SN07223H000C / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 17/03/2022 14:30 (SGT) SUBMITTED BY: Ash Kamal VERSION: 1 (17/03/2022 14:30 (SGT))

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 17/03/2022 14:30 (SGT) Date of Accident 14/03/2022 00:00 (SGT) Exact Location of Accident Singapore Additional Location Information Along Choa Chu Kang St 62 by Choa Chu Kang Drive Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number FBK8373P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMMAD FADLI BIN ALI NRIC No. S8713466J Email Address Fadlimatswan@gmail.com Mobile Phone No (Phone) +65-91625901 Alternative Phone No +65-91625901

VEHICLE PARTICULARS

Manufacturer

Model Cb400 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 Manual CC 400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5119928376-01 Cover Note Number

DRIVER

Name of Driver MOHAMMAD FADLI BIN ALI NRIC No. S8713466J

Date Of Birth 08/05/1987 Occupation Outdoor Date Of Driving Pass 26/12/2006 Driving experience 15 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-91625901 Alt. Phone Number +65-91625901 Email Address Fadlimatswan@gmail.com Address 160 Jalan Teck Whye #04-244 Address complement Postcode 680160 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 - Cross Junction 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? Yes **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? 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 SHA6792H Vehicle Manufacturer

Taxi

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	Tubi Bin Maulood
NRIC No	S2168872Z
Contact Number	(Phone) +65-90516098
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMAD FADLI BIN ALI
Gender	Male
Phone No	(Phone) +65-91625901
Address	- -
Address Complement	-
Post Code	-
Approximate Age Years Old	34
Injuries Sustained	Abrasions and swelling on the back.
Injured person in which vehicle?	FBK8373P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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- 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:
 - 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.

Fm.

Policyholder's Signature Date & Time:17/03/2022 1420hrs Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: Ash Kamal¹ NRIC/FIN No.:S9218370Z

GIARMC SketchPlanForm_V

SKETCH PLAN A; FB+8373P B:Sum6792H OF SCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report	

DECLARATION

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

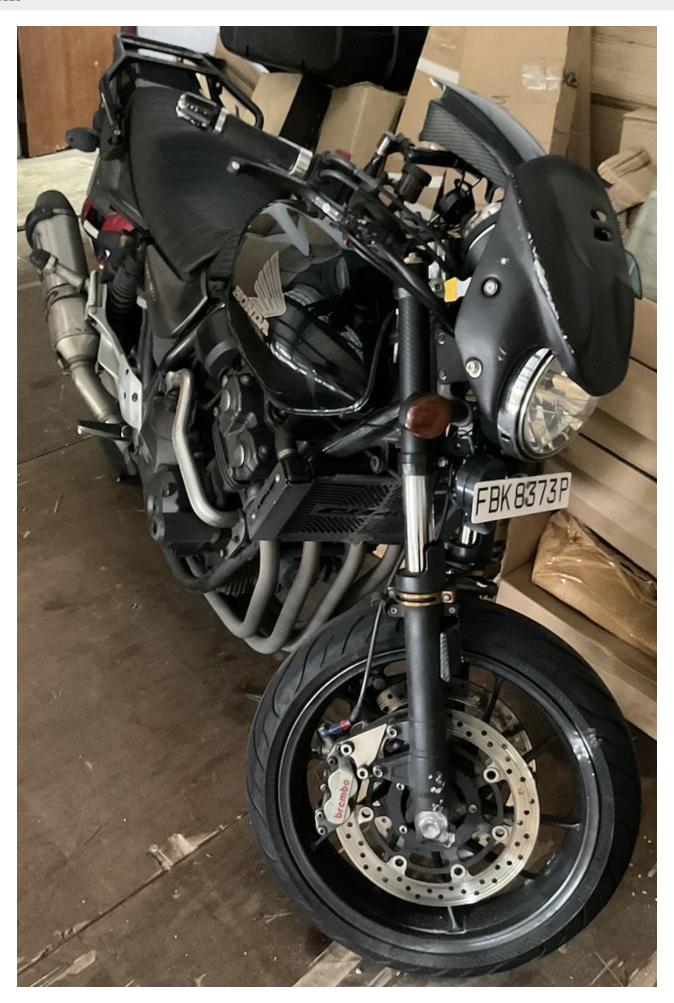
THE

Policyholder's Signature Date & Time:17/03/2022 1420hrs Driver's Signature (If driver is not the policyholder) Date & Time:

GIARMC SketchPlanForm_V3

Reporting Centre Personnel's Signature Name: Ash Kamal NRIC/FIN No.:S994396

3















T/20220314/7010

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220314/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2022 11:12	Vide Report No.:	Station Diary No.:
Informant's Particulars		Marie Company
Name of Informant	I delegano	

Name of Informant MOHAMMAD FADLI BIN ALI			Address: 160 JALAN TECK WHYE #04-244 SINGAPORE 680		
	D Type / ID No.: NRIC NO / S8713466J		Contact No.: Home/Office: Mobile: 91625901		
Nationali SINGAP	ty: ORE CITIZ	EN	Email: FADLIMATSWAN@GMAIL.C	OM	
Sex: Male	Age: 34	Date of Birth: 08/05/1987	Type of Informant Rider		
Race: Boyanese			Language; English	Institution / School Name:	
O ccupation: Service Technician			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

General Inform	nation of the Accident	- Language In St.		BENEFIT OF THE PARTY OF THE PAR
Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident 14/03/2022 00:00	Type of Location T-Junction
Location: -				
СНОА СНИ К	ANG STREET 62			
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Light
Type of Collisi Between Movi	on: ng Vehicles - Head To S	lide		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBK8373P	Motorcycle	HONDA	CB400 SUPER FOUR	Black		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBK8373P	NTUC Income Insurance Co-Operative Limited	5119928376-01	03/02/2022	02/02/2023	



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



2 of 3 Report No. T/20220314/7010

CONTINUATION OF REPORT

Details of Perso	n Involved			701	1396	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of Ped			destrian	destrian Crossing: NA		
Rider					-	
Name	MOHAMMAD FADLI BIN ALI		ID No.		S8713466J	
Related Vehicle	FBK8373P (Motorcycle)		Contact No.		91625901	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class Driving Licence Expiry	1	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date	14/03/2022 Date			14/03	3/2022	
			Degree o	f	Sligh	

Brief Details.

Around 12.00am, i was sending at grab food order to block 684c Choa Chu kang Cresent. Along Choa Chu Kang Street 62, right after yew tee mrt station, as i was approaching a t junction, a blue comfort Delgro taxi ,SHA 6792H, driven by Tubi Bin Maulood(S2168872Z), on the opposite direction decided to make abrupt right turn although it was my right of way going straight. While making that right turn, said vehicle had slowed down while making that right turn. The traffic light was green in my favour as i was going straight. I was travelling around 40-50 km/h. The abrupt right turn and sudden slow down of the taxi caused me to hard brake to try to avoid his reckless actions but to no avail. Causing a collision between me and the taxi. The impact caused me to fall to the right side. The accident had caused damages to the front end of my Motorcycle(FBK8373P). I was assisted my two motorcyclist who helped pushed my motorcycle to the side. I called 999 for assistance. Ambulance arrived soon after followed by two traffic police officers. Myself and the taxi drivers exchanged details as well. The traffic police officer took down details before i was conveyed to Ng Teng Fong Hospital where i received treatment.

