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.

 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 24/06/2021 17:03 (SGT) Date of Accident 23/06/2021 20:50 (SGT) Exact Location of Accident Singapore Additional Location Information **BUKIT BATOK CENTRAL** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBI 7603C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMMAD IRFAN BIN SUTARI NRIC No SXXXX007Z

Email Address irfan.nafri57@gmail.com Mobile Phone No (Phone) +65-87812444 Alternative Phone No +65-87812444

VEHICLE PARTICULARS

Yamaha Model Fz16 Variant

Exact purpose for which vehicle was being used at time of accident

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

Vehicle Category Transmission

CC

Manual 150

Employment

Motorcycle

No - Claiming third party

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type of Coverage ThirdParty Fleet Policy

Policy Number 5117173882-01 (TP)

Cover Note Number

DRIVER

Name of Driver MUHAMMAD IRFAN BIN SUTARI SXXXX007Z

Accident report SV0M216O000K

Date Of Birth 23/12/1998 Occupation Outdoor Date Of Driving Pass 07/04/2018 Driving experience 3 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-87812444 Alt. Phone Number +65-87812444 Email Address irfan.nafri57@gmail.com Address BLK 289F #02-124 BUKIT BATOK STREET 25 NATURE VIEW Address complement Postcode 655289 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 Collided into Motorcyclist 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 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? Police Station Name Hong Kah North Neighbourhood Police Post Police Station Phone No (Phone) +65-18005679999 Alt. Police Station Phone No (Fax) +65-65652508 Police Station Address Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT (ATTENDED BY: JAMES NG) ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number sha4313x Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	LEE BENG YEOW
NRIC No	SXXXX980J
Contact Number	(Phone) +65-92970956
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 IRFAN BIN SUTARI
Address	BLK 289F #02-124 BUKIT BATOK STREET 25 NATURE VIEW
Address Complement	-
Post Code	655289
Approximate Age Years Old	22
Injuries Sustained	LEFT KNEE AND LEFT ANKLE - MAJOR SWOLLEN AND
	ABRASION. BOTH ARMS ABRASION.
Injured person in which vehicle?	FBL7603C
Were seat belts worn?	-
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.
- 3. 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.
- 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)

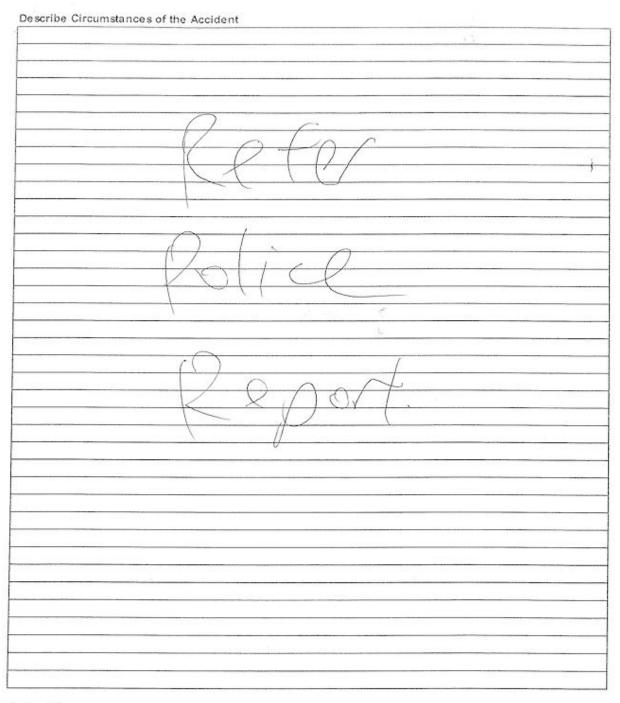
Lunderstand, acknowledge, agree and consent that:

- (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' lawyers/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.





