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 25/04/2022 18:24 (SGT) Date of Accident 24/04/2022 12:50 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS CHANGI AFTER ENG NEO EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yamaha

Vehicle Registration Number FBS593G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner AHMAD SYAFI'I BIN A EFFENDI NRIC No. S9131767B Email Address AFIERA1030@GMAIL.COM Mobile Phone No (Phone) +65-87488257 Alternative Phone No +65-87488257

VEHICLE PARTICULARS

Manufacturer

Model **Xmax** Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Auto CC 300

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdParty Fleet Policy Policy Number 5120555496-01 Cover Note Number

DRIVER

Name of Driver AHMAD SYAFI'I BIN A EFFENDI NRIC No. S9131767B

Date Of Birth 10/09/1991 Occupation Outdoor Date Of Driving Pass 31/12/2020 Driving experience 1 YEAR AND 4 MONTHS Gender Mobile Number (Phone) +65-87488257 Alt. Phone Number +65-87488257 Email Address AFIERA1030@GMAIL.COM Address BLK 242 #03-194 Address complement **BUKIT BATOK EAST AVENUE 5** Postcode 650242 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 **CLOUDY** Road Surface \/\e_t 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes 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 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** Vehicle Registration Number SI F2715P Vehicle Manufacturer Subaru

Private car

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	UNKNOWN
	UNKNOWN
Contact Number	-
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SJW2870C Mazda - -
Vehicle Category	NA / Unknown
Name of Driver	UNKNOWN
Contact Number	UNKNOWN
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMR191H
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	UNKNOWN
-	UNKNOWN
Contact Number	_
Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	UNKNOWN
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_
· · · · · · · · · · · · · · · · · · ·	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AHMAD SYAFI'I BIN A EFFENDI
Gender	Male
Phone No	(Phone) +65-87488257
Address	BLK 242 #03-194
Address Complement	BUKIT BATOK EAST AVENUE 5
Post Code	650242
Approximate Age Years Old	30
Injuries Sustained	PAIN & INJURIES ON THE BACK OF THE NECK, ABRASION ON
	RIGHT ARM AND RIGHT SHIN.
Injured person in which vehicle?	FBS593G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
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- 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.

olicyholder's Signature ate & Time: 25 Apr 202

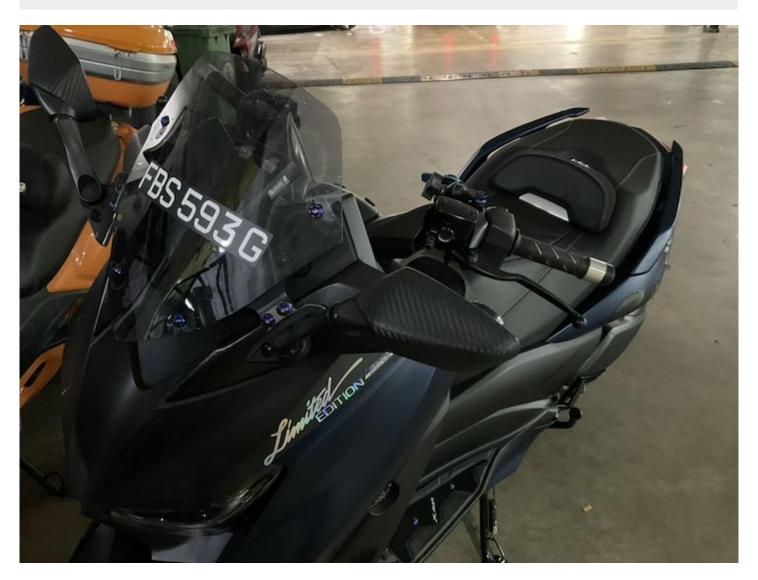
1757 HV3

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

Reporting Centre Personnel's Signature

Name India Maiz NRIC/FIN NO. 5994949

	PIE toward Change after Eng New Ex	üt
		A - SLE 2715P
	ARBOCKD	B - FBS 5939
		C - SJW2870C
10.		D - SMR 191 H
Rolar In Par Co		
refer to Police Rep	of T/2022042412057	
ECLARATION		
Ve declare the foregoing particu	lars are true in every respect.	11.
b		
icyholder's Signature e & Time: 35 Apy 2022	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: India AZIZ
1757 Hrs	Date & Time:	NRIC/FIN NO. 2994949

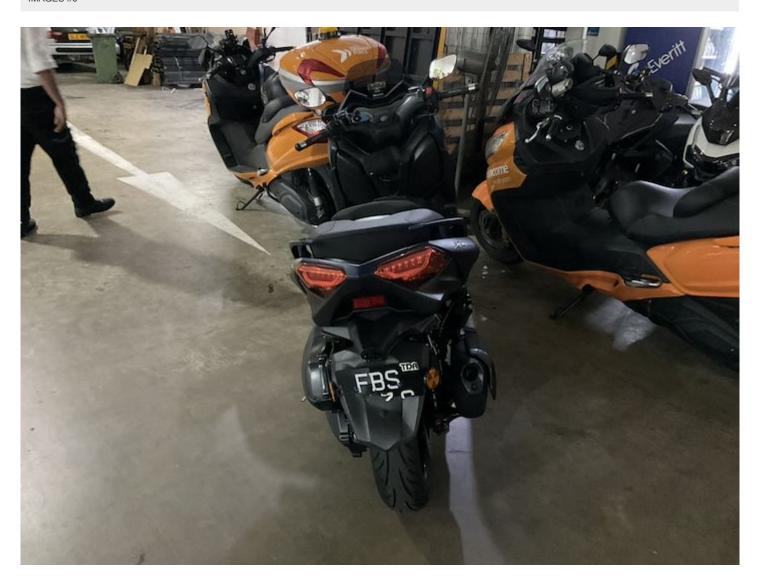
















Date of Expiry:

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

HONG KAH NORTH NPP BLK 370 BUKIT BATOK STREET 31 SINGAPORE 850370 TEL: 1800-567 9999

1 of 3 Report No. T/20220424/2057

REPORT OF A TRAFFIC ACCIDENT

Occupation:

Self Employed

Date/Ti 24/04/2	me Report 022 16:49	Made:	Vide Report No.: E/20220424/0102	Station Diary No.:
Informa	ant's Partic	ulars	The second second	
AHMAD		N A EFFENDI	Address: APT BLK 242 BUKIT E SINGAPORE 650242	BATOK EAST AVENUE 5 #03-194
ID Type NRIC N	/ ID No.: O / S91317	67B	Contact No.: Home/Office;	Mobile: 87488257
National SINGAR	ity: ORE CITIZ	EN	Email: afiera1030@gmail.com	
Sex; Male	Age; 30	Date of Birth: 10/09/1991	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:

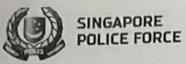
Driving Licence Information:

Class: 2B,2A,2

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 24/04/2022 1:		Type of Location Straight Road	
Weather:	EXPRESSWAY	Road Surface		Ros	ad Speed Limit:	
Cloudy Traffic Flow:		Wet Traffic Control				
	Dual Carriage Way Not Controlled Type of Collision:					
Dual Carriage	Way			Hea	ffic Volume:	

Vehicle No.	Type	Make	100		Service of the servic	
FBS593G		The second secon	Model	Color	Condition	No of Passenge
1 000930	Motorcycle	YAMAHA	CZD300A / XMAX300	Blue	Seriously Damaged	0

Vehicle No.	Insurance Company			
		Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative	5120555496-01	07/01/2022	06/01/2023



Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999



Report No. T/20220424/2057

CONTINUATION OF REPORT

Any Pedestrian I No. of Pedestrian	nvolved: No	Use of Ped	estrian	Cross	ng: NA
Rider	AHMAD SYAFI'I BIN A EFFENDI		ID No.		S9131767B
Name	AHMAD STATT SITTE END		Conta	et No	87488257
Related Vehicle	NIL		Conta	JE 140.	
	TOTAL HOSPITAL		Class of		Class: 2B,2A,2
Hospital/Clinic TAN TOCK SENG HOSPITA			Driving Licent Expiry	e &	Date of Expiry: NIL
		Date Disch	narge	24/04	1/2022
Date Treatment	24/04/2022 ed Medical Leave 03	Degree of Injury			

On 24/04/2022 @ 1250 hrs, while I was riding my motorcycle, a blue XMAX300, FBS593G along the PIE towards Changi, on the 2nd lane, I realised that the road condition in front of me, was very heavy with many slow moving traffic. Then at one point some where after the Eng Neo exit, the vehicles in front of me came to a complete stop. I had also managed to stop my motorcycle behind a car with registration number SLE2715T. Then suddenly, another car, SJW2870C, from behind me, hit onto the back of my motorcycle. The hard impact that it made had caused my motorcycle to lurch forward and hit the back of the car in front of me. My motorcycle then fell onto its right side, bringing me along with it. I was still conscious. Not long after the paramedics came and assisted me.

I was conveyed by the ambulance to Tan Tock Seng hospital and was given an outpatient treatment. In addition I also received 3 days MC from 24-26 April 2022. I suffered pain and injuries on the back of my neck, abrasion on my right arm and abrasion my right shin. Some of the obvious damages to my motorcycle are: the front fork, front headlight, front wheel rim, rear suspension, rear taillight and rear wheel rim. A police officer had called me and advised me to lodge a police report.



Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999



Report No. T/20220424/2057

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: SI MOHAMAD ROHAIMEE BIN MOHAMAD SAMRI

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476232

NP168

Signature Of Informant:



Date/Time:

24/04/2022 16:49

Classification Of Case: