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OD TP ! Reporting Only	i-Photo Uploader			-		
	Assessment/Survey	Report				
TP Insurer:	Ass't Report by Fa	x / Hand t	Owner/Wksp		-	
When I OW: I			Tel:	Fax:		1
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I Particulars.	321101		Tcl:		)	
Owner / Driver: (	od: (	)	Cover Type: (		)	
Policy No: (		Date:	Time:		)	
Confirmed by : ( %) [N	ote-Est. Status (WO	): N: 0-2	0%; P: 21-79%. F	80-100%]		
Insured Bit.	Varranty: YES ( )	/NO(	)			
Year of Registration.		)				
DAGGER (4	Strategic Comment	A Chair	ACABADA A			
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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
- 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.
- Any false reporting may be referred to the Police for investigation. 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.

ACCI	DENT	STAT	EM	ENT

29/11/2017 13:14 Date Of Report 29/11/2017 11:45 Date Of Accident

ALONG SENG KANG EAST RD Exact Location Of Accident

SINGAPORE Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

FBC9418E Vehicle Registration Number

Insured/Policyholder

MUHAMED HUSAINI BIN HUSSIN Name Of Registered Owner

S7116383J NRIC No NOEMAIL Email Address

(LOCAL) +65-94262141 Mobile Phone No OTHERS-94262141 Alternative Phone No

Vehicle Particulars

YAMAHA Manufacturer T135 Model

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?

REPORTING ONLY If No, Please state action to be taken MOTORCYCLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

THIRD PARTY Type Of Coverage

NO Fleet Policy

5090624619 Policy Number

Cover Note Number

Driver

MUHAMED HUSAINI BIN HUSSIN Name of Driver

S7116383J NRIC No 13/05/1971 Date Of Birth OUTDOOR Occupation 15/03/1994 Date Of Driving Pass

23 YEARS AND 8 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-94262141 Mobile Number

Fax Number

OTHERS-94262141 Contact Number

NOEMAIL **EMail Address** 

BLK 615 HOUGANG AVE 8 Address

#02-404

530615 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

NO Was any body injured in the Accident?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

NO

NO

1

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJZ9761Y

Vehicle Make/Model/Colour

**Details Of Properties** 

NRIC/Passport Number

Name of Driver

QUEK KENG GUAN (GUO QINGYUAN)

S7807345D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

**Email Address** 

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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.

Policyholder's Signature

Date &/Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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2) ANT 81	7/ S- TRAFFIC	2	
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DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

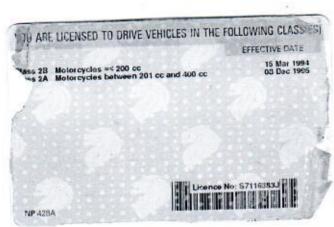
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NRIC/FIN No.:









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Notice of Loss	Policy No	0.				Date of Acc	ident	29/11/	2017 11.45	10
	Vehicle !	No.(For Motor)	FBC9418E							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5090624619	MUHAMED HUSAINI BIN HUSSIN	\$7116383)	GMC	Third Party	FBC9418E	FBC9418E	22/04/2017	21/04/2018

olicy No.	5090624619	Policyholder Name	MUHAMED HUSAINI BIN HUSSII	Policyholder NRIC	57116383J
ddress	BLK 615 #02-404 HOUGANG A	VENUE 8 SING	APORE 530615		
roduct	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
lame Policy	22/04/2017	Effective Date	22/04/2017 00:00	Expiry Date	21/04/2018 23:59
ssue Date Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	KHOR PEI CHENG	Agent Tel.	93802243	GST Flag	Y
Co- insurance	No				
Flag Open					
Flag Open Policy Info Certificate					
Flag Open Policy Info Certificate Info	holder Mailing Address			900 N 96	
Flag Open Policy Info Certificate Info Policy	holder Mailing Address BLK 615 #02-404	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530615
Flag Open Policy Info Certificate Info Policy		Address 2 Address Type	HOUGANG AVENUE 8 Singapore address	Address 3 Post Code	SINGAPORE 530615 530615
Flag Open Policy Info Certificate Info Policy Address 1		Address		37.04.00.000.000	MO BERNOLDE
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.		Address Type Related Policy	Singapore address	37.04.00.000.000	MO BERNOLDE
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 615 #02-404  ed Object: FBC9418E	Address Type Related Policy	Singapore address 5090624619	37.04.00.000.000	MO BERNOLDE