Declaration

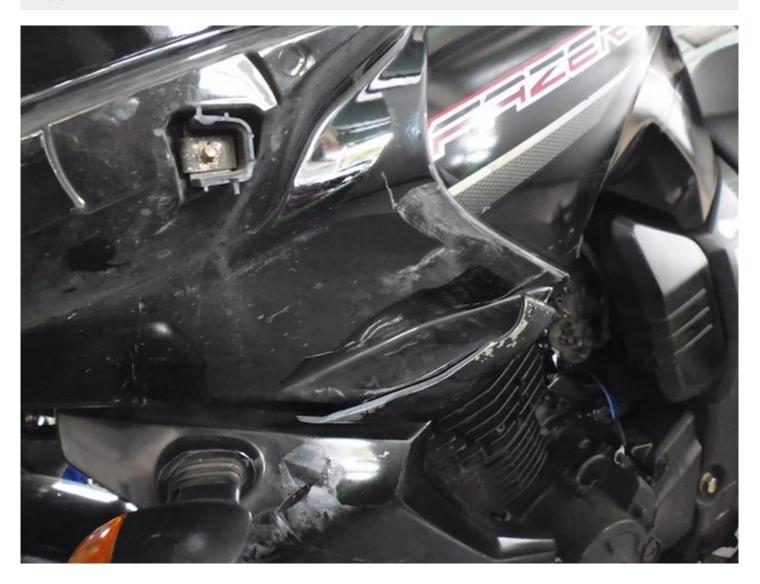
I/We declare the foregoing particulars are true in every respect.

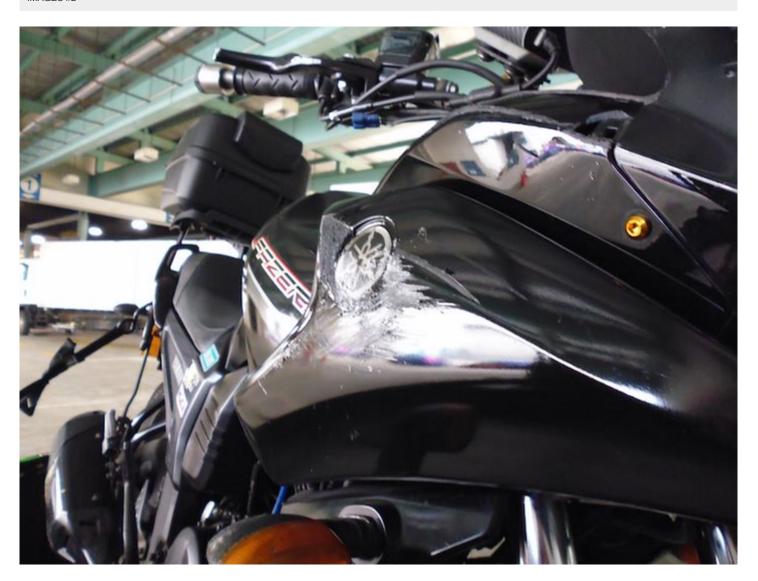
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre
Personnel
NG WING KIN JAMES
admin.vac@vicom.com.sg

