



## 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 withholding 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 GI&A 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	22/03/2018 10:48
Date Of Accident	15/02/2018 15:40
Exact Location Of Accident	INSIDE GLOBAL INDIAN INTERNATIONAL SCHOOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4734H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHD AZMAN B ZAINOL
NRIC No	S6803742E
Email Address	AZMANTC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96803169
Alternative Phone No	OTHERS-96803169

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	ZR1000-1.0 (M)
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	5073753282-02
Cover Note Number	

### Driver

Name of Driver	MOHD AZMAN B ZAINOL
NRIC No	S6803742E
Date Of Birth	10/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96803169
Fax Number	
Contact Number	OTHERS-96803169
Email Address	AZMANTC@GMAIL.COM



Address	BLK 18A HOLLAND DRIVE #21-463
Postcode	272018
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	PC3250U
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PA5989U
-----------------------------	---------

Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

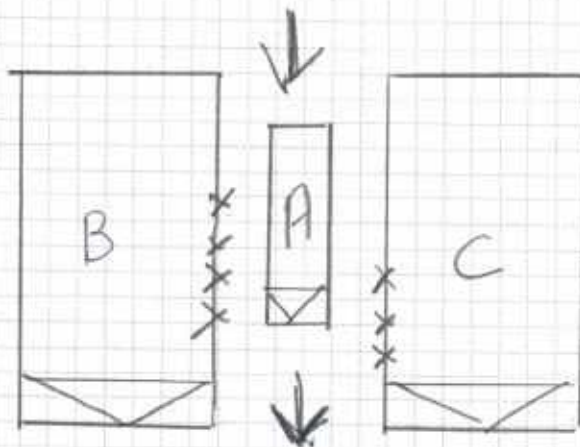
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

INSIDE GLOBAL INDIAN INT'L SCHOOL



A) FBK 4734 H  
B) PC 3250 U  
C) PA 5989 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I went through in between 2 vehicles on 15 Feb 2018 After finishing my job. I was later contacted by the vehicle driver saying that I have SCRATCH their vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 22/03/2018  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:



### Claim Handling

Accident MT/0987157

Policy No.	5073753262-02	Vehicle No.	FBK4234H	GST Registration No.	
Policyholder Name	MOHD AZMAN B ZAINOL			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	96803169	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFE	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
▼ Accident Details					
Report Date	22/03/2018 11:50	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/02/2018	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	INSIDE GLOBAL INDIAN INTERNATIONAL SCHOOL				
▼ 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 Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status, Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 18A #21-463	Address 2	HOLLAND DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5073753262-02		
▼ OI Driver Info					
Driver Name	MOHAMMAD AZMAN BIN ZAINOL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6803742E	Driver DOB	
Register Date of Driver License	30/08/1988	Driver Age	30	Driving Experience	
Contact No.(Mobile)	96803169	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 18A #21-463	Address 2	HOLLAND DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	FBK4734H	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input checked="" type="radio"/> No <input type="radio"/>		

#### Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MOHD AZMAN B ZAIDOL	Insured NRIC
Contact No.(Mobile)	96803169	Contact No.(Home)	67778056	Contact No.(Office)
Email Address		Q1 Vehicle Number	YBK4734H	TP Vehicle Number
Claim Description	YBK4734H / PC3250U OM 15 Feb 2018			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	22/03/2018 11:52	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired
<input type="checkbox"/> Print AK letter				














Save Submit

Attachment

Accident No.	MT/0987152	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2018 11:53
Path *	<div> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select * </div>		
Category *	<div> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select * </div>		
Confidential	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select *		
Urgency	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select *		

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	N/A	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	SAS	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 11:53		NRIC/ Driving License	Normal	NRIC/ Driving
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 11:52		SAS	Normal	SAS
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 11:52		Photos	Normal	Photo
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 11:52		Photos	Normal	Photo
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 11:52		Photos	Normal	Photo
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 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 11:52		Photos	Normal	Photo
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 11:52		Photos	Normal	Photo
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 11:52		Photos	Normal	Photo

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>



# ACCIDENT STATEMENT

ACCIDENT DATE: 15/01/2018 (DD/MM/YYYY) TIME: 15.40 hrs (HH:MM)

LOCATION: INSIDE GLOBAL INDIAN MUSL SCHOOL

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 4734H  
 b) INSURANCE COMPANY: 5073753282-02  
 c) POLICY NUMBER: NTUC  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: KAWASAKI SZ1000  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: MOHAMMAD AZMAN B. ZAINUDDIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 56003741E CONTACT: 96803189  
 c) ADDRESS: BLK 18A HOLLAND DRIVE #21-463  
S(272018)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(including driver)  
(1)

- DRIVER  
 a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 10/01/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/09/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
(3)

a) VEHICLE NUMBER: PC 3250 U MODEL: TOYOTA

b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
(0)

a) VEHICLE NUMBER: PA 5989 U MODEL: NISSAN

b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_


Email: azmanic@gmail.com

fax: \_\_\_\_\_

✓ 1000

SLO 2514 T

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6803742E



MOHAMMAD AZMAN BIN  
ZAINOL

Race  
MALAY  
Date of Birth  
10-01-1968  
Country of Birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S6803742E  
Name  
MOHAMMAD AZMAN BIN  
ZAINOL  
Birth Date: 10 Jan 1968  
Issue Date: 01 Jul 2014

002220516K

S6803742E



Blood Group: O+ Date of Issue: 15-10-1993

APT BLK 18A HOLLAND DRIVE #21-463  
SINGAPORE 272018  
NRIC No: S6803742E Date: 03/09/2011 No: 6932136

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

	EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC 31 Aug 1988
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC 01 Jul 2014
Class 2	MOTORCYCLES EXCEEDING 400 CC 07 Sep 2010
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS 27 Jul 1994

S / No. 9000228106

S6803742E

NP 428A

Licence No: S6803742E

## 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 (MALAYSIA)

Certificate Number : 5073753282-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBK4734H

Chassis Number

: JKAZXT00LMA01024

2. Name of Policyholder

: MOHD AZMAN B ZAINOL

3. Effective Date of Insurance

: 15 Sep 2017

4. Expiry Date of Insurance

: 14 Sep 2018

5. 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.

6. 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)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: MOHAMMAD AZMAN BIN ZAINOL

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: TEO SPRAY TRADING 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

: KIMBERLEY INSURANCE AGENCY (00000571380)

Date of Issue

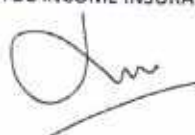
: 24 Aug 2017 14:31 hrs

Reprint

: 24 Aug 2017 14:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED





Countersigned By:

Authorised Officer

Chief Executive