- Centi	in Complant	T	· · · · · · · · · · · · · · · · · · ·	40-		-
Dute In: 09 05 2018 18128	1 cp. gerecibilos		MAY18060			
11. 1 No. 180/FWO/8008514N		-	Park Willing Comp	luted .	- Dont	p),
Veh No. FZ 860 YP	. SYR cylling in	1		¥ 10	*	10
09/05/2018 - m	E-moll (while sheet, A					1
( / , )	1-Motor Claim 10	rin				
OD / TF/ Kepening Only	Introsor NY/O (NY/IN	MITOO INIT	(hrry			
***	I-Plioto Uploaded					
TP Insulati	Assessment/Survey					
O O O O O O O O O O O O O O O O O O O	Ass'l Report by Pan	(/Kandlos	Watr/Wkip			
Panticulary	cittors		T # 11	FEX	)	
Possiculation Yen Not GB	146912	INC (	) NOV-WO (	) " ,	74	
Indian Nati			Teli		)	
Confirmed by 1 1	rlod: (	CLUB CONTRACTOR CONTRACTOR	over Typel (	111 25 20000 27		
	D #		Timeve		)	
A CONTRACTOR OF THE CONTRACTOR	Note BIL Stant (WO)		P. 21.79%. F	1 30-100	),N]	
Execuse(5 ) Looding (\$1,0	The same of the sa	HO()	11			
using water for the second second second	00 ( ) / \$2,000 (	)		CONTRACTOR OF THE	<del>arts</del> <del>quarte</del>	
	<b>1510年4月4日至1516日日</b>	的特别的结果的		Print.	20 (f); " v	14
) Walk-in Guyoniar i Customers info	TIMB TION STITLEDY DONINGS	MINI & SIME	in wo talet of les	aller,"		
) Total Lass Case 1 to e-mall thaurs	THE RESIDENCE AND PROPERTY AND PERSONS ASSESSED.	Å.				
Musimi Warrent In the St.	THE RESIDENCE OF THE PARTY OF T				The second of	
	: YES ( ) / HO (	)   Tov	Ing Cor (			)
Hous with hold the Mene a local stand		THE PERSON NAMED IN	Ing Col (	A. (18 %) (4)	J. Done	lov ·
mortis talkial in Paga (The Metter Black Still Apply for Transport Allowaboo ( )/ (		THE PERSON NAMED IN	IN ADDRESS OF THE PARTY OF THE	20220	Done	) Nov
Mortis (1914) NP Bootines (678 8 (0018)) Apply for Transport Allowance (777) QC Cheek/Pour Republication	Courtesy Car ( ) '	THE PERSON NAMED IN	III AMERICA AND AND AND AND AND AND AND AND AND AN	208310	Done	yy ·
Morto (1914) No Boutine (1918 Bild Oct Still Apply for Transport Allowance (1977) QC Cheek/Poxi Repair Inspection	Courtesy Car ( ) '	THE PERSON NAMED IN	III AMERICA AND AND AND AND AND AND AND AND AND AN	208310	Done	ivy ·
more and the Resolution of the Biochest Mapply for Transport Allowance ( )/CQC Cheek/Post Repair Laspection Uploss Rustrey Pholo (Repair Cost > 5:	Courtesy Car ( ) '	THE PERSON NAMED IN	III AMERICA AND AND AND AND AND AND AND AND AND AN	e (63 (9)	Done	) (A)
Moris (All Mariso) (Mesoc (Mes	Courtesy Car ( ) '	THE PERSON NAMED IN				
Moris (All Mariso) (Mesoc (Mes	Courtesy Car ( ) '	THE PERSON NAMED IN	III AMERICA AND AND AND AND AND AND AND AND AND AN		THE Done	
morig in the Resorting Metablic Costs) in Apply for Transport Allowance ( )/C QC Check/Poxi Republic to specific on Uplose Reservey Photo (Repair Costs)	Courtesy Car ( ) '	THE PERSON NAMED IN				
Mostic Littlian (Bos In 2) 618 8 00 1811 Apply for Transport Allowance ( )/C QC Cheek/Post Republic specifican Uplose Reservey Photo (Repair Cost > 5:	Courtesy Car ( ) '	THE PERSON NAMED IN				
Morigation Resolution 618 8 00 181 111 Apply for Transport Allowance ( )/ C QC Check/Post Republication (Republication Cost > \$2	Courtesy Car ( ) '	THE PERSON NAMED IN				
MORIGATION PROPERTY BIOCIES IN Apply for Transport Allowance ( )/C QC Check/Post Repsir Cost > 5:  I/Ury /	Courtesy Car ( ) '	THE PERSON NAMED IN				
Mostic Hillian (Bos In 2) 6 TAB (GOS 6) H Apply for Transport Allowance ( )/C QC Cheek/Post Repair Cast > 5: Uplost Reservey Photo (Repair Cast > 5: I/Ury I	Courtesy Car ( )' ( ) 3000) ( )					Post.
MORIS HIMMOBOLINENGTABIOOLEIM Apply for Transport Allowabor ( )/C QC Cheek/Post Repair taspection Uplose Reservey Photo (Repair Cost > 5:  1/Ury 1	( ) 3000) ( )	Allo Fied	TO JURIS COMPANIAN STATE OF THE			Post.
MORIS HIMMOBOLINENGTABIOOLEIM Apply for Transport Allowabor ( )/C QC Cheek/Post Repair taspection Uplose Reservey Photo (Repair Cost > 5:  1/Ury 1	Courtesy Car ( ) ' ( ) 3000) ( )	Zella de la companya	TO JURIS COMPANIAN STATE OF THE	THE THE		Post.
MORIS HIM NO BOLLING TO BIGOTONIA  Apply for Transport Allowance ( )/C  QC Check/Post Repair to spection  Uplose Reservey Photo (Repair Cost > 5:  I/Ury /	Courtesy Car ( ) ' ( ) 3 0 0 0 ) ( ) 3 0 0 0 ) ( ) 3 0 0 0 ) ( ) 3 0 0 0 ) ( ) 3 0 0 0 ) ( ) 3 0 0 0 ) ( ) 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Alkeldenik	TO JUM GH CV 3	THE THE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mortis Billing Bor In 2006 TABIO (185) III Apply for Transport Allowance ( )/C QC Check/Post Republicas poor on Uplose Reservey Photo (Repair Cost > 5: II/Ury /	Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	All And Sing Fig.	TANGER SENSE  TA	THE THE		Post.
Mostic Helding Bor In 2006 TABIO (181)  Apply for Transport Allowabor ( )/C  QC Check/Post Republicaspool on  Upload Resurvey Paolo (Repair Cost > 5:  I/Ury /	Courtesy Car ( ) ' ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Allo Figure  Allo Figure  Allo Figure  Allo Figure  Fi	TO JOIN GHT EVIS	THE LITE OF THE LITE OF THE PARTY OF THE PAR		Post.
MORIS HERMAN RESOLUTION STABLICOTES IN Apply for Transport Allowabor ( )/C QC Check/Poxi Repair to spection Upload Relatively Photo (Repair Cost > 5:  I/Ury /	Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	A Line Day	TO JOIN GHT EVIS	THE LITE OF THE LITE OF THE PARTY OF THE PAR		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MORIS (FRINING BOLLING) 6TA BIOOTS)  Apply for Transport Allowaboo ( )/C  QC Check/Poxi Repriv Inspection  Upload Relatively Photo (Repair Cost > 5:  I/Ury /  IVTURAL Aptions	Courtesy Car ( ) ' ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	CALL AND	TOTAL STATE OF THE PROPERTY OF	THE LITE OF THE LITE OF THE PARTY OF THE PAR		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MORIS AND MORE INTERMEDIA BIOCITES IN Apply for Transport Allowance ( )/C QC Check/Post Repair Cost > 5:  I//Ury/ INTERTIFECTION  INTERTIFECTI	Courtesy Car ( ) ' ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	A LANGUAGE  A LANG	TOTAL STATES OF THE STATES OF	THE LITE OF THE LITE OF THE PARTY OF THE PAR		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MORES CHIMING BOLLING OF BRIDGE STATE  Apply for Transport Allowance ( )/C  QC Check/Post Repair Cost > 5:  I/Ury /  Interpretation of the control of the cost > 5:  I/Ury /  Interpretation of the cost > 5:  Interpretati	2000) ( )  2000) ( )	A Louis A Loui	TENTON GREEN SERVIS  TENTON GREEN SERVIS  TOTAL CONTROL (1900)	THE THE TANK		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Apply for Transport Allowance ( )/C  QC Check/Post Repair Cost > 5:  ///////  //////  /////  /////  /////  ////	2000) ( )  2000) ( )	A Louis A Loui	TOTAL PARTY OF THE	THE THE TANK		

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 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

Date Of Accident 09/05/2018 07:50  Citact Location Of Accident CTE TOWARDS CITY BEFORE BUKIT TIMAH EXIT SINGAPORE    Part	(2015年)(1916年) (1916年) (1916年)	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  //ehicle Registration Number FZ8624P  //ehicle Registration Number //ehicle Particulars //ehicle Category //ehicle Category //ehicle Category //ehicle Category //ehicle Category //ehicle Company //ehicle	Date Of Report	09/05/2018 18:28
Details of Loss  DETAILS OF OWN VEHICLE  F28624P  Insured/Policyholder  Identice Registration Number Insured/Policyholder  Identice Registration Number Identice Registration Number Identice Registration Number Identice Registration Number  KHAIRUL AKID BIN KAMARULZAMAN  S9245662E  Identice Registration Number Identice Registration Number  KHAIRUL AKID BIN KAMARULZAMAN  S9245662E  Identice Registration Number  KHAIRUL AKID BIN KAMARULZAMAN  INCOMPLEASE  S9245662E  Identice Registration  KHAIRUL AKID BIN KAMARULZAMAN  KHAIRUL AKID BIN KAMARULZAMAN  INCOMPLEASE  S9246638   WAVE 125-125CC  MODA  WAVE 125-125CC	Date Of Accident	09/05/2018 07:50
PETAILS OF OWN VEHICLE  (Pehicle Registration Number FZ8624P  Insured/Policyholder  Name Of Registered Owner KHAIRUL AKID BIN KAMARULZAMAN  WRIC No S9245662E  Email Address SYAFIQ.FAS@GMAIL.COM  Mobile Phone No (LOCAL) +65-96446638  OTHERS-97310698  Vehicle Particulars  Manufacturer HONDA  Model WAYE 125-125CC  Exact Purpose for which vehicle was being used at lare of accident  Ver you claiming under your own insurance policy or repair to your vehicle?  No (No. Please state action to be taken REPORTING ONLY  Motoracy Company  Name of Insurance Company  Period Coverage THIRD PARTY  Field Policy No  Policy Number Phince  Cover Note Number  Driver  Jame of Driver MOHAMMAD SYAFIQ BIN MOHD RADEAF  WISHON Pass Source Septions  MOHAMMAD SYAFIQ BIN MOHD RADEAF  WISHON Pass Source Septions  MOHAMMAD SYAFIQ BIN MOHD RADEAF  WISHON Pass Source Septions  MOHAMMAD SYAFIQ BIN MOHD RADEAF  WISHON SP201276Z  Jate Of Birth 19/01/1992  Occupation OUTDOR  Jate Of Driving Pass 02/04/2015  Griving Experience 3 YEARS AND 1 MONTH  MALE  Mobile Number	Exact Location Of Accident	CTE TOWARDS CITY BEFORE BUKIT TIMAH EXIT
rehicle Registration Number FZ8624P  Insured/Policyholder  Italiane Of Registered Owner KHAIRUL AKID BIN KAMARULZAMAN  INRIC No S9245662E  Italiane Address SYAFIQ.FAS@GMAIL.COM  Indicate SyAFIQ.FAS.FAS.FAS.FAS.FAS.FAS.FAS.FAS.FAS.FAS	Country/State of Loss	SINGAPORE
Name of Registered Owner   September	The second secon	DETAILS OF OWN VEHICLE
Name Of Registered Owner  NRIC No  S9245662E  SYAFIQ.FAS@GMAIL.COM  Nobile Phone No  (LOCAL) +65-96446638  OTHERS-97310698  NOTHERS-97310698  NOTHERS-9731069  NOTHERS-97310698  NOTHERS-97310698  NOTHERS-9731069	Vehicle Registration Number	FZ8624P
SP245662E Email Address SYAFIQ.FAS@GMAIL.COM Mobile Phone No (LOCAL) +65-96446638 Mobile Phone No OTHERS-97310698  Vehicle Particulars Manufacturer HONDA Model WAVE 125-125CC Exact Purpose for which vehicle was being used at Imme of accident Wave you claiming under your own insurance policy or repair to your vehicle? No Please state action to be taken REPORTING ONLY Mothcle Category MOTORCYCLE  Insurance Company  Jame of Insurance Company FWD SINGAPORE PTE, LTD. Figet Policy Number PNMC2018-00000445  Driver  Jame of Driver MOHAMMAD SYAFIQ BIN MOHD RADEAF VIRIC No S9201276Z Date Of Birth 19/01/1992 Decupation OUTDOOR Date Of Driving Pass 02/04/2015 Driving Experience 3 YEARS AND 1 MONTH Jame of Driver MALE Mobile Number  MALE Mobile Number  MOHAMMAD SYAFIG BIN MONTH  MALE Mobile Number  MALE Mobile Number  MALE Mobile Number	Insured/Policyholder	
Small Address SYAFIQ.FAS@GMAIL.COM Mobile Phone No (LOCAL) +65-96446638 Moternative Phone No OTHERS-97310698  Vehicle Particulars  Manufacturer HONDA Model WAVE 125-125CC Sexact Purpose for which vehicle was being used at me of accident Wave you claiming under your own insurance policy or repair to your vehicle?  NO No Please state action to be taken REPORTING ONLY MotorCYCLE  Insurance Company Wame of Insurance Company FWD SINGAPORE PTE, LTD.  THIRD PARTY NO Please of Univer No No Phone Provided Provi	Name Of Registered Owner	KHAIRUL AKID BIN KAMARULZAMAN
Mobile Phone No (LOCAL) +65-96446638 Alternative Phone No OTHERS-97310698  Manufacturer HONDA Model WAVE 125-125CC Exact Purpose for which vehicle was being used at three of accident Are you claiming under your own insurance policy or repair to your vehicle?  Model REPORTING ONLY Motorec Category MOTORCYCLE  Motorec Company  Name of Insurance Company  FWD SINGAPORE PTE, LTD.  THIRD PARTY NO Policy Number PNMC2018-0000445  Cover Note Number  Driver  Jame of Driver MOHAMMAD SYAFIQ BIN MOHD RADEAF  Sp201276Z  Joate Of Birth 19/01/1992  Date Of Birth 2000004  Date Of Driving Pass 02/04/2015  Joining Experience MALE Mobile Number  Mole Number	NRIC No	S9245662E
Alternative Phone No OTHERS-97310698  Vehicle Particulars  Manufacturer HONDA  Model WAVE 125-125CC  Exact Purpose for which vehicle was being used at ime of accident  Are you claiming under your own insurance policy or repair to your vehicle?  NO Please state action to be taken REPORTING ONLY  Mehicle Category MOTORCYCLE  Insurance Company  Name of Insurance Company  Pub SINGAPORE PTE. LTD.  Type Of Coverage THIRD PARTY  Policy Number  Policy No  Policy Number  Driver  NAME of Driver  NOMAMMAD SYAFIQ BIN MOHD RADEAF  S9201276Z  Date Of Birth 19/01/1992  Occupation OUTDOOR  Date Of Driving Pass  Driving Experience Sender  MALE  Mobile Number  Mole Number	Email Address	SYAFIQ.FAS@GMAIL.COM
Manufacturer Model WAVE 125-125CC Exact Purpose for which vehicle was being used at time of accident Very our claiming under your own insurance policy or repair to your vehicle? No. Please state action to be taken No. PWD SINGAPORE PTE. LTD. THIRD PARTY NO. Policy Number No. Policy Number No. Policy Number No.	Mobile Phone No	(LOCAL) +65-96446638
Manufacturer Model WAVE 125-125CC  Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle?  NO REPORTING ONLY Achicle Category MOTORCYCLE  Insurance Company Name of Insurance Company PWD SINGAPORE PTE, LTD.  Type Of Coverage THIRD PARTY  Policy Number Power Note Number  Driver NAME OF Driver NO Date Of Birth Decupation Date Of Driving Pass Driving Experience Sender MALE Mobile Number  (LOCAL) +65-96446638	Alternative Phone No	OTHERS-97310698
Model WAVE 125-125CC Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle?  NO REPORTING ONLY MOTORCYCLE  MOT	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy or repair to your vehicle?  A NO  REPORTING ONLY  MOTORCYCLE  MOTORCYCLE  IND  IND  MOTORCYCLE  IND  MOTORCYCLE  IND  MOTORCYCLE  IND  IND  MOTORCYCLE  IND  IND  IND  IND  IND  IND  IND  IN	Manufacturer	HONDA
Ime of accident  Are you claiming under your own insurance policy or repair to your vehicle?  If No. Please state action to be taken  REPORTING ONLY  MOTORCYCLE	Model	WAVE 125-125CC
or repair to your vehicle?  If No. Please state action to be taken  REPORTING ONLY  MOTORCYCLE  Insurance Company  No.  No.  No.  Policy Coverage  Policy  Policy No.  Policy Number  Cover Note Number  Driver  No.  No.  No.  No.  No.  No.  No.  No	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  Stype Of Coverage  THIRD PARTY  THIRD PARTY  NO  Policy Number  PNMC2018-00000445  Cover Note Number  Driver  Name of Driver  Name of Driver  NAME OF Birth  Decupation  Determine The Coverage  Out DOOR  Date Of Driving Pass  Driving Experience  Sender  MALE  Mobile Number  MOTORCYCLE  MOTORCYCLE  THIRD PARTY  NO  PNMC2018-00000445  NO  PNMC201	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Name of Insurance Company	If No. Please state action to be taken	REPORTING ONLY
Name of Insurance Company  FWD SINGAPORE PTE. LTD.  THIRD PARTY  NO  Policy Number  PNMC2018-00000445  Cover Note Number  PNMC2018-00000445  Cover Note Number  PNMC2018-00000445  Cover Note Number  PNMC2018-00000445  Cover Note Number  PNMC2018-00000445  MOHAMMAD SYAFIQ BIN MOHD RADEAF  NRIC No  S9201276Z  Date Of Birth  19/01/1992  Occupation  OutDoor  Date Of Driving Pass  02/04/2015  Driving Experience  3 YEARS AND 1 MONTH  Gender  MALE  Mobile Number  (LOCAL) +65-96446638	Vehicle Category	MOTORCYCLE
THEO PARTY Fleet Policy NO Policy Number PNMC2018-00000445  Cover Note Number  Priver  Name of Driver NRIC No Sepondar  Decupation Deter Deter Deter Deter Deter Deter Description Decupation Deter Deter Deter Deter Deter Deter Deter Decupation Decupation Deter Decupation Deter Deter Deter Decupation Deter Deter Deter Decupation Deter Decupation Deter Decupation Deter Decupation Deter Decupation Decupation Deter Decupation D	Insurance Company	
NO	Name of Insurance Company	FWD SINGAPORE PTE, LTD.
Policy Number Cover Note Number  Driver  Name of Driver  Name of Driver  NAIC No S9201276Z Date Of Birth 19/01/1992 Decupation OutDoor Date Of Driving Pass 02/04/2015 Driving Experience 3 YEARS AND 1 MONTH Gender MALE  Mobile Number  PNMC2018-00000445  MOHAMMAD SYAFIQ BIN MOHD RADEAF  MOHAMMAD SYAFIQ BIN MOHD RADEAF  S9201276Z  01/1/1992  02/10/1/1992  02/10/1/1992  04/10/1/1992  04/10/1/1992  04/10/1/1993  04/10/1/1993  05/10/1/199	Type Of Coverage	THIRD PARTY
Cover Note Number           Driver         MOHAMMAD SYAFIQ BIN MOHD RADEAF           NRIC No         \$9201276Z           Date Of Birth         19/01/1992           Occupation         OUTDOOR           Date Of Driving Pass         02/04/2015           Driving Experience         3 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-96446638	Fleet Policy	NO
Driver         MOHAMMAD SYAFIQ BIN MOHD RADEAF           NRIC No         \$9201276Z           Date Of Birth         19/01/1992           Decupation         OUTDOOR           Date Of Driving Pass         02/04/2015           Driving Experience         3 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-96446638	Policy Number	PNMC2018-00000445
Name of Driver         MOHAMMAD SYAFIQ BIN MOHD RADEAF           NRIC No         \$9201276Z           Date Of Birth         19/01/1992           Occupation         OUTDOOR           Date Of Driving Pass         02/04/2015           Driving Experience         3 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-96446638	Cover Note Number	
NRIC No         S9201276Z           Date Of Birth         19/01/1992           Decupation         OUTDOOR           Date Of Driving Pass         02/04/2015           Driving Experience         3 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-96446638           Fax Number	Driver	
Date Of Birth         19/01/1992           Occupation         OUTDOOR           Date Of Driving Pass         02/04/2015           Driving Experience         3 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-96446638           Fax Number	Name of Driver	MOHAMMAD SYAFIQ BIN MOHD RADEAF
Occupation         OUTDOOR           Date Of Driving Pass         02/04/2015           Driving Experience         3 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-96446638           Fax Number         (LOCAL) +65-96446638	NRIC No	S9201276Z
Date Of Driving Pass         02/04/2015           Driving Experience         3 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-96446638           Fax Number         Fax Number	Date Of Birth	19/01/1992
Oriving Experience         3 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-96446638           Fax Number         (LOCAL) +65-96446638	Occupation	OUTDOOR
Gender         MALE           Mobile Number         (LOCAL) +65-96446638           Fax Number         (LOCAL) +65-96446638	Date Of Driving Pass	02/04/2015
Mobile Number (LOCAL) +65-96446638 Fax Number	Driving Experience	3 YEARS AND 1 MONTH
Fax Number	Gender	MALE
	Mobile Number	(LOCAL) +65-96446638
Contact Number OTHERS-97310698	Fax Number	
	Contact Number	OTHERS-97310698