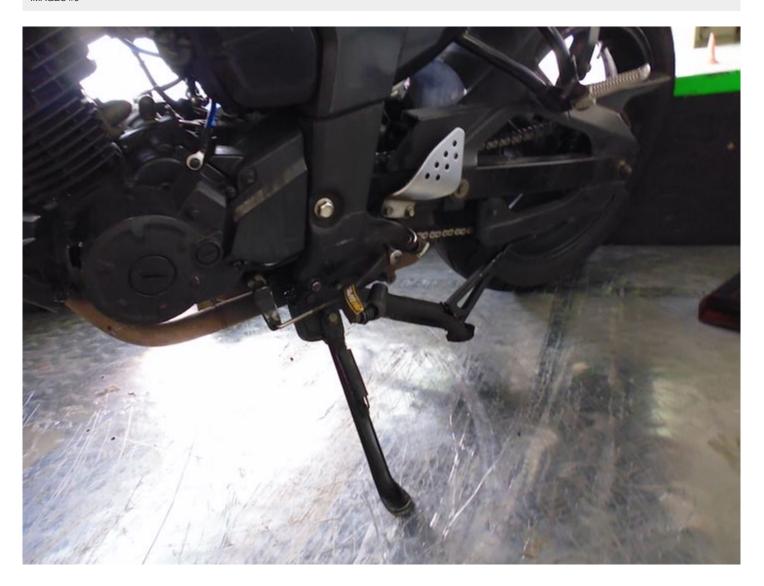
24 /00 2021

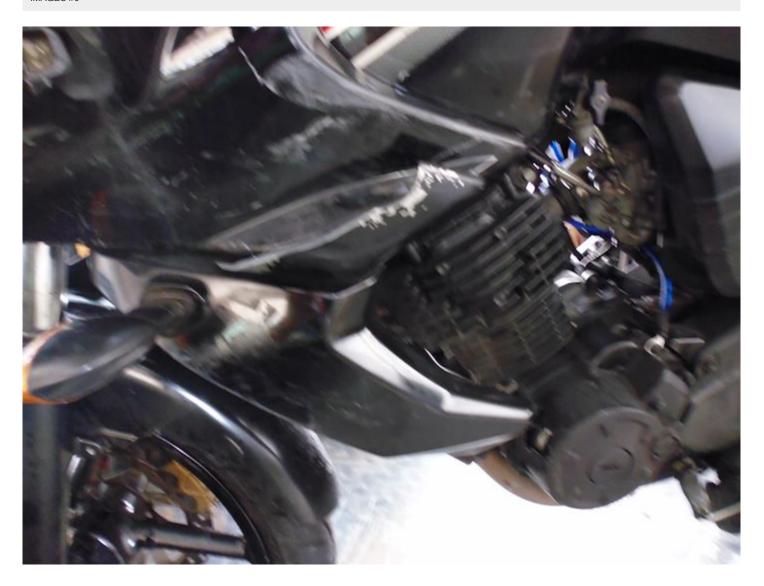


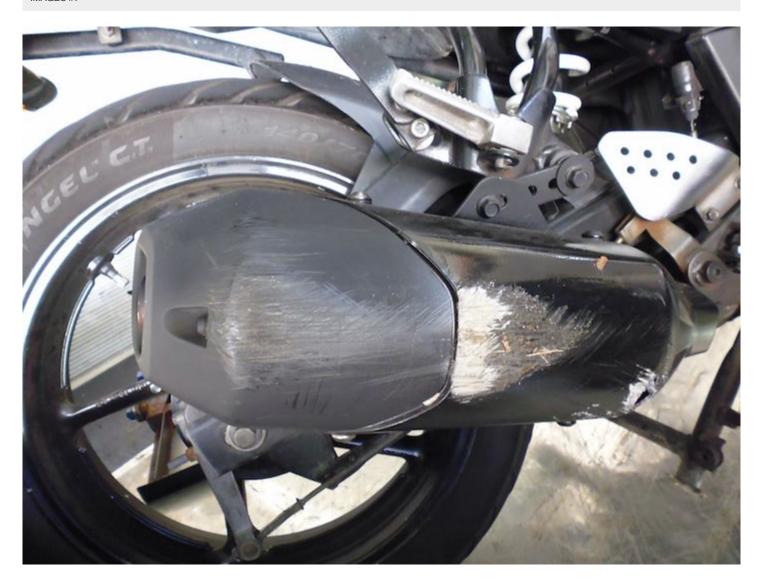


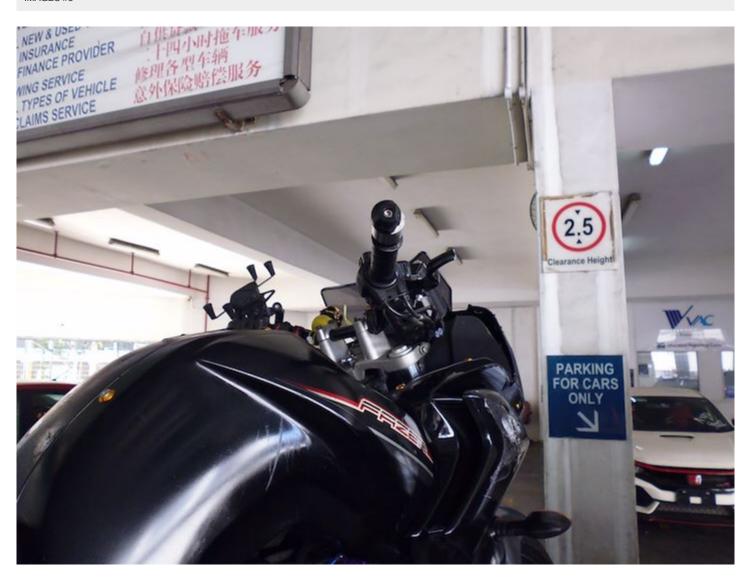


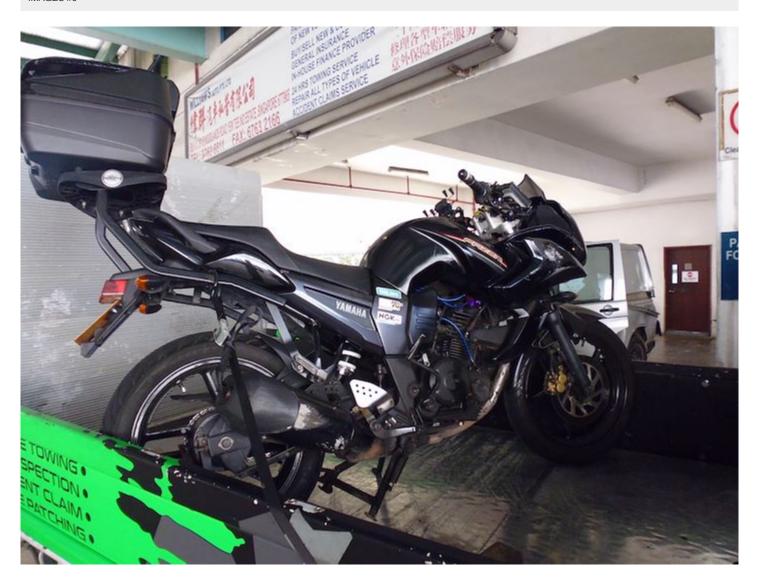






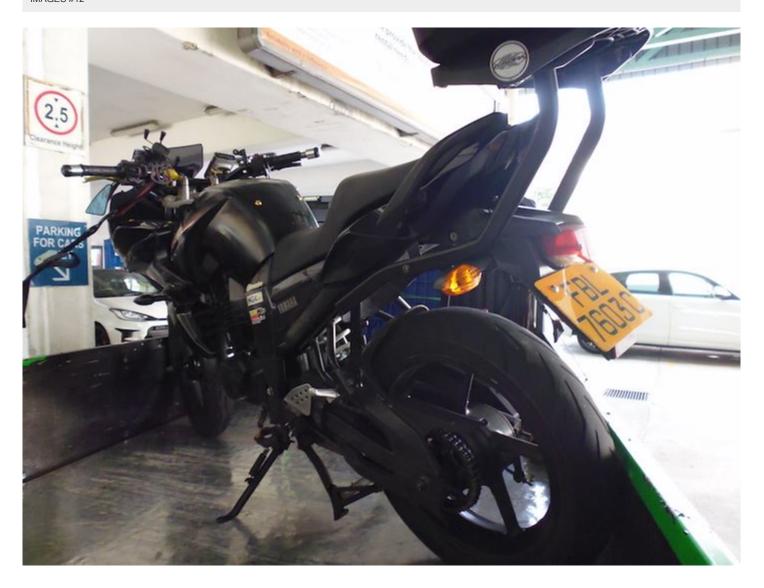




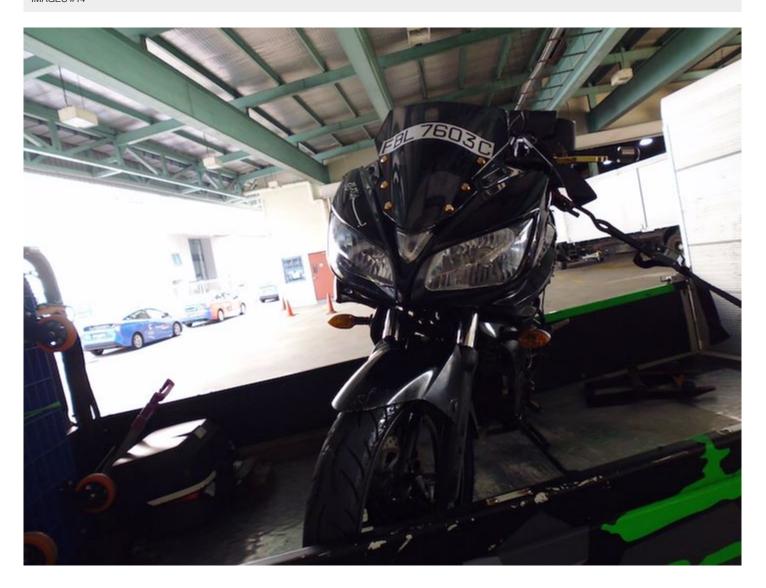














Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999 1 of 3 Report No. T/20210624/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2021 15:47		Vide Report No.: J/20210623/0126	Station Diary No.: 31		
Informa	nt's Partic	ulars	Marie di persona		
	f Informant: IMAD IRFA	N BIN SUTARI	Address: APT BLK 289F BUKIT SINGAPORE 655289	BATOK STREET 25 #02-124	
ID Type / ID No.: NRIC NO / S9842007Z		Contact No.: Home/Office:	Mobile: 87812444		
National SINGAF	ity: ORE CITIZ	EN .	Email:		
Sex: Male	Age:	Date of Birth: 23/12/1998	Type of Informant: Rider		
Race: Javanese		Language: English	Institution / School Name:		
Occupation: Delivery rider		Driving Licence Informa Class: 2B,2A,3	ation: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambula	Drink ance Drive: No	Date/Time of Accident: 23/06/2021 20:5	Type of Location T-Junction	
BUKIT BATO Weather:		Road Surface:		Dood Coord Limits	
Clear Dry				Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
	Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBL7603C	Motorcycle	YAMAHA	FZ16ST	Black	Slightly Damaged	0
