SN07225I000Y / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 18/05/2022 18:08 (SGT) SUBMITTED BY: Louis Lim VERSION: 1 (09/06/2022 20:20 (SGT))



- **IMPORTANT NOTICE**1. Please report <u>correctly</u> 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

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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.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 18/05/2022 18:08 (SGT) Date of Accident 30/04/2022 20:00 (SGT) Exact Location of Accident Singapore Additional Location Information CTE (SLE) BETWEEN BRADDELL AND ANG MO KIO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ALI BIN RIDUAN NRIC No S8515442G Email Address ALI.RIDUAN@OUTLOOK.COM Mobile Phone No (Phone) +65-91454147 Alternative Phone No +65-91454147

VEHICLE PARTICULARS

Honda Model Cb400sfyj 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

No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual 400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage **ThirdParty** Fleet Policy Policy Number 5107355541-03 Cover Note Number

DRIVER

Name of Driver ALI BIN RIDUAN S8515442G



Date Of Birth 15/05/1985 Occupation Indoor Date Of Driving Pass 07/04/2009 Driving experience 13 YEARS Gender Mobile Number (Phone) +65-91454147 Alt. Phone Number +65-91454147 Email Address ALI.RIDUAN@OUTLOOK.COM Address BLK 330A #07-521 ANCHORVALE STREET Address complement Postcode 541330 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 Wet 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No 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? Reasons for not uploading a video of the accident ADVISED THE RIDER TO SEND TO MOTORVIDEO@INCOME.COM.SG Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD916S

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	_
Vehicle Category	Т
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	ALI BIN RIDUAN
	Male
Phone No	(Phone) +65-91454147
Address	-
Address Complement	
Post Code	•
Approximate Age Years Old	38
Injuries Sustained	LEFT SHOULDER BRUISE AND LEFT BONE JOINT PAIN. LEFT
	KNEE BRUISE AND LEFT FEET BRUISE, LEFT CALVE BRUISE
	AND PAIN.
Injured person in which vehicle?	FY6980D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes
vvas tilis injured conveyed to nospital by ambulance?	res

SKETCH PLAN

IMPORTANT NOTICE

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 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.

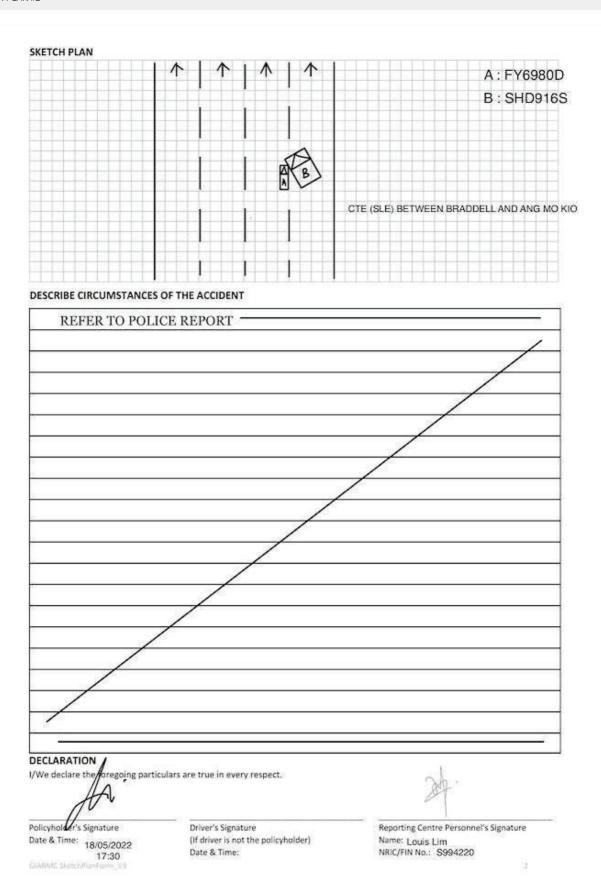
Policyholder Sanature Date & Time: 18/05/2022 17:30 Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

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

GIARMS Membranian (V)















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. Trz0220504/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2022 15:11		lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
Name of Informant: ALI BIN RIDUAN			Address: 330A ANCHORVALE STREET #07-521 SINGAPORE 54		
ID Type / ID No.: NRIC NO / S8515442G			Contact No.: Home/Office: Mobile: 91454147		
National SINGAP	ity: ORE CITIZ	EN	Email: ALLRIDUAN@OUTLOOK.CO	DM	
Sex: Male	Age: 36	Date of Birth: 15/05/1985	Type of Informant:		
Race: Javanese			Language: Institution / School Nam English		
Occupation:			Driving Licence Information: Class: 28,2A,3 Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 01/05/2022 20:00	Type of Location: Straight Road
Location:				
CENTRAL EX	PDEECWAY			
CENTHAL EX	PHESSWAT			
Minathan	A DESCRIPTION OF THE RESERVE OF THE	Board Surface:		Road Speed Limit:
		Road Surface: Wet		Road Speed Limit: 00 Km/h
Weather: Clear Traffic Flow:		The state of the s	9	COLUMN TO SERVICE STREET, SERV
Clear		Wet	1	90 Km/h

Vehicle No.	Tuna	Make	Model	Color	Conditio	No of
FY6980D	Motorcycle	HONDA	CB400SF4J +M	Yellow		0
SHD916S	Car			Red		1

Details of V	ehicle Insurance			
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date	
AGUICIO IAO	II ISSUI III NOC CONTYCH			



Transport of gross

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20220504/7028

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY6980D	NTLIC Income Incurrence Co. Co.		CHECUYE	Expiry Date
	NTUC Income Insurance Co-Operative	5107355541-03	06/12/2021	05/12/2022

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrian			Use of Pe	destrian Cro	nesing: NA
Rider			10000110	destriair Oit	255ilig. NA
Name	ALI BIN RIDUAN			ID No.	S8515442G
Related Vehicle	FY6980D (Motorcycle)			Contact N	0. 91454147
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	01/05/2022 Date		Date		/05/2022
No. of Days gran	led Medical Leave	03	Degree of		

Brief Details.

I was riding back home from work along CTE in between Braddell and Ang Mo Kio when the accident happened. The road was wet but the rain has stopped. I was riding on my bike in 4th gear riding at about 40-50km/h in between 1st and 2nd lane, slow moving traffic when I saw ahead front tyre of a car turning left. So I applied early front and rear brakes. The next thing I realized accident happened. The taxi driver mention he didnt turn his taxi and claimed I self skided on my own. But however, the passenger from the taxi, a lady claimed the taxi is turning left when the accident happened. A kind driver behind the taxi shared me his camera recording on the accident.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20220504/7028

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / QHAIRIL BIN ZULKEFLEE Contact No.: 65476187

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time: 04/05/2022 15:11

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SNO72251000Y Vehicle Registration No: FY6980D Name (as shown in NRIC): ALI BIN RIDUAN NRIC/FIN/Passport No: \$8515442 G (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: BLK 330A ANCHORVALE STREET #07-521 Singapore (541230) Mobile No.: 165 9145 4147 Contact (Tel):_ Email Address: ali riduan @ outlook com Date of Accident: 01 05 12022 _____ Time of Accident: _____ 2000 Place of Accident: CTE (SLE) BETWEEN BRADDELL AND ANG MO KID Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD (B) ADDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: THE DATE OF THE ACCIDENT INDICATED IN THE HP168 REPORT SHOULD BE 30/04/2022 INSTEAD OF 01/05/2022 Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: REOZUALI 01/06/2022 NRIC/FIN No.: \$79006 | Date: 9-6-22