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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 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,

- 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.

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ACC	IDEN	IT STA	I EW	

Date Of Report

13/02/2018 12:09

Date Of Accident

12/02/2018 14:00

Exact Location Of Accident

ALONG UPPER CHANGI ROAD EAST

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBJ7250Y

Insured/Policyholder

Name Of Registered Owner

ZAHARIN BIN ALI

NRIC No

S7307668D

Email Address

ZAHARINALI81@YAHOO.COM.SG

Mobile Phone No

(LOCAL) +65-91540811

Alternative Phone No

OTHERS-91540811

Vehicle Particulars

Manufacturer

YAMAHA

Model

JUPITER MX-134CC HC

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

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 FIRE AND/OR THEFT

Fleet Policy

NO

Policy Number

5067744339-03

Cover Note Number

Driver

Name of Driver ZAHARIN BIN ALI

 NRIC No
 \$7307668D

 Date Of Birth
 25/02/1973

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/04/2006

Driving Experience

11 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91540811

Fax Number

Contact Number

OTHERS-91540811

EMail Address

ZAHARINALI81@YAHOO.COM.SG

Address

BLK 370 JURONG EAST STREET 32

#08-366

Postcode

600371

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

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident.

2

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

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

WC1875Y

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

GANESHAN RAMACHANDRAN

NRIC/Passport Number

F7834697M

Contact Number

81865543

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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) 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
- 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:

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

Date & Time:

Reporting Centre Personnella Signature
Name:
NRIC/FIN No.

> From Sins Ave ->	up chorai Rd	
Sims Ave	From Uppihongi	
Tion > 1	Construction	EXPO
1 Jan Ko	site	
MC1815 Y L ROLL BACK LUNCOS W. Office of FBJ7250 Y	UPPER CHANGI ROAD	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

and the state of the Addition
On Monday, 12/2/2018 at 1400 hrs, I waited beling a
construction Lorny as the traffic light was red. I gave
a one car length away from the long. Then somehow
the loony started to move backward gradually. I
started to move back as fast as possible but since.
I was riding a motorcycle, so its I was not fest enough
The right land was enjoy and before I was able
to switch to the right have, it was too late. The
back of the long Thit the front of my loike.
I asked the driver whether he out the hard broke
and he said yes but if he put the hand broke the
long would not move backward in such a way. Then
he said while waiting for the light to be green, he
was eating. The long place number is WC 18754
and my westorcycle number is FBJ 72507. The weather
was dear during the accident and the road was do
J

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:

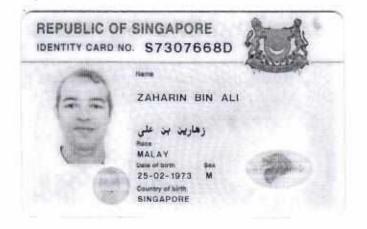
Reporting Centre Personnel's Signature AAAB
Name: ROSAL WAAAB

