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 29/04/2021 17:14 (SGT) Date of Accident 29/04/2021 08:20 (SGT) Exact Location of Accident Sembawang Rd, Singapore Additional Location Information Along Sembawang Road, Lamp Post No. 308 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ9455Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Muhammad Rosdi Bin Saidi NRIC No. S8528962D Email Address ben rusdi@live.com Mobile Phone No (Phone) +65-91165325 Alternative Phone No (Home) +65-91165325

VEHICLE PARTICULARS

Manufacturer Honda Model ADV150 ABS CVT 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 149

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number MC/00905974 Cover Note Number

DRIVER

Name of Driver Muhammad Rosdi Bin Saidi NRIC No. S8528962D

Date Of Birth 25/09/1985 Occupation Outdoor Date Of Driving Pass 12/02/2004 Driving experience 17 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-91165325 Alt. Phone Number (Home) +65-91165325 Email Address ben_rusdi@live.com Address Address complement Postcode 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? Yes Was any other vehicle 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 Sembawang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005549999 Police Station Address 4 Sembawang Crescent Singapore 757633 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Traffic Accident Report No. T/20210429/2064 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMT504D Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

Name of Driver

Contact Number				 		. <u>-</u>
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	Muhammad Rosdi Bin Saidi
Gender	Male
Phone No	(Phone) +65-91165325
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ9455Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 7. 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:

- 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' 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;
 - (lii) 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")
- 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
- 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 Date & Time: 29/04/2021 Driver's Signature (If driver is not the policyholder) Date & Time:

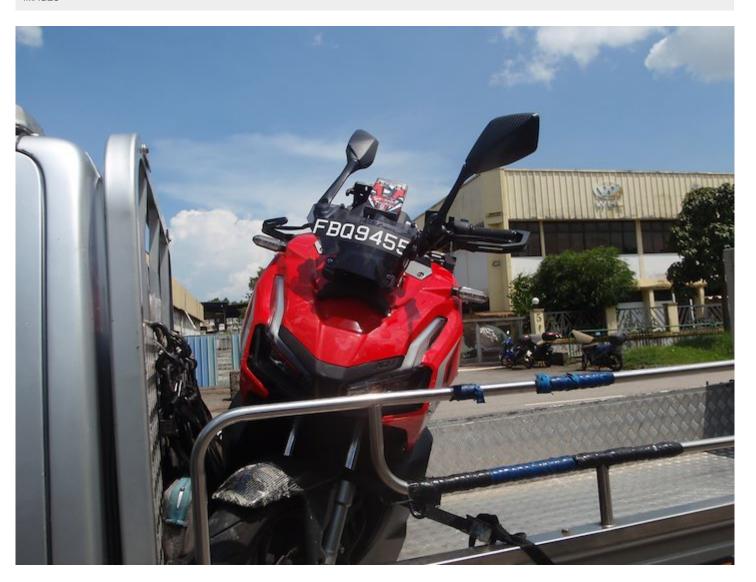
Reporting Centre Personnel's Signature Name: Hagnianak

NRIC/FIN No.: 484F

GIARMC SketchPlanForm_V3

TCH PLAN																	
											-	-		-	-	-	-
					111											\parallel	1
+++++	HH		111	+++	111	-				-	-	H	+		+	++	+
				1-1-1									1				+
													H				1
		-	+++														+
													H				
																	1
	+++		+++	-	+			+					H		-		+
								-		-				-	-		-
																	1
				+++	1	11						-			+		+
+++++	HH		-			-							H	+	+	-	+
SCRIBE CIRCUN	MSTANCES (C TUE	ACCIDI	ENIT													
							-,				_						
Refer to	Traffic	Accid	dent	Repo	rt h	10.7	/20	12/0	941	29/	206.	4.					
										-							
LARATION																	
	going particu	lars are	true in e	every res	spect.												
	going particu	lars are	true in e	every res	spect.							21					
CLARATION e declare the fore	going particu	lars are	e true in e	every res	spect.												
e declare the fore					spect.				Rer	oortin	g Central	re Pet	rsonr	nel's s	Signa	iture	
	e 2021	Di (H	true in e	gnature s not the		lder)			Rep	oorting ne: H	g Central Agriculture	re Per	rsonn	nel's S	Signa	iture	

