417/7004

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBK7686T	NTUC Income Insurance Co-Operative	5120297284	16/12/2020	15/12/2021	

Details of Perso	n Involved	STATE OF THE PARTY.		22/33		ON SOME BALL DESIGN	
Any Pedestrian I	nvolved: No						
No. of Pedestriar	ns Injured: NIL		Use of Pedestrian Crossing: NA				
Rider		THE STATE OF	PERSONAL PROPERTY.				
Name	MUHAMMAD NUR HADI BIN MOHD GHAZALI			ID No.		S9725327G	
Related Vehicle	FBK7686T (Motorcycle)			Contact No.		82793079	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPIT		PITAL	Class of Driving Licence & Expiry		Class: 2B Date of Expiry: NIL	
Date	15/04/2021 Date		Date	15/04/2021		/2021	
No. of Days granted Medical Leave 14			Degree of	of Serious		us	
Driver		Sign of the last		SE PERM	SHOW.	Manage House and the second	
Name	ANANDAN S/O SINNAYAN			ID No.		S6811198F	
Related Vehicle	SHD3154D (Taxi)			Contact No.		98153567	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL	200000	Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 15 April 2021 (Thu) at about 3.40pm, I was riding straight on the most extreme left lane on my motorcycle bearing registration number FBK 7686T along Holland Road towards Bukit Timah.

Suddenly, one taxi just dashed out while making a right turn towards the direction of Leedon Road without checking for the oncoming traffic condition. As a result, I braked but still hit onto the taxi, causing serious damages to my motorcycle and two handphones.

Traffic Police and paramedic were at scene. Ambulance came and conveyed me to NUH. I was given 14 days of medical leave.

My Motorcycle: FBK 7686T

Taxi: SHD 3154D



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



3 of 4 Report No. T/20210417/7004

CONTINUATION OF REPORT



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



4 of 4 Report No. T/20210417/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is Not applicable required. Signature Of Interpreter: Date/Time: Not applicable 17/04/2021 09:38 Officer In Charge Of Case: Classification Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214 Authentication Stamp

NP168