Product Code Microduct Code Microduct Code Microduct Code Microduct No. (Mobile) 94 Email Address (FK MicroD Protection No. Accident Details Report Date 24 Date of Accident 21 Reporting Centre	990624619  JHAMED HUSAINI BIN HUSSIN  DTORCYCLE INSURANCE  1262141  1 No  Yes  9/11/2017 14:16	Vehicle No.  Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%)  Accident Report Within 24 hrs	FBC9418E  Third Party 0  No   Yes	GST Registration No. Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason
roduct Code Micontact No. (Mobile) 94 small Address (FK SCD Protection No.  Accident Details Dete of Accident 21 Reporting Centre Accident Location A  Benefits	OHAMED HUSSIN OTORCYCLE INSURANCE 1262141  No TYPES 0 9/11/2017 14:16	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%)	Third Party 0	Contact No.(Home) eCode
roduct Code Micontact No. (Mobile) 94 contact No. (Mobile) 94 comail Address (FK	OTORCYCLE INSURANCE #262141 0 No " Yes 0 9/11/2017 14:16	Contact No.(Office)  Special Remark  TCA  NCD Entitlement(%)	o	Contact No.(Home) eCode
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mail Address  IFK  ICD Protection  Accident Details  Report Date  25  Report Date  Accident 25  Reporting Centre  Accident Location  Benefits	No © Yes 9/11/2017 14:16	Special Remark TCA NCD Entitlement(%)	@ No € Yes	
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ete of Accident 21 eporting Centre coident Location A  Benefits			Yes	Accident Type
eporting Centre ccident Location A  Benefits	7/11/2017			
ccident Location A  Benefits		Time of Accident hh:mm	11:45	Country of Accident Si
⇒ Benefits		Orange Force		ICM No.
	LONG SENG KANG EAST RD			
♥ Excess				
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wn damage Excess	0.00	Additional Excess		Windscreen Excess
nnamed Driver Excess		Outside Singapore OD Excess		
aird Party Excess	0.00	Outside Singapore TP Excess		
GST Registered Information	un.			
ST Registered	No		GST Registration Date	
ST Registration No.			GST Status Verified	Yes
odification History				
Policyholder Mailing Addre	355			
ddress 1 B	LK 615 #02-404	Address 2	HOUGANG AVENUE B	Address 3
ddress 4		Address Type	Singapore address	Post Code
nit No.		Related Policy Number	5090624619	
OI Driver Info				
All the state of t	JUHAMED HUSAINI BIN HUSSIN	Driver Type	Main Driver	
nnamed driver Name		Driver NRIC	\$71163833	Driver DO8
	5/03/1994	Driver Age	46	Driving Experience
	94262141	Contact No.(Office)	0	Contact No.(Home)
ON THE PROPERTY OF THE PROPERT	BLK 615	Address 2	HOUGANG AVENUE 8	Address 3
	CK 013	Address Type	Singapore address	Post Code
Address 4	922922	700,000 177	500	
	<b>#02-404</b>			Driver Insurer Company
Registered car?	Yes @ No	Driver Vehicle No.		Diver have designed
Declaration			HANNELLING	
Breathalyser or Blood Test 0 Reading?	mg	Any injury?	☐ Yes @ No	
fodification History				
Claim 001 OD-MX New				
	1021	to and Name	MUHAMED HUSAINI BIN HUSSII	Insured NRIC
	OD-MX •	Insured Name		Contact No.(Office)
	85228554	Contact No.(Home)	NIL	TP Vehicle Number
	md.husaini@hotmail.com	OI Vehicle Number	FBC9418E	
T.	FBC9418E / SJZ9761Y ON 29 Nov 2017			Name of Preferred Workshop
Preferred Workshop Contact		Insured Liability *	Fully at Fault	
	Yes •	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report
	29/11/2017 14:24	Claim Close Date		Date Received
	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired
	VIOLET HIPPOPPET			
Print AK letter			Save Submit	
Attachment				
Attachment				
Service Control of the Control of th	MT/0971653	Claim No.	001	