CANBELLE STREET genormatic (c mus (oso)























1 of 3

Report No. T/20210429/2064

Police Station Of Origin:

Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

	Pate/Time Report Made: 9/04/2021 13:52		Vide Report No.: L/20210429/0069	Station Diary No.: 49			
Informa	nt's Partic	ulars					
Name of Informant: MUHAMMAD ROSDI BIN SAIDI			Address: APT BLK 590C MONTREAL LINK #04-57 SINGAPORE 753590				
	/ ID No.: D / S85289	62D	Contact No.: Home/Office:	Mobile: 91165325			
National SINGAP	ity: ORE CITIZ	EN	Email:				
Sex: Age: Date of Birth: Male 35 25/09/1985			Type of Informant: Rider				
Race: Boyanes			Language: English	Institution / School Name:			
Occupation: Environmental Control Officer			Driving Licence Informatio Class: 2B,2A,2,3	n: Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambulan	Drink ce Drive: No	Date/Time of Accident: 29/04/2021 08:2	Type of Location: T-Junction		
Location: SEMBAWAN	47 9030000					
Lamp Post Number: 308 Weather: Roa Clear Dry		oad Surface:		Road Speed Limit:		
Traffic Flow: Two Way	1.00	raffic Control: ot Controlled		Traffic Volume: Light		
Type of Collis	sion: ring Vehicles - Head To Side		Anyone conveyed by ambulance:			

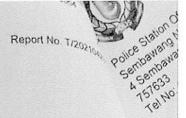
Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBQ9455Z	Motorcycle	HONDA	ADV150 ABS CVT	Red	Seriously Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBQ9455Z	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00905974	06/03/2021	05/03/2022		



Police Station Of Origin: 4 Sembawang Crescent SINGAPORE Tel No: 1800-5549999

CONTINUATION OF REPORT



Details of Person		Use of Ped	estrian	Cross	ing: NA
No. of Pedestrial Rider	MUHAMMAD ROSDI BIN SAIDI		ID No.		S8528962D
Name	FBQ9455Z (Motorcycle)		Contac	ct No.	91165325
Related Vehicle			Class	of	Class: 2B,2A,2,3
ospital/Clinic KHOO TECK PUAT HOSPITAL			Driving Licence Expiry	e &	Date of Expiry: NIL
- I - Tesatmont	29/04/2021	Date Disch			1/2021
Date Treatment	ted Medical Leave 05	Degree of	Injury	Sligh	t

Brief Details.

On 29/04/2021 at about 0820hrs, I was riding my vehicle bearing the registration number FBQ9455Z on lane 2 along Sembawang Rd heading to Canberra St, when I approached the junction near Sembawang CC. As I was riding past the junction, a white car had came out from the opposite road towards my right. As such I was unable to brake in time and had collided onto his front left part of the vehicle. I then fell to the ground and I was unable to get up as my motorcycle was on my leg. The car behind me had came out to give me assistance. They then called the police and ambulance.

Subsequently the ambulance came and I was conveyed to Khoo Teck Puat Hospital. I suffered from abrasion on my left leg and right rib, and also swollen shin. I was give 5 days MC. I am unsure of the damages to my motorcycle.





/20210429/2064

3 of 3

Report No. T/20210429/2064

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

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 **report number** as reference.

CONTINUATION OF REPORT

Signature Of Officer Reco L / Staff Sgt HAZIQ HAMIZI I	(1)	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 29/04/2021 13:52
Officer In Charge Of Case TP / GIT / Sr Staff Sgt MOHAMMED Contact No.: 65476206		Classification Of Case:
Authentication Stamp NP168	Signature	
	Singapore Police	Force