Date In: 12/3/18-17:33	The state of the s	Date & Time Completed	Done by
19/10-11//	Jeb description	Date & Time Completed	
REF NO: NA INC 1800 469 2/24	SAS e-filing	1	
Veh No: F98 36674	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 17/7/18-01:30	i-Motor Claim Form	M10985779	15/3/18 19:27
	i-Motor W/O (Within: OD 2hrs	s, 7'P 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded	1-	
	Assessment/Survey Report	<u> i ,</u>	
TP Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp	L
Preferred Wksp / INC Assign Wksp / QW: (101.	Fax:
TP Particulars: Veh No: 5p 9	SOE INC)/Non-INC().	
Owner / Driver: (Tel:	
Policy No: () Per	riod: (Cover Type: (
Confirmed by : (Date:	Time:	1000/1
	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]
Tout of reagness to	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,00	00()/\$2,000()	A Minimum of the Control of the Control	7782 F 17, T 2
General Remarks:			Specific Artists
() Walk-In Customer: Customer's infor	rmation strictly Confidential & S	trictly NO refer of repairer	•
() Total Luss Case : to e-mail Insure		· · · · · · · · · · · · · · · · · · ·	
Drive-In ()/ Towed-In (); Invoice		Towing Co: (.)
		Date&Timb Completed	Done by
Remarks:- (INC hotline: 6788 6616)	Courtesy Car ()		
1) 1 topping to 1 1 minutes	()	7	
2) QC Check / Post Repair Inspection			
as It I I December Disease (Demoir Coct) 13	00001 ()		16
3) Upload Resurvey Photo [Repair Cost > \$3	0000] ()	1 11 1 12 12	
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SINGAPORE ACCIDENT STATEMENT

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 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 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

	ACCIDENT STATEMENT
Date Of Report	12/03/2018 17:33
Date Of Accident	12/03/2018 01:30
Exact Location Of Accident	BLK 739 WOODLANDS CIRCLE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
gradient of the special season	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB3667Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED AL HAFIS BIN AZMAN
NRIC No	\$90024941
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94826144
Alternative Phone No	OFFICE-94826144
O WINE COLUMN TO THE COLUMN TO	

Vahi	clo	Particu	are

Manufacturer	YAMAHA
Model	T135

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
time of accident	

Are you claiming under your own	insurance policy
---------------------------------	------------------

for repair to your vehicle?

THIRD PARTY 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

5052123131-06 Policy Number

Cover Note Number

Driver

MUHAMMAD AMIRULBOLKIA BIN AZMAN Name of Driver

S9103693B NRIC No 01/02/1991 Date Of Birth INDOOR Occupation 22/10/2015 Date Of Driving Pass

2 YEARS AND 4 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-93550030 Mobile Number

Fax Number

OFFICE-93550030 Contact Number

NOEMAIL EMail Address

BLK 154 SIMEI STREET 1 Address

#04-75

520154 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

0 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?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARK ALONG BLK 739 WOODLANDS CLOSE DRIVEWAY. VEHICLE B WHILE TURNING OUT HIT ONTO MY VEHICLE LEFT PORTION. HE DID NOT LEFT A NOTE THAT HE HIT ONTO MY VEHICLE.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJP9580E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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.
- 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 insurers) 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:

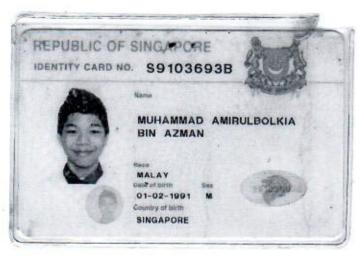
NRIC/FIN No .:

TCH PLAN	
	A: FB1536674
Syndrous analyticals Specifically Set alls	B: 5P9580E
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to statement.	
/	
ECLARATION	
ECLARATION 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.:





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

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE

22 Oct 2015

Licence No:\$9103693B

NP 428A

Date of Issue
06-02-2006
Anthoras
APT BLK 154 SIMEI STREET 1
#04-75
SINGAPORE 520154

eBao Tech						Osa Z			Gene	ralClaim
Hello, NAC_PAYA_UBI_800	0601		- CANADA STREET	MOSHE -	Name of Street of Street		Change Lan	guage ,	Change Passwo	rd + Log Out
My Desktop Natice of Lass	Policy N	cy Query				Date of Ac	cident	12/03	2018 01:30	
	1.000000	No.(For Motor)	FBB3667Y							
					- 1	Search		20070009	2000000000	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5052123131- 06	MOHAMMED AL HAFIS BIN AZMAN	590024941	GMC	Third Party	FBB3667Y	FBB3667Y	12/09/2017	11/09/2018
			1400400000		100	Continue				

		Policyholder	MONAMED AT HACTE DIN AZM	Policyholder	S9002494I
olicy No.	5052123131-06	Name	MOHAMMED AL HAFIS BIN AZM	NRIC	330027371
ddress	BLK 154 #04-75 SIMEI STREET	1 SINGAPORE	520154		
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	11/09/2017	Effective Date	12/09/2017 00:00	Expiry Date	11/09/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Υ
Co- insurance Flag Open Policy Info	No				
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	BLK 154 #04-75	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520154
Address 4		Address Type	Singapore address	Post Code	520154
Unit No.		Related Policy Number	5052123131-06		
) Insure	ed Object: FBB3667Y				
▽ Endor	sements				NOW TO A STATE OF THE STATE OF
	CHI THE AMERICAN LITTLE CONTROL OF THE PARTY	11/25/105/1008	ement Type Endorsem	ent Status	Endorsement Content

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olicy No.	5052123131-06		Vehicle No.	18830011		Palcyholder NRIC		590024941	
	MOHAMMED AL HAPIS			Total Bud.		oading		0	
educt Code	MOTORCYCLE INSURAN	NCE	Cover Type	Third Party		Contact No. (Home)		0	
ontact No (Motrie)	94826144		Contact No.(Office) Special Remark			eCode		Te V	
meil Address	0.30			mr. Ow.		Code Reason			
RC .	® No ○ Yes		TCA	® No ○Yes				No	
CD Protection	No		NCD Entitlement(%)	20	8	Private Hire		90	
Accident Details									CUSSES A THE
eport Date	12/03/2018 19:25		Accident Report Within 24 hrs	Yes		Accident Type		Damaged whilst	parked
	12/01/2018		Time of Accident hh:mm	01:30		Country of Accident		Singapore	
ate of Accident	12/03/2018		Orange Force	3070250		ICM No.			
eporting Centre									
ocident Location	BLK 739 WOODLANDS	CIRCLE OPEN SPACE	CAMPARK						
♥ Benefits									
₩ Excess									
wn damage Excess		0.00	Additional Excess			Windscreen Excess			
nnamed Dover Excess			Outside Singapore OD Excess						
nind Party Excess		0.00	Outside Singapore TP Excess						
GST Registered Informa	ition								
ST Registered	No			GST F	tegistration Date				
ST Registration No.				GST S	Status Verified	Yes			
ledification History									
Policyholder Hailing Ad	dress								
	BLK 154 #04-75		Address 2	SIMEI STREE	ET 1	Address 3		SINGAPORE 52	20154
Adoress 1	OTHER PROPERTY.		Address Type	Singapore ad		Post Code		520154	
Address 4				5052123131					
init No.			Related Policy Number	3032129191	-00				
OI Driver Info									
oriver Name	MUHAMMAD AMIRULE	OLKIA BIN AZMAN	Driver Type	Named Drive		Driver DOB		01/02/1991	
Innamed driver Name			Driver NRIC	591036938		Driving Experience		2	
Register Date of Driver License	22/10/2015		Driver Age	27				0	
Contact No.(Mobile)	93550030		Contact No.(Office)	0		Contact No.(Home)			
Address 1	BLK 154		Address 2	SIMEI STRE	200	Address 3		SINGAPORE 5	20154
Address 4			Address Type	Singapore as	ddress	Post Code		520154	
	04-75		Address Type	Singapore as	ddress	Post Code		520154	
Unit No. Does he own a Singapore	04-75		Address Type Driver Vehicle No.	Singapore as	ddress	Post Code Driver Insurer Comp	vany	520154	
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Jnit No. Does he own a Singapore Legistered car? Declaration							eatry	520154	
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One No. Does he own a Singapore Registered Car? Declaration Breathelyser or Blood Test Reading? Prodification History Claim 001 New	○ Yes No 0 mg	V	Driver Vehicle No. Any injury? Insured Name	○ Yes (♣) N		Driver Insurer Comp	varry		
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Unit No. Does he own a Singapore Registered Car? Declaration Breathelyser or Blood Test Reading? Modification History	O mg DO-MX 94836144 PMX18677 / SJP95801 Yes 12/00/2018 19:27	E ON 12 Mar 2018	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) GI Vehicle Number Insured Liability * Preference Repair Option	MOHAMMED NIL POS3667Y Not at Paul Preferred V	AL HAFIS BEN AZM	Insured NROC Contact No.(Office) TP Vehicle Number Name of Preferred V		\$90024941 \$1P95808 Received	-
