

SN07229N000S / Income Insurance Limited
ENTRY DATE & TIME: 23/09/2022 17:39 (SGT)
SUBMITTED BY: Muammer Gaddafi Bin Marzuki
VERSION: 1 (23/09/2022 17:39 (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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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 | 23/09/2022 17:39 (SGT) |
| Reported by | Both |
| Date of Accident | 22/09/2022 14:35 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BAYFRONT AVENUE & SHEARES LINK JUNCTION |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBH7437L |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | RAMAN THANGARAJ |
| Passport No/FIN | G8818674K |
| Email Address | THANGA215@GMAIL.COM |
| Mobile Phone No | (Phone) +65-86922639 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | Jupiter mx 135 |
| 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 | Manual |
| CC | 135 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5126647484 |

DRIVER

| | |
|-----------------|-----------------|
| Name of Driver | RAMAN THANGARAJ |
| Passport No/FIN | G8818674K |
| Date Of Birth | 25/12/1997 |
| Occupation | Indoor |

Date Of Driving Pass 18/12/2019
 Driving experience 2 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-86922639
 Alt. Phone Number -
 Email Address THANGA215@GMAIL.COM
 Address 200 JALAN SULTAN #22-01
 Address complement -
 Postcode 199018
 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 - Head to Rear
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? Yes
 Was any injured conveyed to hospital by ambulance? No
 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
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING AT THE SAID LOCATION & INTENDED TO TURN RIGHT AHEAD INTO SHEARES LINK. TRAFFIC LIGHT WAS GREEN AND MY BIKE WAS STILL MOVING WHEN SUDDENLY A CAR HIT ME FROM THE REAR. I LOST CONTROL OF MY BIKE AND FELL ON MY RIGHT. I THEN WENT TO THE DOCTOR & WAS GIVEN 1 DAY MC.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNA3717A
 Vehicle Manufacturer Mini
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car

| | |
|---|----------------------|
| Name of Driver | UNKNOWN |
| Contact Number | (Phone) +65-96332538 |
| 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 | RAMAN THANGARAJ |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | LEFT HAND, SHOULDER BRUISED RIGHT HAND SLIGHT ABRASION BOTH KNEE BRUISED FBH7437L |
| Injured person in which vehicle? | No |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

B. 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 situated outside of Singapore, for one or more of the above Purposes.

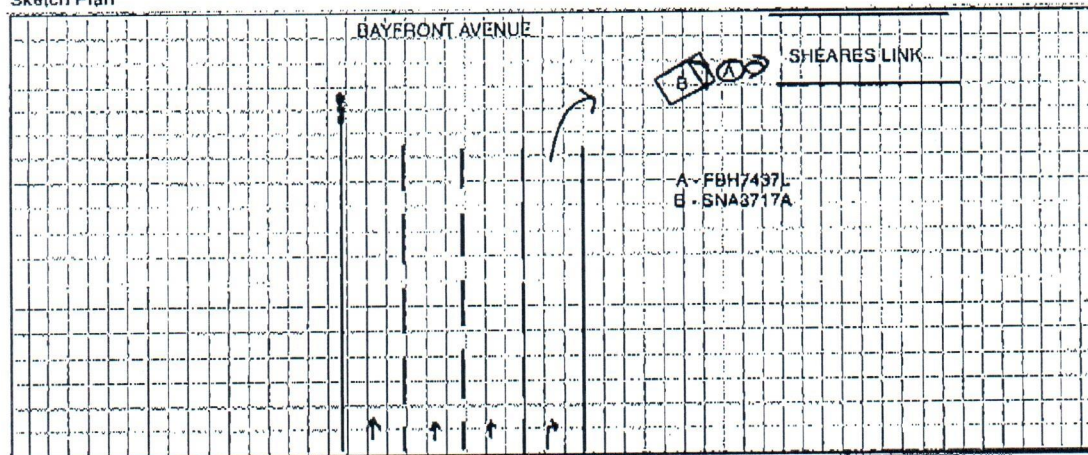
R. Ong
 Policyholder's Signature / Date & Time

23/09/2022

Driver's Signature (if other is not the policyholder) / Date & Time

Muhammad
 MUAMMAR GADDAFI BIN MARZUKI
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



1

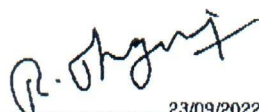
SKETCH PLAN #2

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



23/09/2022
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



MUAMMAR GADDAFI BIN MARZUKI
Witnessed by Reporting Centre Personnel
(Name as in HRICAD card)