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	14/12/2021 11:17 (SGT)
Date of Accident	13/12/2021 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR3669H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD KHAIR FADLI BIN MOHAMAD YUSOF
NRIC No	S8537209B
Email Address	FADLY_10@LIVE.COM
Mobile Phone No	(Phone) +65-91458060
Alternative Phone No	+65-91458060

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Gdr155a
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	160

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5117392074-01
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD KHAIR FADLI BIN MOHAMAD YUSOF
NRIC No	S8537209B

Date Of Birth	14/11/1985
Occupation	Indoor
Date Of Driving Pass	24/10/2007
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91458060
Alt. Phone Number	+65-91458060
Email Address	FADLY_10@LIVE.COM
Address	BLK 513 #07-201
Address complement	WOODLANDS DRIVE 14
Postcode	730513
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH PLAN

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	PA9781A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	LU BIN
Passport No/FIN	G5265563W
Contact Number	(Phone) +65-87663400
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XB8546U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMAIYAN MAHENDRAN
Passport No/FIN	G7319248Q
Contact Number	(Phone) +65-85109592
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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**.
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**.
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. 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 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:

   (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' 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

   (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 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

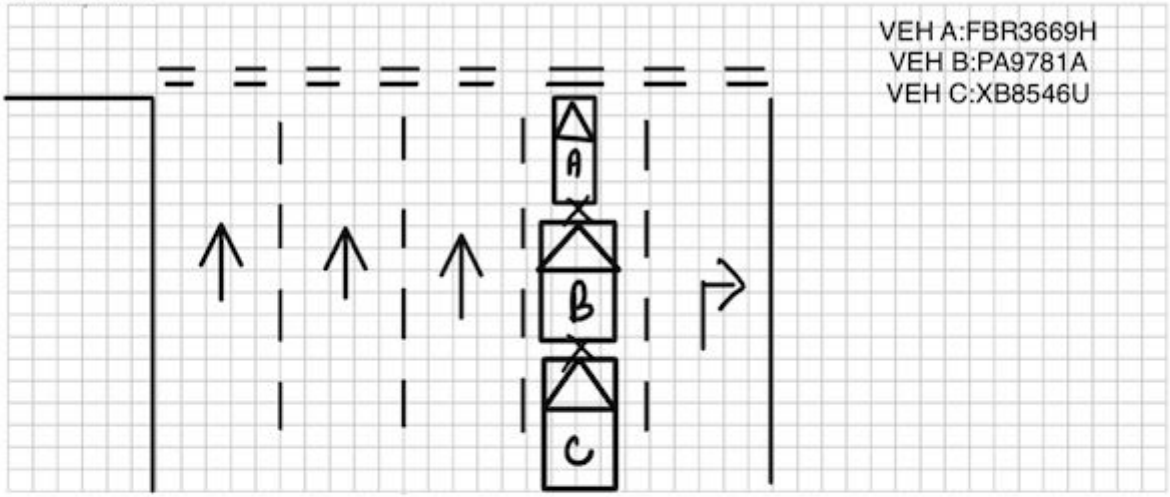
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 14/12/2021 1130HRS

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

Reporting Centre Personnel's Signature
Name: SUFIYAN
NRIC/FIN No.: S992991

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS REPORT

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 14/12/2021 1130HRS	(If driver is not the policyholder)	Name: SUFIYAN
	Date & Time:	NRIC/FIN No.: S992991

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

SINGAPORE POLICE FORCE

L/20211213/2026

Report No. L/20211213/2026

POLICE REPORT (NP299)

Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Date/Time Report Made	Vide Report No.	Station Diary No.
13/12/2021 11:40		14

Name Of Informant MOHAMAD KHAIR FADLI BIN MOHAMAD YUSOF	Address APT BLK 513 WOODLANDS DRIVE 14 #07-201 SINGAPORE 730513			
ID Type / ID No. NRIC NO / S8537209B	Contact No. Home/Office	Mobile 91458060		
Nationality SINGAPORE CITIZEN	Email Address fadly_10@live.com			
Occupation Auxiliary police officer	Sex Male	Age 36	Date of Birth 14/11/1985	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 13/12/2021 09:15	Location Of Incident WOODLANDS AVENUE 2 SINGAPORE			

Brief details.

I am advised by my insurance company to make a police report regarding the following traffic accident.

On 13/12/2021 at about 9:15a.m., I was riding my motorcycle FBR3669H along Woodlands Avenue 2 after exiting SLE. I was at the stop line waiting to turn right (on the left right-turn lane). Suddenly, I felt a collision from the back and jerked forward. I turned around and saw that a bus, PA9781A had collided into my motorcycle.

Signature Of Officer Recording The Report: L / Sgt 3 YAP YI JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2021 11:40
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Other WONG LI CHING Contact No.: 63649420	SN 130 Classification Of Case:
Authentication Stamp	Signature: Singapore Police Force

SINGAPORE POLICE FORCE

L/20211213/2026

POLICE REPORT (NP299) CONTINUATION OF REPORT Report No. L/20211213/2026

The bus driver alighted but he spoke in Mandarin only. He pointed to the back and I went to the bus's rear to see, and saw that a lorry XB8546U had collided into the bus. I believed that the lorry hit onto the bus, the bus then move forward and hit onto my motorcycle. The lorry driver, the bus driver and I exchanged particulars and took photos of the accident.

My box bracket was dented, my rear mudguard and registration plate were bent inwards. My motorcycle could not be ridden and had to be towed away.

As I was about to leave, someone told me that a passenger had fallen down inside the bus. I am unsure of the passenger's injuries. I reported the accident to my insurance company and was advised to make a police report. I am not injured.

When the accident happened, there was no rain and the floor was dry.

Signature Of Officer Recording The Report: L / Sgt 3 YAP YI JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2021 11:40
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Other WONG LI CHING Contact No.: 63649420	Classification Of Case:
Authentication Stamp	Signature Singapore Police Force