SHA4313X	Car					0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBL7603C	NTUC Income Insurance Co-Operative Limited	5117173882-01	14/04/2021	13/04/2022	





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999 2 of 3 Report No. T/20210624/2064

CONTINUATION OF REPORT

Any Pedestrian I	n Involved nvolved: No		and the same of the same			
No. of Pedestrian			Use of P	edestria	n Cross	sing: NA
Rider					SIGNA	
Name	MUHAMMAD IRFAN BIN SUTARI			ID No).	S9842007Z
Related Vehicle	FBL7603C (Motorcycle)			Conta	ct No.	87812444
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licen Expin	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	23/06/2021 Date Dis			charge	24/06	3/2021
No. of Days gran	ted Medical Leave	Degree o			San market and a second	
Driver						Allowed to the second
Name	LEE BENG YEOW			ID No		S1378980J
Related Vehicle	SHA4313X (Car)			Conta	ct No.	92970956
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	e tap are en er	Date Dis	charge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

On 23.06.2021 at about 2050hrs, I was riding my motorcycle no.FBL7603C along Bukit Batok Central beside West Mall Shopping Mall behind a Comfort taxi no. SHA4313X. Upon reaching at the junction of Bukit Batok Central Link, the said taxi was seen moving to the left to Bukit Batok Central Link as seem making a left turn to Bukit Batok Central Link. Thus I decided to overtake the said taxi from its right side. But unfortunately the said taxi did not turn left turn to Bukit Batok Central Link but instead the taxi turned to the right after that, to made a U-turn to the opposite road at Bukit Batok Central towards Bukit Batok Bus Interchange. While the said taxi was making the illegal U-turn, it hit the left side of my motorcycle as my motorcycle overtaking it from its right side from behind. There was no signal light from the said taxi when making the U--turn. The impact caused me to flung forward and landed on my left knee. After which I was conveyed to Ng Teng Fong General Hospital. I was discharged shortly after on 24.06.2021 with no medical leave as I did not want it upon offered by the hospital staff. I sustained abrasion on my left knee to ankle and on my both elbows with a major swelling on my left knee and ankle.





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999 3 of 3 Report No. T/20210624/2064

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 **report number** as reference.

Signature Of Officer Recording The Report: J / Sr Staff Sgt ABDUL RAHMAN BIN ABDUL MALIK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2021 15:47
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP168 POLICE FORCE WARRINGSTON W. SIGNATURE	