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One No. Does he own a Singapore tagistered Car? Declaration Breathelyser or Blood Test Reading? Production History Claim 601 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By.	O mg DO-MX 94836144 PMX18677 / SJP95801 Yes 12/00/2018 19:27	E ON 12 Mar 2018	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) GI Vehicle Number Insured Liability * Preference Repair Option	MOHAMMED NIL POS3667Y Not at Paul Preferred V	AL HAFIS BEN AZM	Insured NROC Contact No.(Office) TP Vehicle Number Name of Preferred V		\$90024941 \$1P95808 Received	-
Claim 601 New Chair	O mg DO-MX 94836144 PMX18677 / SJP95801 Yes 12/00/2018 19:27	E ON 12 Mar 2018	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) GI Vehicle Number Insured Liability * Preference Repair Option	MOHAMMED NIL POS3667Y Not at Paul Preferred V	AL HAFIS BEN AZM	Insured NROC Contact No.(Office) TP Vehicle Number Name of Preferred V		\$90024941 \$1P95808 Received	-
Contact No. (Mobile) Email Address Claim Type. * Contact No. (Mobile) Email Address Claim Description Determined Workshop Contact No. Require Finalisation Date Registered Report Taken By. De Print AK latter	O mg DO-MN 94825144 FBM3867Y / SJP95800 Tes 12/03/2018 19:27	E ON 12 Mar 2018	Insured Name Contact No. (Home) OI versice Number Insured Rability * Preference Repair Option Claim Close Date	MOHAMMED NIL POS3667Y Not at Paul Preferred V	AL HAFIS BEN AZM	Insured NROC Contact No.(Office) TP Vehicle Number Name of Preferred V		\$90024941 \$1P95808 Received	-
Claim 601 New Chair	O mg DO-MX 94836144 PMX18677 / SJP95801 Yes 12/00/2018 19:27	E ON 12 Mar 2018	Insured Name Contact No. (Home) OI versice Number Insured Liability * Preference Repair Option Claim Close Date	MOHAMMED NIL POS3667Y Not at Paul Preferred V	AL HAFIS BEN AZM Verkshop, Name unknown wat 001	Insured NROC Contact No.(Office) TP Vehicle Number Name of Preferred V		\$90024941 \$1P95808 Received	-
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Claim OO1 New Claim OO5 New Chair	O mg DO-MN 94825144 FB83867Y / S3F95800 Tes 12/03/2018 19:27 Darkson	E ON 12 Mar 2018	Insured Name Contact No. (Home) OI versice Number Insured Liability * Preference Repair Option Claim Close Date	MOHAMMED NIL POS3667Y Not at Paul Preferred V	O AL HAFIS BEN AZM Vorkshop, Name unknown O01 12/03/2018 19:27 Category *	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred V GIÁ report Date Received	Vorkshop	\$9002494I \$1P95808 Received 12/03/2016 0	-
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	Uploaded By/Date	Folder Date	File Name		9	Source	Action
▼ Video List						9323201	CVCUCC
A.	NAC_PAYA_UB1_800503(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 19:27	Photos		Normal	Photos 2018-3-12	E
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 19:27	Photos		Normal	Photos 2018-3-12	E
1	NAC_PAYA_UBI_800801(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 19:27	Photos		Normal	Photos 2018-3-12	E
A	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma (2018 19:17	Photos		Normal	Photos 2018-3-12	E
	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 19:27	Photos		Normal	Photos 2018-3-12	Ec
1	NAC_PAYA_UBI_BOOSOI (NATE	ONAL AGGESSMENT CENTRE SERVICES) on 12 Ma + 2018 19:27	Photos		Normal	Photos 2018-3-12	Ed
No.	NAC_PAYA_UBI_S00501(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 12 Ma + 2018 19:27	Photos		Normal	Shotos 2018-3-12	Ed
*	NAC_PAYA_UBI_800603(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 12 Ma v 2018 19:27	Photos		Normal	Photos 2018-3-12	Ed
	NAC_PAYA_UB1_800601(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 19:27	Photos		Normal	Photos 2018-3-12	Ed
点	NAC_PAYA_UBI_800601 NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 19:27	Photos		Normal	Photos 2018-3-12	Ed
60	NAC_PAYA_UBI_800601(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 19:27	SAS		Normal	SAS 2018-3-12	Ed
\$40 km	NAC_PAYA_UBI_BOOKOI(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 19:27.	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-12	Ed
Attachment		uploaded By/Date	Category	Ŷ	Urgency	Description	Sent? Activ (CO)