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TP Particulars Yell No. GBC 676) E	INC()/ Non-INC() "	
Owner / Driver: (Tel:	
Policy No: (,) Perlod: (, ') Cover Type: ()	
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1) Apply for Transport Allowance () / Courtesy Car		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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 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.

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.

	ACCIDENT STATEMENT
Date Of Report	07/12/2017 11:08
Date Of Accident	07/12/2017 08:20
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD1507D
Insured/Policyholder	
Name Of Registered Owner	RASHEED FIAZ AHAMED
Passport No/FIN	G0414426R
Email Address	FR_AHAMED@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91192791
Alternative Phone No	OTHERS-91192791
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR-150CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO OFFICE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE, LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2017-00000095
Cover Note Number	
Driver	
Name of Driver	RASHEED FIAZ AHAMED
Passport No/FIN	G0414426R
Date Of Birth	15/08/1972
Occupation	INDOOR
Date Of Driving Pass	05/07/2016
Driving Experience	1 YEAR AND 5 MONTHS

MALE

(LOCAL) +65-91192791

FR AHAMED@YAHOO.COM

OTHERS-91192791

Address

BLK 567 HOUGANG STREET 51

#07-69

Postcode

530567

OWNER

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

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

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

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

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC6762E

Vehicle Make/Model/Colour

VAN

Details Of Properties

Name of Driver

NG TZE LIANG

NRIC/Passport Number

S7126500E

Contact Number

97366065

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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. 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.
- 7. 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:

- 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)
 - (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.
- (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:
 - (i) 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.

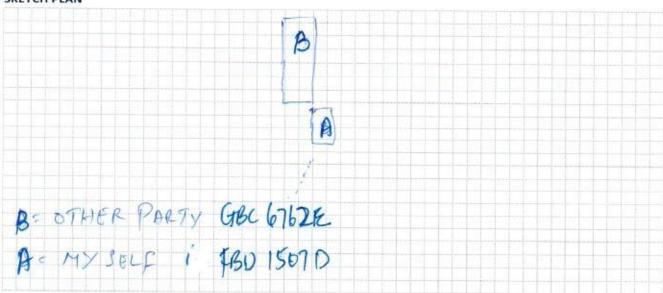
Policyholder's Signature Date & Time:

10 AM

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

Date & Time:

Reporting Centre Persongel's Signature
Name:
NRIC/FIN No.: LOLL MANAGE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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
Name:
NRIC/FIN No.: FOR 21 WEARS

ACCIDENT STATEMENT

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, ACCID	ENT DATE: (07/12)	TOD MANY	AA) LIWE: (-30		M .
LOCATI	ON: UPPER	SERANGOON	R=AD	*	.00
	-4" "				
1.	DETAILS OF VEHICLE	IBD 150	70.	1 1	74
	a) VEHICLE NUMBER:_		10	MP 02	
	b)INSURANCE COMPA	ANY: FWD			
*	CIPOLICY NUMBER:	PNMC2017 T	20000093	OTV SIDE FTHEF	TA .
	d)POLICY TYPE: (COM	PREHENSIVE THIRD	PARTY/THIRD PA	TS)	Ä
	e)MAKE & MODELLE	V V	The second secon		
	ALVEHIOLE CATEGORY	OIPRIVATE / COMME	rcial / Motorc	CACTEL	1 00
	h) PURPOSE OF USING	AT ACCIDENT TIME:	PERSONAL	, GOING	40. At
	I) ARE YOU CLAIMING	UNDER YOUR OWN IT	SURANCE (YES/	NOL	
r.	IF NO, PLEASE STATE	THIRD PARTY CLAIM	REPORTING OF	(LY)	
2.	INSURED / POLICY HO	LDER _		_	10 10
201	AlNAME: RASH	ED TIAZ AL	AAMED IM		7 6 1
	b) NRIC/FIN/PASSPOR	1. (104)442	GR CONTACT	91192	1/4
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(Including driver)	b) NRIC/FIN/PASSPOR	1: 60414426		1: 9119 2	25/
(T)	CIADDRESS: 567	HOUGANG J	TREET SI	# 67-67	-
30		SAPORE -	70 76)		
x .	*d) DATE OF BIRTH! (_	13/08/1744	UU/MM/TTTT]	,	
	e OCCUPATION: (INC	1 White	7-2016	- 0	
4	WAS DRIVER AN EM	PLOYEE OF THE INS	SURED'S COMPA	ANY? (YES! N	٥)
	IF NO. RELATIONSH	ID OF THE OKTACK	MILL INPOVED	1 = 1 = 00	
5.	OIWEATHER CONDITION	ON: (CLEAR / RAININ	G / OTHERS	CCEME	
	b)ROAD SURFACE: (D	ORY / WET / OTHERS_	Pr		
6.	WAS ANYBODY INJUR	CE (YES / NO)	12	E 35	- 50
/.	IF YES, PLEASE STATE	WHICH POLICE STAT	10N:		
8,	THIRD PARTY VEHICLE			Vani	
\$ No of passenger	a) VEHICLE NUMBER		LE MODELL	UBIO	<u> </u>
(Induding driver)	b) DRIVER'S NAME:	NO 126 U	The second secon	7.07366	5065
	c) MRIC/FIN/PASSP	ORT: 571 - 65	OOE CONTAC	11	
$(\underline{1})$ 9.	THIRD, P'ARTY VEHICLE		TE WOREL	¥	1-11
4 No of passinger	d) VEHICLE NUMBE	NG 725 L	JANG .	222	70.62
(Including driver)) f) MRIC/FIN/PASSP	ORK 571265	DOE CONTAC	CT1: 9 1 36	0 000
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C			1.60		62
	(2)		- i	1	10 E

email = H-ahamed @ yahoo. com
fax = VIDEO



EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer TOSHIBA ASIA PACIFIC PTE, LTD,



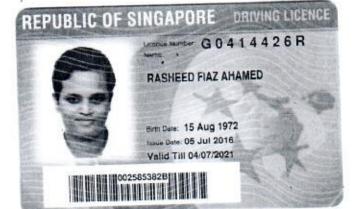
Name RASHEED FIAZ AHAMED

ASSISTANT MANAGER

G0414425R

09-02-2017

Date of leave 21-02-2017 02-04-2018



VISIT PASS Immigration Regulations

RASHEED FIAZ AHAMED



Date of Birth Sex

FIN

15-08-1972 M

Date of Issue

Date of Expiry G0414426R 21-02-2017 02-04-2018

INDIAN

MULTIPLE JOURNEY VISA ISSUED



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

05 Jul 2016

Licence No:G0414426R

NP 428A



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Motorcycle breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNMC2017-00000095

Plan Name: Third Party

Motorcycle plate number: FBD1507D

Your name (As the policyholder): Rasheed Fiaz Ahamed

Coverage start date: 09/07/2017

Coverage end date: 08/07/2018

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 10/05/2017

Shrie

Abhishek Bhatia Chief Executive Officer FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888 or email us at contact.sg@fwd.com if any details in this Certificate of Insurance need to be changed.