ASB. REW BY Steve - CS3/A14	21011296/EVF3: 1.
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To Inspect Vehicle No: FBJ 1215P	Truck/Troller or
el Workshop m/s FBJ 1215P	Maker: Yama ha Jupiter co 135
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Insured: SJS 8525G	Sp. Rooding . 46615 TIRENTO; Insured 1 Std I NI I N
, VUVY NO.	Eng/No:
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 notice liability. 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 or this Form by insurance companies is not an aumission of policy insurance.

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 aforesald.

ACCIDENT STATEMENT

Date of Submission

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

03/11/2021 14:22 (SGT)

27/10/2021 08:45 (SGT)

Singapore

AYER RAJAH EXPRESSWAY

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBJ1215P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

SAYARI B JURI

S1713571F

SUFFI_AN@HOTMAIL.COM

(Phone) +65-91848428

+65-91848428

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

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

Vehicle Category

Transmission

Jupiter mx 135

Private use

No - Claiming third party

Motorcycle Manual

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd

ThirdPartyFireTheft

No

5069207571-06

DRIVER

Name of Driver

NRIC No

MUHAMMAD SUFFIAN BIN SAYARI

S9100887D

Accident report SN0721B3000G

Page 1 of 14

Date Of Birth 09/01/1991 Occupation Date Of Driving Pass Indoor 11/01/2017 Driving experience Gender 4 YEARS AND 9 MONTHS Mobile Number Alt. Phone Number (Phone) +65-91848428 Email Address Address SUFFI_AN@HOTMAIL.COM **BLK 411 HOUGANG AVENUE 10 #05-1000** Address complement Postcode 530411 Is the driver the policyholder? If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver No Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane 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 vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Hougang Neighbourhood Police Post Police Station Address Blk 357 Hougang Avenue 7 #01-805 Singapore 530357 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT AND SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident EMAIL TO MOTORVIDEO@INCOME.COM.SG Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJS8525G Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

UNKNOWN

Name of Driver

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

Gender

Phone No

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

MUHAMMAD SUFFIAN BIN SAYARI

Male

(Phone) +65-91848428

BLK 411 HOUGANG AVENUE 10 #05-1000

530411

30

MULTIPLE ABRASION AND LEFT HAND FINGER FRACTURED

FBJ1215P

Yes

SKETCH PLAN

IMPORTANT NOTICE

- In Please report porrectly the details of the accident to speed up the claims process.
- 17 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 willul misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The listic and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance assessing.
- 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 locament 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.
- Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that:

- (2) 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 rehicle(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)
 - (i) processing, handling and/or dealing with my dalms including the settlement of the claims and any necessary Investigations relating to the claims,
 - (ii) investigating the accident and/or my claims;

(iii) corying out and/or dealing with my instructions or responding to any enquiries by me;

- (Madministering 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the
- (b) 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,
- (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
 - (0) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1415178

ersonnel's Signature

NRIC/FIN No.:

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DECLARATION I/We declare the incego	oing particulars are true in	every respect			
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SINGAPORE POLICE FORCE

1013 Report No. T/20211027/2039

Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

REPORT OF A TRAFFIC ACCIDENT

Call Francisco		the same of the sa
Date/Time Report Made:	Vida Daned Ma :	Station Diary No.:
27/10/2021 44.22	Vide Report No.:	Station Bio.
27/10/2021 14:38		11

		- 10 TH - 1 1	2507	The same of the sa
Informar	it's Partici	ilars		The second secon
Name of Informant: MUHAMMAD SUFFIAN BIN SAYARI ID Type / ID No.:			Address: APT BLK 411 HOUGANG A 530411	VENUE 10 #05-1000 SINGAPORE
NRIC NO	ID No.: 0 / S910088	87D	Contact No.: Home/Office:	Mobile: 91848428
Nationality: SINGAPORE CITIZEN			Email:	
Sex; Male	Age:	Date of Birth: 09/01/1991	Type of Informant: Driver.	in the same and th
Race: Malay			Language:	Institution / School Name:
Occupation: PROJECT COORDINATOR			Driving Licence Information: Class: 2B,3,4	

