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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 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.

- 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

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and the supplied the	ACCIDENT STATEMENT	
Date Of Report	01/03/2018 14:53	
Date Of Accident	01/09/2016 21:45	
Exact Location Of Accident	HOMETEAMNS AT BUKIT BATOK LOBBY	
Country/State of Loss	SINGAPORE	
AUGIN (AN ELECTRICAL PROPERTY AND ASSESSMENT	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ4733R	
Insured/Policyholder		
Name Of Registered Owner	KAMALIAH BINTI HASHIM	
NRIC No	S9013593G	
Email Address	MYRAJFR@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-97328317	

Alternative Phone No. Vehicle Particulars

KTM Manufacturer

200 DUKE-200CC Model

Exact Purpose for which vehicle was being used at

WORKING PURPOSES

OTHERS-97328317

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No. Please state action to be taken

REPORTING ONLY MOTORCYCLE Vehicle Category

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy NO

D-16084308MYCE Policy Number

Cover Note Number

Driver

SITI NAMIRA BINTI MOHD JA'AFAR Name of Driver

\$89458121 NRIC No 22/12/1989 Date Of Birth INDOOR Occupation 20/08/2015 Date Of Driving Pass

1 YEAR AND 0 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-97328317 Mobile Number

Fax Number

OTHERS-97328317 Contact Number MYRAJFR@GMAIL.COM EMail Address

BLK 203 YISHUN STREET 21 Address

#11-235

Postcode 760203

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PEDESTRIAN Type Of Accident

Weather Conditions AFTER RAIN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO NO

NO

2

NO

NO

1

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)

Passenger 1

NAME:

: NADRAH HANIM

GENDER:

: FEMALE

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?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (NO PHOTO TAKEN CAUSE THE SUB RIDER LICENCE WAS REVOKED)

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

SKETCH PLAN

03/2018

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:

- (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.
- (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

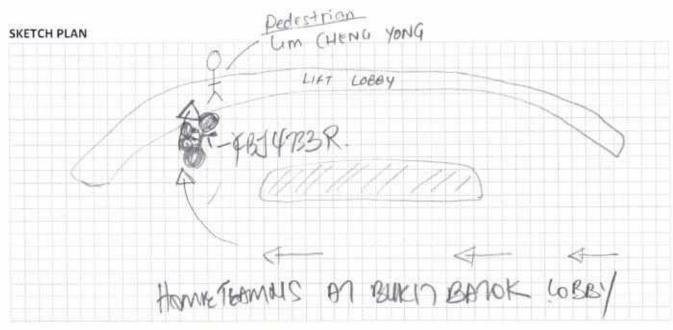
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

RESERVE WATERS

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE PROPERTY.	
1 40	as ricting my bike with a fallion (NABRAH HANIM) at Home Termins
	Bortok on I september soil sinshire. About to make a turn in at the
	, I lest control and accidentally swerve towards the curb and
	p against the curb and without realising a pedestrian (Com CHENG YOU
	standing on the curb I fell off from my bike together with the
10:11	ion on the left side of the bike. As I got up the pedastrian
	lying on the ground erging in pain.
	o passer by come by at the scene to help the padestrian
	called the ambolance immediately.
	CRYSTAL GOH, WAS IN-CHARGE OF the case. She took down all
	culars and statement in regards to the said scene. The Pedestrian
	a severe tibial fracture. Both pillion and rider was not
	d during the accident happened:
0	

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.:

AGCIDENT STATEMENT

Apolipoint	OL UK
10011 20 10011	UM/YYY), TIME:(21. 45 I(HH:MM)
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LOCATION: HOME TEAMING BY BY	and asy
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1. DETAILS OF VEHICLE PBJ 4733	
THE COLUMNY FIRST	CAPITAL
CIPOLICY NUMBER: D-160 8430	S MVCE
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BIMAKE & MODELL KTM 200	DUKE,
MTYPE IS ALOON / COUPE / MPY /Y	AN / LORRY (MOTORCYCLE, OTHERS)
H) PURPOSE OF USING AT ACCIDENT	OWN INSURANCE (YES/NO)
I) ARE YOU CLAIMING UNDER TOUR IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
IF NO, PLEASE STATE TITLES	The second secon
2. INSURED / POLICY HOLDER BIN	TI HASHIM MALE/ EMALE 317
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CIAUDRESS. #02 1/2 SC6	50324)
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C ADDRESS: #11-235 S	(760,203)
12 / CC CC UTG CC 2 CT C C C C C C C C C	1989 TOD/WW/AAA) : :
*didate of BIRTH: (22 / 12 /	DÓOR)
DATE OF DRIVING PASS	
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4. WAS DIVIVOR	DRIVER WITH INSURED
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4 10 of passonger a) VEHICLE ROTTON	CONTACT!
(Including driver) b) DRIVER'S NAME.	CONTACTI
	Jones III
() 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:	MODEL!
	CONTACT
	CONTACT
(Including delver) 1) NRIC/=N/PASSPORTI	
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email: myrajfr@gmail.com
:fax: = 11000

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$89458121





SITI NAMIRA BINTI MOHD JA'AFAR

MALAY Date of birth 22-12-1989 Country of birth SINGAPORE



4817022

S8945812I

APT BLK 203 YISHUN STREET 21 #11-235 SINGAPORE 760203

NRIC No.: \$89458121

Date: 21/10/2018

Status of Driving Licence

QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. :

S8945812I

Status of Qualified Driving Licence:

Invalid

Class of Qualified Driving Licence:

Expiry Date:

Valid for life unless revoked, suspended or disqualifie

Disqualification Date:

10/04/2017

To: 09/10/2018

PROVISIONAL DRIVING LICENSE

Provisional Driving Licence No.:

S8945812I

Status of Provisional Driving Licence:

Expired (Click here for explanation)

Class of Provisional Driving Licence:

2B

Expiry Date:

06/10/2015

20/08/2015

The above information is accurate as at 01/03/2018 12:01 AM.

First Capital Insurance Limited

Company Reg. No. 19500D108C GST Reg. No.: M2-0001678-9

A FAIRFAX Company

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 (Malaysla)

: D-16084308MYCE

: FBJ4733R

: MOTOR CYCLE INSURANCE

/: KAMALIAH BINTI HASHIM

: Third Farty Fire and Theft

: 10.06.2016 To 09.06.2017

Market Value At Time Of Loss

Type of Policy.

Type of Cover.

Cartificate No. Vehicle Registration No

Name of Insured Period Of Insurance Insured Estimated Value

Excess : SGD350.00 SECTION I

Financial Institution Authorised Driver*

: YEW HENG CREDIT ENTERPRISE PTE LTD

KAMALIAH BINTI HASHIM AND SITI NAMIRA BINTI MOHD JA'AFAR

Persons or classes of persons entitled to drive:-

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*

Use for social domestic and pleasure purposes and by the Insured in person in connection with his business or profession.

The Policy does not cover :-

Use for hire or reward

(11) Use for racing, pacemaking, reliability trial or speed-testing.

(iii) Use for the carriage of goods(other than samples) in connection with any trade or business.

(iv) Use for any purpose in connection with the Motor Trade,

*Limitations rendered inoperative by Section 8 of the Hotor Vehicles (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.

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)

KARENS/A0181

Issued at Singapore On 31.05.2016

Authorised Signature

Main Office: 6 Raffiss Cray #21-00 Singapore 048560 Tel; 65-6222 2011 Fax: 65-6222 3547 Website: http://www.firei-Insurance.com.sg Cisims Departments & Molor Underwriting Department; 36 Robinson Road #16-01 City House Singapore 068877 Tol: 65-8507 3846 Fex: 66-0507 8849