SA1822CD0001 / Abwin Service Pte Ltd ENTRY DATE & TIME: 13/12/2022 16:54 (SGT) SUBMITTED BY: Claims VERSION: 1 (13/12/2022 16:54 (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 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.

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 13/12/2022 16:54 (SGT) Reported by Date of Accident 03/12/2022 00:05 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TPE NEAR TO EXIT 6 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR7125.I

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMMAD FARHAN BIN SUDIRMAN NRIC No S9522764C Fmail Address FRHN2795@GMAIL.COM Mobile Phone No (Phone) +65-98579125 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Aerox 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?

Vehicle Category Transmission CC

No - Claiming third party

Motorcycle Manual 155

Yamaha

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5119131640-02

DRIVER

Name of Driver MUHAMMAD FARHAN BIN SUDIRMAN NRIC No S9522764C Date Of Birth 27/06/1995 Occupation Indoor

Date Of Driving Pass 04/07/2019 Driving experience 3 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-98579125 Alt. Phone Number Email Address FRHN2795@GMAIL.COM Address **BLK 178B RIVERVALE CRESCENT** Address complement #12-441 Postcode 542178 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 - Change/cross lane 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? 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? Police Station Name Sengkang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003438999 Alt. Police Station Phone No (Fax) +65-63438939 Police Station Address 2 Sengkang Square #01-02 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED 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 SHD9474R Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Taxi
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	MUHAMMAD FARHAN BIN SUDIRMAN Male
Phone No	(Phone) +65-98579125
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	FBR7125J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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.
- Information provided must be as truthful and accurate as possible. Any wilful 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 Traffic Police Department for investigation.
- 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.
- 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.
- 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:

(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")

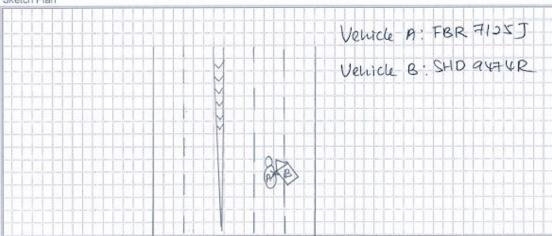
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers of agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

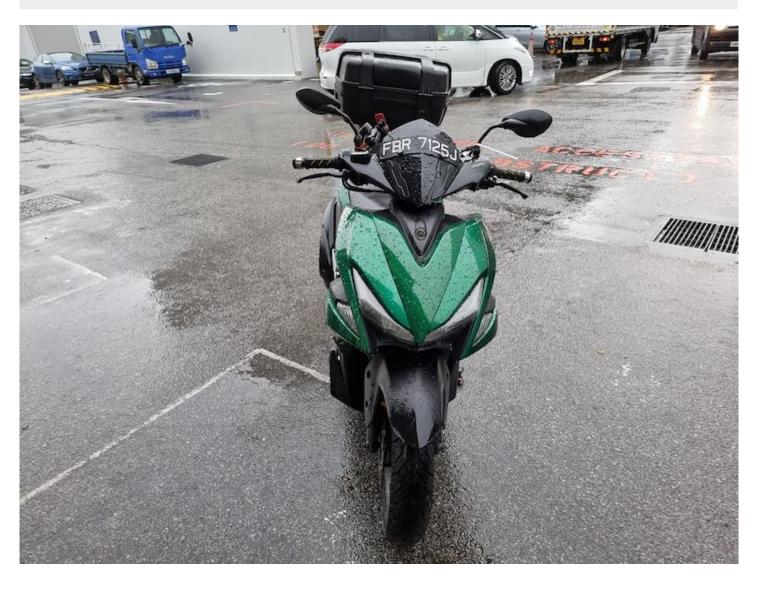
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

cribe Circumstance of the	Accident			
	REFER TO	POLICE	= REPO	ret
	7/20	221203/	2042	
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eclaration le declare the foregoing pa	ticulars are true in every respec	ct.		
		100		SERV Services
he.	1			Ch.















Police Stati	on Of Origin:					1/20221	203/2042 1 of 3
Sengkang I		02 SINGAPO	ORE			Repor	No. T/20221203/2042
545025	0-343 8999						
The second secon	A TRAFFIC ACCI	DENT	Trans w			La	
03/12/2022	Report Made: 2 14:59		Vide Report G/20221203			9	tation Diary No.:
Informant' Name of In	's Particulars		Address:				
	AD FARHAN B	IN	APT BLK 17			RESCENT #1	2-441
ID Type / II			Contact No.: Home/Office			Mobile: 9857	9125
Nationality: SINGAPOR	RE CITIZEN		Email:				
Sex: Male	Age: Da	te of Birth: 06/1995	Type of Infor	mant:			
Race: Javanese	1.44.5	31.1000	Language:			Institution / S	chool Name:
Occupation TECHNICI/			Driving Licer	ce Infor		B	
TECHNICI	MA		Class: 2B,3			Date of Expir	y:
General Info	ormation of th	e Accident		_			
Type of Accident:	Injury	ed by Police	Drink Drive		Date/Time Accident:	of	Type of Location Straight Road
Location:			No		03/12/2022	2 00:05	
TAMPINES	EXPRESSWA	NY.					
Lamp Post I	Number: 326						
Manthone			Road Surfac Dry	e:		Road	Speed Limit:
Weather: Clear			Traffic Controlle			Traff Light	c Volume:
Clear Traffic Flow							ne conveyed by
Clear Traffic Flow One Way Type of Coll	ision:	- Side Swipe	e - Same Direc	tion		amb	nance.
Clear Traffic Flow One Way Type of Coll Between Mo	ision: oving Vehicles			tion			nance.
Clear Traffic Flow One Way Type of Coll Between Mo	ision: oving Vehicles ehicle Involve	ed	e - Same Direc		Color	amb No	
Clear Traffic Flow One Way Type of Coll Between Mo	ision: oving Vehicles		Model A AERO	C F	Color Red	amb	No of Passeng
Clear Traffic Flow One Way Type of Coll Between Mo	ision: oving Vehicles rehicle Involver	ed Make	e - Same Direct	C F		Condition Seriously Damage	No of Passeng 0
Clear Traffic Flow: One Way Type of Coll Between Mo Details of V Vehicle No. FBR7125J SHD9474R	ision: oving Vehicles rehicle Involve Type Motorcycle	ed Make YAMAHA	Model A AERO	C F		Condition Seriously Damage	No of Passeng 0



T/20221203/2042

2 of 3 '

Report No. T/20221203/2042

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			Custo Data
Vehicle No	Insurance Company	Insutance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	5119131640-02	19/09/2022	18/09/2023

Details of Perso	CHICAGO CONTRACTOR CON					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL.		Use of Pe	Use of Pedestrian Crossing: NA			
Rider						
Name	MUHAMMAD FARH	IAN BIN S	UDIRMAN	ID No.		S9522764C
Related Vehicle	FBR7125J (Motorcy	/cle)		Conta	ct No.	98579125
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class Drivin Licend Expire	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	03/12/2022		Date Dis	charge	NIL	
No. of Days gran	ed Medical Leave	04	Degree o	of Injury	Serio	us

On 3/12/2022 at about 0000hrs, I was travelling along TPE(SLE) on my motorcycle FBR7125J in lane one the outer-most right lane behind the taxi SHD9474R. I lane-changed to the left to be in the middle lane. While travelling along the middle lane, the taxi had also lane-changed into my lane and I am not sure whether he had signalled. The next thing I knew, a collision happened. The side of the taxi had collided into my motorcycle as I was travelling in the middle lane. I then skidded along with my motorcycle on the road where I eventually ended up on lane 3, while my bike ended up on the road shoulder. I then stood up to avoid getting hit from on-going cars. The taxi driver then went to the road shoulder with his vehicle and stopped. We then exchanged phone numbers to which the taxi driver's number is +65 92372003. However, I do not have any other details of him.

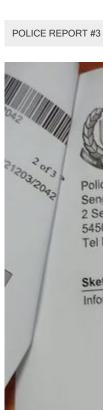
Later, ambulance arrived at scene followed by TP officers. The ambulance then conveyed me to Sengkang General Hospital while my bike would be towed back back to TP.

Due to the accident, there has been damages done to my motorcycle. The left and right side body panel of my motorcycle had been filled with scratches together with the engine exhaust cover being scratched

The damages done to the taxi is the vehicle's left front mirror cover had been removed from the assembly and there are some scratches along the left body panel of the vehicle.

After being conveyed to the hospital, I was then given a 4 days Medical Certificate as I would be unfit for duty from 03/12/2022 to 06/12/2022.

I do not have any camera recording system installed to my bike at time of accident.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

Report No. T/20221203/2042

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 F /	Report:
SGT 2 Mohammad Azizi Bin Sani	例
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case:	
SGT 3 MUHAMMAD AFIQ BIN RA Contact No.: 65476171	HMAT
NP168	

Signature Of Informant:	
	<i>#</i> .
Date/Time: 03/12/2022 14:59	
Classification Of Case:	



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5119131640-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBR7125J

: MH3SG4610LJ334804

Chassis Number 2. Name of Policyholder

: MUHAMMAD FARHAN BIN SUDIRMAN

3. Effective Date of Insurance

: 19 Sep 2022

4. Expiry Date of Insurance

: 18 Sep 2023

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
 - (b) Use for food/parcel/other delivery services.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A : PLEASE REFER OVERLEAF

EXCESS (THEFT OUTSIDE SINGAPORE) INSURE WITH COE

NAMED DRIVER (1)

: MUHAMMAD FARHAN BIN SUDIRMAN

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

SUM INSURED

: N/A

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: AXIS LINK PTE. LTD. (00000614797)

Date of Issue

: 09 Sep 2022 00:24 hrs

For INCOME INSURANCE LIMITED

Chief Executive