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.

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 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 09/11/2021 11:05 (SGT) Date of Accident 30/10/2021 12:00 (SGT) Exact Location of Accident Singapore Additional Location Information **CENTRAL EXPRESSWAY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ8578X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ALIF DANIAL BIN BORHAN NRIC No. S9309675D Email Address alif danial@hotmail.sq Mobile Phone No (Phone) +65-88940028 Alternative Phone No +65-88940028

VEHICLE PARTICULARS

Manufacturer Model R1200GS ADVENTURE ABS MANUAL 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 Auto CC 1170

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number MC/00790878/01 Cover Note Number

DRIVER

Name of Driver ALIF DANIAL BIN BORHAN NRIC No. S9309675D

Date Of Birth 19/03/1993 Occupation Outdoor Date Of Driving Pass 12/01/2018 Driving experience 3 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-88940028 Alt. Phone Number +65-88940028 Email Address alif_danial@hotmail.sg Address BLK 316A ANG MO KIO ST 31 #06-303 Address complement Postcode 562316 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 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Teck Ghee Neighbourhood Police Post Police Station Address Blk 321 Ang Mo Kio Street 31 Singapore 560321 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PC4310Z Vehicle Manufacturer Vehicle Model

Bus

Accident report SC1P21B90001

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address	 	
Address complement		
Postcode		<u>-</u>
Insurance Company Name		 <u>-</u>
Nature Of Damage		
Details of property damaged in accident		<u>-</u>
No. Of Passenger (Including Driver)		<u>-</u>

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement	ALIF DANIAL BIN BORHAN Male (Phone) +65-88940028 BLK 316A ANG MO KIO ST 31 #06-303 562316
Post Code	-
Approximate Age Years Old Injuries Sustained	28 REFER TO INSURED
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	FBJ8578X No Yes

SKETCH PLAN

VEHICLE NO: FBJ 8578 X DATE OF ACCIDENT: 30/10/2021

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 <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>.
- 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 forw arded 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

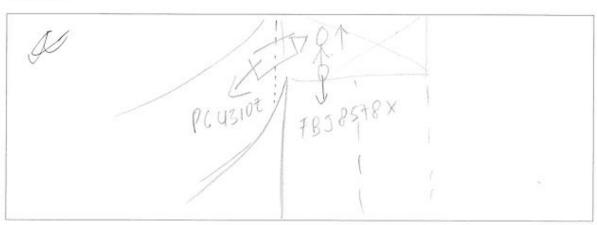
- (a) My insurer, my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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 w ith 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 (C. A.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident VEHICLE NO: FBJ 8578 X DATE OF ACCIDENT: 30/10/2014

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- 1/1				
- D				
V				_
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				900111
REPORTING ONLY ()	OWN DAMAGE ()	THIRD DARTY	OWNUMBER	00/11
THE ORTING ONLT ()	OWIN DAIWAGE ()	THIRD PARTY	OWN WORKSH	OPIN

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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





Police Station Of Origin: Teck Ghee NPP

321 Ang Mo Kio Street 31 SINGAPORE

560321

Tel No: 1800-4599999

1 of 3 Report No. T/20211030/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No .: Station Diary No.: 30/10/2021 20:47 25 Informant's Particulars Name of Informant: Address: ALIF DANIAL BIN BORHAN APT BLK 316A ANG MO KIO STREET 31 #06-303 SINGAPORE 562316 ID Type / ID No .: Contact No.: NRIC NO / S9309675D Home/Office: Mobile: 88940028 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 28 19/03/1993 Rider Race: Language: Institution / School Name: Boyanese English Occupation: Driving Licence Information: DELIVERY RIDER Class: 2B,2A,2,3 Date of Expiry:

General Inform	mation of the Accident			
Type of Accident:	Injury Conveyed By Ambulano	Drink e Drive: No	Date/Time of Accident: 30/10/2021 12:00	Type of Location X-Junction
Location: CENTRAL EX Weather:		210		
Clear	0.289	Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffic Control: Traffic Light - Working			rking	Traffic Volume: Light
Type of Collisi Between Movi	on: ng Vehicles - Head To Side			Anyone conveyed by ambulance: Yes

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBJ8578X	Motorcycle	BMW	R1200GS ADVENTUR E ABS MANUAL	White	Seriously Damaged	
PC4310Z	Bus/Coach/Mi nibus				Slightly Damaged	0

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





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 2 of 3 Report No. T/20211030/2084

Tel No: 1800-4599999

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBJ8578X	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00790878/01	30/03/2020	11/07/2022	

Details of Perso	n Involved		144-54-175			
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL	Della Cilization a	Use of Pe	destriar	Cross	sing: NA
Rider						
Name	ALIF DANIAL BIN BORHAN			ID No		S9309675D
Related Vehicle	FBJ8578X (Motorcycle)			Conta	ct No.	88940028
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licens Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/10/2021 D		Date Disc		NIL	
No. of Days gran	ted Medical Leave	21		egree of Injury Serious		us

Brief Details.

On 30/10/2021 at 1200hrs, I was riding my motorcycle FBJ8578X along the CTE sliproad after Braddell Road towards SLE. Suddenly, a 13 seater minibus PC4310Z came from the left and collided into me. He was supposed to give way to me at that junction. I am unable to recall much due to the accident.

Subsequently, Traffic Police and ambulance came. The TP officer told me that they will move my motorcycle to the TP compound. I was then conveyed to Tan Tock Seng Hospital and given 21 days of MC from 30/10/2021 to 19/11/2021. MC No. TTSH21200188





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 3 of 3 Report No. T/20211030/2084

Tel No: 1800-4599999

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 F /	Signature Of Informant:
Sgt 2 Nicholes Wong Wen En	- A
Signature Of Interpreter:	Date/Time:
Not applicable	30/10/2021 20:47
Officer In Charge Of Case:	Classification Of Case:
SI MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	
Authentication Stamp	