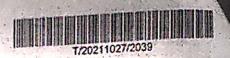
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive:	Date/Time of Accident:	Type of Location: Straight Road
Location:		1.110	27/10/2021 08:45	

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To S	ide	Anyone conveyed by ambulance:

Chicle No.	Type	Make	Model	Color	The state of the s	
manufacture and the Style Party S	Motorcycle		moder	Color	Condition	No of Passenge
	motorcycia				Slightly	0
SJS8525G	Car	ALCO TO THE REAL PROPERTY.			Damaged	
	33			the latter of	Slightly	0



Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999



2013

Report No. T/20211027/2039

CONTINUATION OF REPORT

Brief Details.

On 27/10/2021 at about 0843hrs, I was driving my motorbike(FBJ1215P) along AYE towards tuas near exit 15A on the second lane and nothing was amiss.

Subsequently, one vehicle(SJS8525G) swerved from the rightmost lane to my lane. The other party did signal however, his turning was abrupt and as such I collided on to the left side of his vehicle.

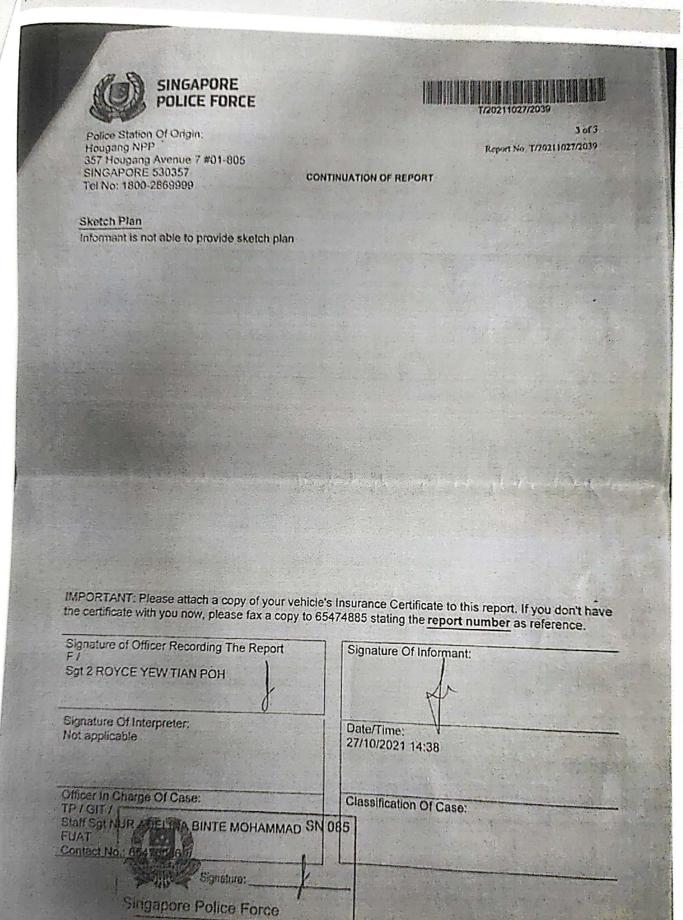
The other party then immediately called for ambulance. Police attended to my scene but I do not remember the incident number and I do not have a case card as I was conveyed by the ambulance. I was subsequently conveyed to Ng Teng Fong Hospital.

My motorcycle do not have any in-car CCTV. My motorbike sustained damages however, I am unsure as I was injured and is unable to make a check on my motorbike. The other party informed that he is feeling fine. We did not exchange particulars as I am not in the right shape to do so.

No government property damaged.

I was given 14days Hospitalization Leave from 27/10/2021 to 09/11/2021.

The purpose of this report is for insurance purposes.



FOR MOTORCYCLE

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3004	991771	Front Fender Wheel Guard	OR	1	4120	100
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3070		585	Chain Guard	-		-	-	
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3073		5245	Rear LH Signal Lamp	- -		-	-	-
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