

SINGAPORE ACCIDENT STATEMENT

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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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	26/02/2015 13:02
Date Of Accident	25/02/2015 21:00
Exact Location Of Accident	LORONG MARICAN X-JUNCTION OF JALAN ISHAK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7484A
Insured/Policyholder	
Name Of Registered Owner	KAMIS BIN SUNGIP
NRIC No	S1180113G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90276249
Alternative Phone No	Office-90276249
Vehicle Particulars	
Manufacturer	HONDA
Model	GLS200 M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Motorcycle
Insurance Company	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	5067562837
Cover Note Number	N.A
Driver	
Name of Driver	KAMIS BIN SUNGIP
NRIC No	S1180113G
Date Of Birth	18/10/1956
Occupation	Indoor
Date Of Driving Pass	02/04/2002
Driving Experience	12 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-90276249
Fax Number	
Contact Number	Office-90276249
EEmail Address	NOEMAIL

Address	NA
Postcode	NA
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

My bike was already stopped, stationery at the junction (LORONG MARICAN) due to on-coming vehicle from JALAN ISHAK. While i was waiting, suddenly i had an impact from behind and saw a vehicle had hit directly onto my rear portion. Due to the impact, my bike, me and my pillion fell to the ground.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBP99H
Vehicle Make/Model/Colour	MAZDA / MAZDA3SP
Details Of Properties	NA
Name of Driver	ONG KIAT TIN
NRIC/Passport Number	S1035167G
Contact Number	90391131
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	1
Details of Witness	
Name	MAHMOOD
Phone Number	97867861
Email Address	NA

SKETCH PLAN

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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 or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

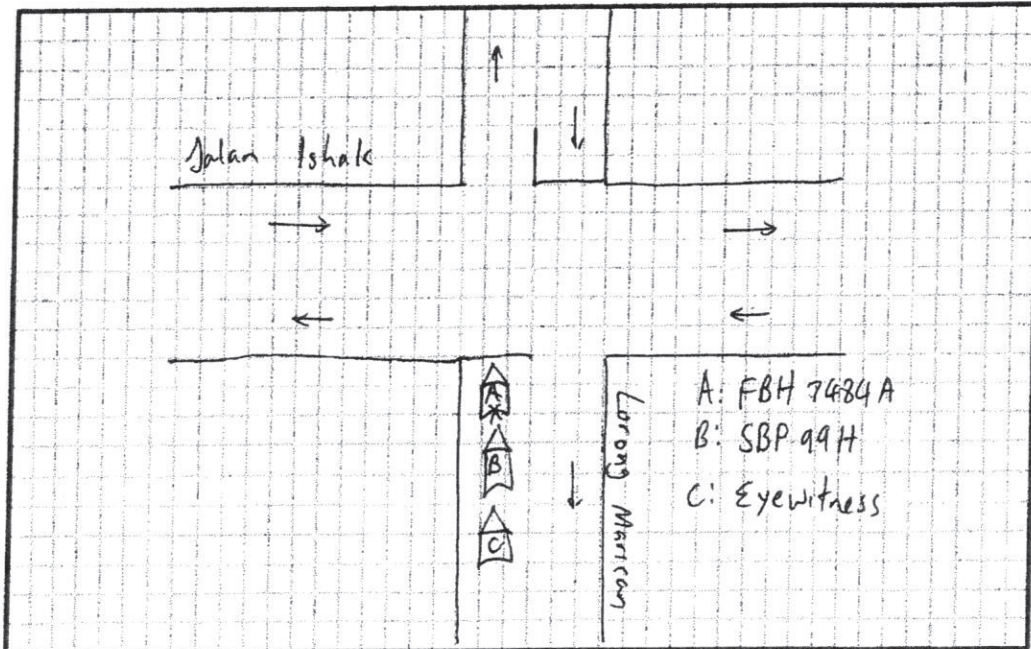
VERIFIED BY
MARSOFFICER
AIZAM
S746982 6 C

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

My bike was already stopped,stationery at the junction(LORONG MARICAN) due to on-coming vehicle from JALAN ISHAK. While i was waiting,suddenly i had an impact from behind and saw a vehicle had hit directly onto my rear portion. Due to the impact,my bike ,me and my pillion fell to the ground.

Taxi Voucher No.:

Are you claiming your own insurance
policy for the repair of your vehicle?

No, Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY MARS OFFICER - AIZAM, S7469826C

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

26 February, 2015 12:30 pm

Date/Time:

26 February, 2015 12:30 pm

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

Certificate Number : 5067562837

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : FBH7484A |
| Chassis Number | : MH1MC221XBK083206 |
| 2. Name of Policyholder | : KAMIS BIN SUNGIP |
| 3. Effective Date of Insurance | : 18 Sep 2014 |
| 4. Expiry Date of Insurance | : 15 Sep 2015 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s).

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.

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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: KAMIS BIN SUNGIP
NAMED DRIVER (2)	: MUHAMMAD ZULFADLI BIN KAMIS
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: 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)

Agency : INCOME-BRANCH SERVICES (00000056274)
Date of Issue : 13 Sep 2014 10:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Text size + -

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: S1180113G
Owner ID Type: Singapore NRIC
Owner Name: KAMIS BIN SUNGIP
Registered Address: APT BLK 116 LENGKONG TIGA #06-185 SINGAPORE 410116
Mailing Address: -
Birth Date: 13 Oct 1956

Vehicle Particulars

Vehicle No.: FBH7484A
Previous Vehicle No.: -
Effective Date of Ownership: 18 Sep 2013
Original Regn Date: 16 Sep 2013
Registration Date: 16 Sep 2013
Year of Manufacture: 2011
Vehicle Type: Passenger Motorcycle/Autocycle/Moped
Vehicle Scheme: -
Vehicle Attachment 1: No Attachment
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HONDA
Vehicle Model: GLS200 M
Primary Colour: White
Secondary Colour: -
Passenger Capacity: 1
Chassis No.: MH1MC221XBK083206
Engine No.: MC22E1081126
Engine Capacity/Power Rating: 197 cc / -
Maximum Power Output: -
Propellant: Petrol
Max Unladen Weight: 138 kg
Maximum Laden Weight: 248 kg
Open Market Value: \$3,128.00
PARF Eligibility: No
PARF Eligibility Expiry Date: -
Minimum PARF Benefit: -
No. of Transfers: 1
IU Label No.: 713647769
COE No.: 2013100106000481M