SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 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.

5. 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.

AND THE PROPERTY OF A PARTY OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	26/12/2017 14:51
Date Of Accident	25/12/2017 20:45
Exact Location Of Accident	JUNC OF ANG MO KIO AVE 4 & ANG MO KIO STREET 11
Country/State of Loss	SINGAPORE
DESCRIPTION OF THE PROPERTY OF	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FX1953X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN MOHAMMAD ERWAN
NRIC No	S9835400Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93844061
Alternative Phone No	OTHERS-93844061
Vehicle Particulars	
Manufacturer	YAMAHA
Model	Y125Z
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5090964592
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FARHAN BIN MOHAMMAD ERWAN
NRIC No	S9835400Z
Date Of Birth	01/10/1998
Occupation	INDOOR
Date Of Driving Pass	22/12/2016
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93844061

OTHERS-93844061

NOEMAIL

Address

BLK 177 ANG MO KIO AVE 4

#04-907

Postcode

560177

NO Was driver an employee of the Insured's Company

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

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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

PLS REFER TO THE ATTACHED STATEMENT.

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

SJN978L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

The car ahead of me hesitalist weather to stop of go The car accelerated and at the very tood minute decide to jam the brake. When the car accelerate i also accelerate as it was able to make it. I collided into the fear left side of the car. As I was unable to stop in time became the road was were and sand as it was pear a construction		
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	Site. I Skided and Collider.	

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9835400Z





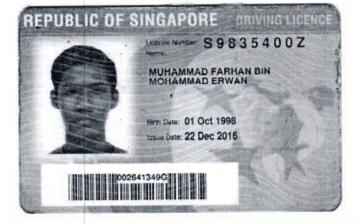
MUHAMMAD FARHAN BIN MOHAMMAD ERWAN



JAVANESE Date of birth

SINGAPORE

01-10-1998 Country/Piace of birth





NRIC No. S9835400Z



16-07-2013

APT BLK 177 ANG MO KIO AVENUE 4 #04-907 SINGAPORE 560177

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

22 Dec 2016

NP 428A

Licence No:59835400Z

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My Desktop	Polic	y Query								
Notice of Loss	Policy N	lo.			Date of Accident		25/12/2017 20:45			
	Vehicle No.(For Motor)		FX1953X							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090964592	MUHAMMAD FARHAN BIN MOHAMMAD ERWAN	S9835400Z	GMC	Third Party	FX1953X	FX1953X	11/05/2017	18/09/2018
					- 1	Continue				

▽ Polic	y Information					
Policy No.	5090964592	Policyholder Name	Policyholder NRIC	S9835400Z		
Address	BLK 177 #04-907 ANG MO KIC	AVENUE 4 SIN	GAPORE 560177			
Product Name	MOTORCYCLE INSURANCE	Plan	Plan		N	
Policy ssue Date	09/05/2017	Effective Date	11/05/2017 00:00	Expiry Date	18/09/2018 23:59	
Third Party Excess	0	Own damage Excess	damage 0			
Additional Excess		OS Premium	0			
Outside Singapore OD Excess		Outside Singapore TP Excess				
Agent	NG ZHI FENG	Agent Tel.	82367750	GST Flag	Υ	
Flag	No					
Open Policy Info Certificate						
Info Policyh	older Mailing Address					
Address 1	BLK 177 #04-907	Address 2	ANG MO KIO AVENUE 4	Address 3	SINGAPORE 560177	
Address 4	Address Type Singapore address		Post Code	560177		
Unit No.		Related Policy Number				
1 Insured	Object: FX1953X	Number				
⊕ Endorse	ements					
Sequenc	e Date of Endorsement	Endorse	ment Type Endorseme	ot Statue	Endorsement Content	
	17/07/2017 00:00	POI Extension/Shorten Entry Rejected			Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 11 May 2017 TO 18 Sep 2018 In view of this amendment, an addition premium of \$255.54 (Inclusive of GST) is payable under you policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit cardor NETS.	
ŀ	15/08/2017 00:00	POI Extensio	n/Shorten Endorsement Tak	e Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 11 May 201 TO 18 Sep 2018 In view of this amendment, an addition premium of \$255.54 (inclusive of GST) is payable under you policy. Please ignore this	

Claim Handling

Accident MT/0975105					
Policy No.	5090964592	Vehicle No.	FX1953X	GST Registration No.	
Policyholder Name	MUHAMMAD FARHAN BIN MOHAMMAD ERWAN			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	93844061	Contact No. (Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	@ No ○ Yes	TCA	⊚ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
 Accident Details 					
Report Date	26/12/2017 15:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - He
Date of Accident	25/12/2017	Time of Accident hh:mm	20:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF ANG MO KID AVE 4 & ANG MD KID S			860 6.000.5	
□ Benefits					
♥ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	-
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa		855			
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing Ad			Went of the Process of the		
Address 1	BLK 177 #04-907	Address 2	ANG MO KIO AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5090964592		
♥ OI Driver Info		a. b			
Driver Name	MUHAMMAD FARHAN BIN MOHAMMAD ERWAN	Driver Type	Main Driver	619797780330	
Unnamed driver Name	VAN AVELES	Driver NRIC	S9835400Z	Driver DO8	
Register Date of Driver License	22/12/2016	Driver Age	19	Driving Experience	
Contact No.(Mobile)	93844061	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 177	Address 2	ANG MO KIO AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	±04-907				
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.		Driver Insurer Company	
Dadamia					
Declaration Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	☐ Yes @ No		
Modification History					
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Claim 001 OD-MX New					
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Claim Type •	OD-MX ▼	Insured Name	MUHAMMAD FARHAN BIN MOHA	Insured NRIC	
Contact No.(Mobile)	93844061	Contact No.(Home)	64548430	Contact No.(Office)	
Email Address	muhammadfarhan0110@gmail.s	OI Vehicle Number	FX1953X	TP Vehicle Number	
Claim Description	FX1953X / SJN978L ON 25 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault 🔻		
Require Finalisation	Yes -	Preferered Repair Option	Please Select	GIA report	
Date Registered	26/12/2017 16:18	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Print AK letter	page 14 march			rotal Loss out Repaired	
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