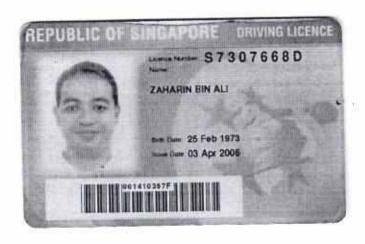
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Hey No:	5067744339-63	Vehicle No.	FBJ7250Y	GST Registration No.
scytolder Name	ZAMARIN BIN ALI		WERE AND ADMINISTRATIVES	Policyholder NRIC
oduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
ontact No (Mobile)	91540811	Contact No.(Office)		Contact No.(Home)
mail Address		Special Remark		eCode
EK?	No Yes	TCA	49 No Yes	eCode Reason
CD Protection	No.	NCD Entitlement(%)	20	Private Hire
Accident Details				CONTRACTOR OF THE PARTY OF THE
eport Date	13/02/2010 12:30	Accident Report Within 24 hrs	Yes	Accident Type
late of Accident	12/02/2018	Time of Accident hourism	14 00	Country of Accident
aporting Centre		Orange Force		ICM No.
ccident Location	ALONG UPPER CHANGE ROAD EAST			
♥ 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 Escess		
GST Registered Informa	ition			
SST Registered	No		GST Registration Date	123
ST Registration No.			GST Status Ventiled	Yes
fodification History				
	7/0.50			
Policyholder Mailing Ad		UDIOCESE.	Carrie Sant Santa Sa	Address 3
Address 1	BLK 371 #08-366	Address 2	JURONG EAST STREET 32	Post Cuce
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5067744339-U3	
OI Driver Info		2000 M 2000	W227D W27 CD	
Driver Name	ZAHARIN BIN ALI	Driver Type Driver NRIC	Main Driver 57307668D	Oniver DOB
Unnamed driver Name	n semberator		44	Oriving Experience
Register Date of Driver License		Driver Age	94	Contact No.(Home)
Contact No.(Mobile)	91540811	Contact No. (Office)	JURONG EAST STREET JZ	Address 3
Address 1	BLK 371 #98-366	Address 2		Fost Code
Address 4		Address Type	Singapore address	Profes score
Unit No.				#2000 PER
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.	FB37258Y	Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes a No	
1000101112				
Modification History				
Claim 001 Next				
Claim Type *	OD-MX	Insured Name	ZAHARIN BIN ALI	Insured NRIC
Contact No. (Mobile)	91540811	Contact No.(Home)	64810292	Contact No.(Office)
Email Address	zanarinali81@yahoo.com.sp	Ol Vehicle Number	#8J7250Y	TP Vehicle Number
	FB37250Y / WC1875Y ON 12 Feb 2018	MANY PRODUCTION	And the state of t	Name of Preferred Workshop
	Lentener Carrestat and 15 Lentents	Name of Cabillian a	Not at Fault +	The Health of th
Claim Description Preferred Warkshop Contact		Inquired Liability *	1000	GIA report
Preferred Warkshop Contact No.		Married Co. Co. Co. St. Married Co. St. Co. St. Co. Co.	Preferred Workshop, Name unknown	Company of the Party
Preferred Warkshop Contact No. Require Finalisation	Yes •	Preferend Repair Option		Date Received
Preferred Warkshop Contact No. Require Finalisation Clate Registered	13/02/2018 12:32	Preferend Repair Option Claim Close Date		Date Received
Preferred Warkshop Contact No. Require Finalisation				Date Received
Preferred Warkshop Contact No. Require Finalisation Date Registered	13/02/2018 12:32			Date Received
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	()TYPE:(SALOON / C	OULE / WEA LA WIN	MERCIAL AMOTO	RCYCLE	
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	IF NO, PLEASE STAT	FITHIRD PARTY CL	AIM (REPORTING	ONLYI	165
2	INSURED / POLICY H	OLDER A.			
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(5)	DINRIC/FIN/PASSPO	RI STADALON	D CONTA		n8-366
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	AS AS	ABOVE		MALE / FEM	ALE
(Including driver)	b) NRIC/FIN/PASSPC	ORT!	CONTA	(CI:	
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W 45	*d)DATE OF BIRTH:	DE / 102 / 197	3 HDD/MM/YYYY	1	
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5,	DINEATHER COND	INDA WET / DTH	rs		
Χ	WAS ANYBODY INJ	URED IYES (NO			16
- 7.	ALPERORTED TO PO	LICE (YES /(NO))	t a		
	IF YES, PLEASE STA	ALE MHICH LOTICE	STATIONI	- 00	1-1
8,	THIRD PARTY VEHIC	WC 187	57 MODE	" LOPP	7
4 No of passenger			PAMACHAND	RAN	
(Induding driver)	o) MRIC/FIN/PAS	SPORT: F7834	697 M CON	TACT: 8186	5545
(1) .	THIRD PARTY VEHIC	LE CONTRACTOR		1000	E C
A A	AL VEHICLE NUM		MODE	l.:	
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(Including driver	T) 1) HRIC TH/PAS	sport:	CON	INV IN	
(_)		4	40	50	
1				100	

email: zaharinali81@yahoo.com. sg.











Certificate of Insurance

MACTOR VEHICLES (THIRD PAR	TY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PAR	TY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number : 5067744339-03

: FBJ7250Y

Index mark and Registration Number of Vehicle

Chassis Number

: MH350C004EK709232

Cover : Third Party, Fire & Theft

2. Name of Policyholder

: ZAHARIN BIN ALI

3. Effective Date of Insurance

: 24 Sep 2017

4. Explry Date of Insurance

: 23 Sep 2018

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.

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) EXCESS (SECTION 2)

N/A N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

PLEASE REFER OVERLEAF

INSURE WITH COE

VES

NAMED DRIVER (1)

ZAHARIN BIN ALI

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

SPEEDWAY MOTOR PTE LTD

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

: AXIS LINK PTE LTD (00000614797)

Date of Issue

: 23 Aug 2017 10:37 hrs

Reprint

: 23 Aug 2017 10:37 hrs

Countersigned By:

Authorised Officer

Chief Executive

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED