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 24/12/2021 17:38 (SGT) Date of Accident 24/12/2021 11:10 (SGT) Exact Location of Accident Singapore JALAN JURONG KECHIL SLIP ROAD FROM UPPER BUKIT Additional Location Information TIMAH ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yamaha

Vehicle Registration Number FBS3812E

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD RIDHUAN TAN @ TAN MING KUN NRIC No S8424516Z Email Address DTALAJIV@GMAIL.COM Mobile Phone No (Phone) +65-92378087 Alternative Phone No +65-92378087

VEHICLE PARTICULARS

Model Xmax Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Auto CC 250

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Nο Policy Number 5121691973 Cover Note Number

DRIVER

Name of Driver MUHAMMAD RIDHUAN TAN @ TAN MING KUN NRIC No S8424516Z Date Of Birth 10/08/1984 Occupation Outdoor Date Of Driving Pass 14/12/2007 Driving experience 14 YEARS Gender Mobile Number (Phone) +65-92378087 Alt. Phone Number +65-92378087 Email Address DTALAJIV@GMAIL.COM Address BLK 30 SEGAR ROAD #05-07 Address complement Postcode 677721 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 Collision - Major/Minor Rd Weather Conditions Raining 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? Nο 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 Aljunied Neighbourhood Police Post Police Station Phone No (Phone) +65-18002809999 Alt. Police Station Phone No (Fax) +65-62815960 Police Station Address Blk 13 Joo Seng Road #01-69 Singapore 360013 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT 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**

SMX1339L

Accident report SN0721CO000J

Vehicle Registration Number

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category Name of Driver NRIC No	Private car MARVIN LEE MENG TATT S7872285A
Contact Number	(Phone) +65-84445555
Address	(1 Holle) 100-04440000
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	MUHAMMAD RIDHUAN TAN @ TAN MING KUN Male (Phone) +65-92378087
Address Complement	_
Post Code	-
Approximate Age Years Old	37
Injuries Sustained	ABRASION ON LEFT HAND AND RIGHT FINGER , ABRASION ON LEFT KNEE AND SMALL CUT ON LEFT TOE
Injured person in which vehicle?	FBS3812E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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:
 - 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: 24/12/2021

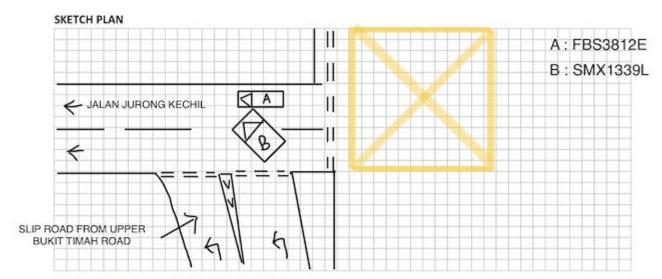
17:30

21 (If driver is not Date & Time:

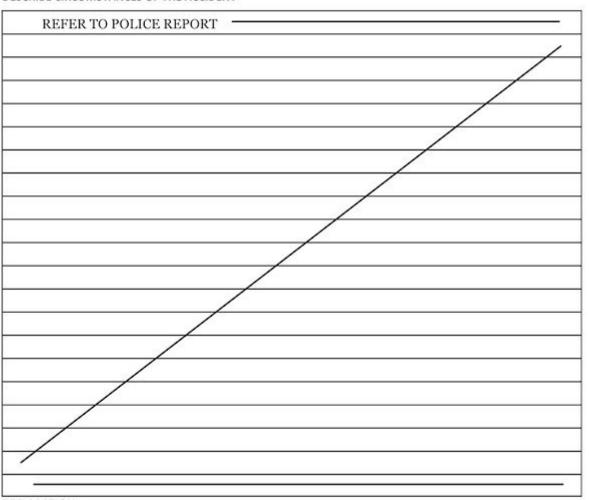
Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature

Name: Louis Lim NRIC/FIN No.: S994220

GIARMC SketchPlanForm_V3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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

Policyholder's Signature Date & Time: 24/12/2021

GIARMC SketchPlanForm_V3

Driver's Signature (If driver is not the policyholder) Date & Time: 24.

Reporting Centre Personnel's Signature

Name: Louis Lim NRIC/FIN No.: \$994220

2















Police Station Of Origin:

Aljunied NPP

13 Joo Seng Road #01-69 SINGAPORE

360013

Tel No: 1800-2809999

Report No. T/20211224/2060

1 of 3

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 24/12/20	e Report M 21 16:04	ade:	Vide Report No.:	Station Diary No. 20	
Informa	nt's Particu	lars		THE RESIDENCE OF THE PARTY OF T	
	Informant: MAD RIDH	UAN TAN	Address: BLK 30 SEGAR ROAD #05-0	7 SINGAPORE 677721	
ID Type NRIC NO	/ ID No.: D / S842451	16Z	Contact No.: Home/Office: Mobile: 92378087		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 10/08/1984	Type of Informant: Rider		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DISPATCH RIDER		The Control of the Co	Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2021 11:10	Type of Location: Straight Road
Location: JALAN JURC	ING KECHIL			
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Light
Type of Collis	sion: ving Vehicles - Head			Anyone conveyed by ambulance:

The second secon	ehicle Involve		Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	MASS STATE	10.000	Slightly	0
FBS3812E	Motorcycle	YAMAHA XMAX ABS	Blue	Damaged		
				White	Slightly	0
SMX1339L	Car	MG	HS 1.5T AT	AAture	Damaged	

	Effective	Expiry Date	
ce No 1973	06/04/2021	05/04/2022	
	1973	1973 06/04/2021	



T/20211224/2060

2 of 3

Report No. T/20211224/2060

Police Station Of Origin: Aljunied NPP 13 Joo Seng Road #01-69 SINGAPORE 360013 Tel No: 1800-2809999

CONTINUATION OF REPORT

Details of Perso	n involved	435	1000	THE STREET		TO THE WAR	
Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of	Pedestrian	Cross	ing: NA	
Rider		2011	413.883	MAN DE SES			
Name	MUHAMMAD RIDHUAN TAN			ID No.		S8424516Z	
Related Vehicle	FBS3812E (Motorcycle)			Conta	ct No.	92378087	
Hospital/Clinic	PROVIDENCE CLINIC @ HILLFORD			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	24/12/2021 D			Discharge	NIL		
No. of Days gran	ted Medical Leave	04		e of Injury	Slight		
Driver							
Name	MARVIN LEE MENG TATT			ID No		S7872285A	
Related Vehicle	SMX1339L (Car)			Conta	act No.	84445555	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date D	Discharge NIL		Na Contract of the Contract of	
No. of Days gran	ted Medical Leave	NIL	Degree	e of Injury	NIL		

Brief Details.

On the 24/12/2021, while riding my motorcycle (FBS3812E) along Upper Bukit Timah Road, there was a green arrow to turn right therefore I proceeded to turn into Jalan Jurong Kechil. That was when I suddenly felt an impact on the left side and I fell off the motorcycle. A vehicle (SMX1339L) had come out from the filter lane and had knocked me off. I then proceeded to check for damages on my motorcycle and my front lamp was scratched all the way to the rear gear box on the left side. The driver then got off and asked me if I was okay. Another driver who introduced herself as a nurse then also made a check on me and recommended me to go to a nearby hospital or clinic. I then proceeded to Providence Clinic @ Hillford where they assessed my condition and had given me 4 days of medical leave. The driver of (SMX1339L) had escorted me to the clinic and we exchanged particulars. No ambulance was called and no traffic police attended to us.



T/20211224/2080

Police Station Of Origin: Aljunied NPP 13 Joo Seng Road #01-69 SINGAPORE 360013 Tel No: 1800-2809999

3 of 3 Report No. T/20211224/2060

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
E /
Sgt 2 MUHAMMAD DANIAL BIN
ADNAN

Signature Of Interpreter:
Not applicable

Date/Time:
24/12/2021 16:04

Classification Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Authentication Stamp
NP168

Signature Of Informant:

Classification Of Case:
SN 29

Classification Of Case:
SN 29