SYAFIQ.FAS@GMAIL.COM

BLK 122 YISHUN STREET 11 Address

#10-481

Postcode 760122

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

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

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?

YES

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?

YES

If Yes, Please state which Police Station

Police Station Name

KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2959999 - FAX NO: 63918499

Was notice of Intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180509/2014

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

GBF4691Z

Vehicle Make/Model/Colour

NISSAN NV200

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MUHAMMAD FATHURRAZI BIN ADNAN

NRIC/Passport Number

S9029651E

Contact Number

90230449

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

4

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJR3894D

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)

### **DETAILS OF INJURED PERSON 1**

Name MOHAMMAD SYAFIQ BIN MOHD RADEAF

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FZ8624P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
  - 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.

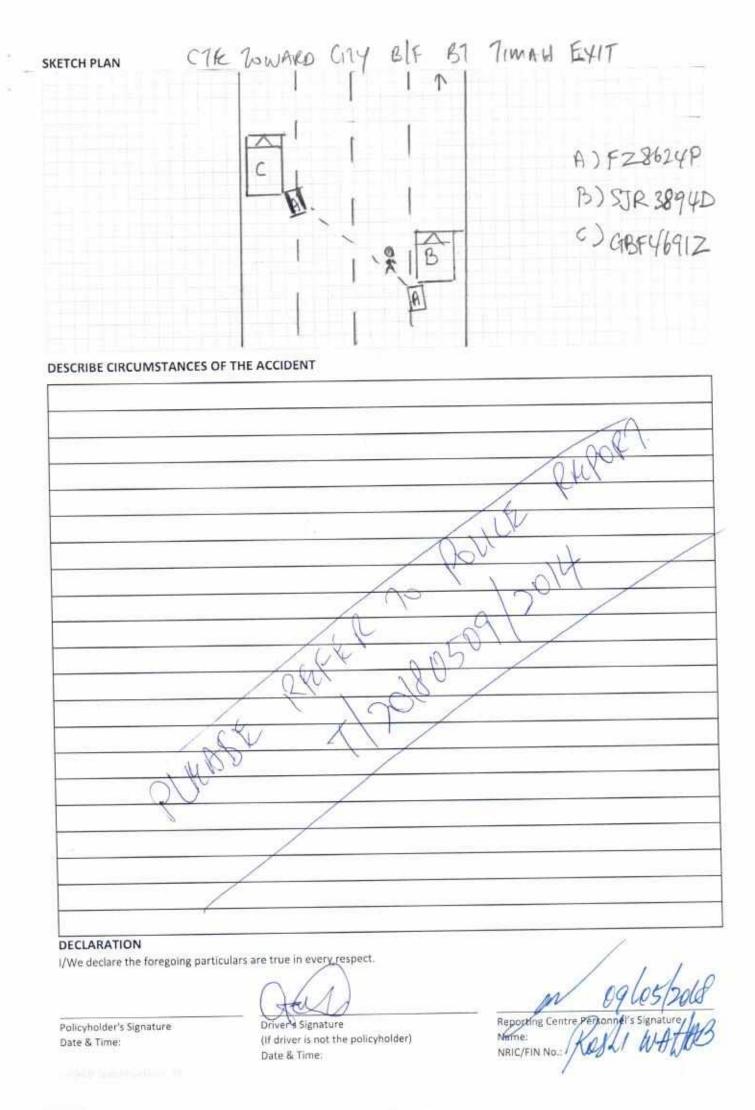
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

lame:

NRIC/FIN N





T/20180509/2014

Police Station Of Origin: Kampong Java N.P.C

21 Kampong Java Road SINGAPORE

228892

Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.:

Station Diary No.:

Report No. T/20180509/2014

09/05/2018 09:39 84 Informant's Particulars Name of Informant: Address: MOHAMMAD SYAFIQ BIN MOHD APT BLK 122 YISHUN STREET 11 #10-481 SINGAPORE RADEAF 760122 ID Type / ID No .: Contact No.: NRIC NO / S9201276Z Home/Office: Mobile: 97310698 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 26 19/01/1992 Rider Race: Language: Institution / School Name: Malay Occupation: Driving Licence Information: dispatch rider Class: 2B Date of Expiry:

General Intori	mation of the Accident			
Type of Accident:	Injury Hit and Run	Drink Drive: No		Type of Location Straight Road
ALONG CTE Weather:	(PRESSWAY TOWARDS CTE BEFO	RE BT TIMAH E	Ros	ad Speed Limit
Clear		Dry		
Traffic Flow: One Way		Traffic Controlle	1.000000	ffic Volume: derate
Type of Collis Between Mov	ion: ing Vehicles - Head To	Rear		one conveyed by bulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ8624P	Motorcycle	HONDA	WAVE	Blue	Totally Damaged	0
GBF4691Z	Van	NISSAN	NV 200	Grey	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20180509/2014 e

2 of 3

Report No. T/20180509/2014

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

#### CONTINUATION OF REPORT

Rider					
Name	MOHAMMAD SYAFIQ BIN MOHD RADEAF		ID No	).	S9201276Z
Related Vehicle	FZ8624P (Motorcycle)		Conta	act No.	97310698
Hospital/Clinic	NIL		Drivir Licer	Class of Class: Driving Date of Licence & Expiry Date	
Date Treatment	NIL	Date	Discharge	NIL	
No. of Days gran	ted Medical Leave NIL	Degr	ee of Injury	Sligh	t
Driver					REAL PROPERTY.
Name	MUHAMMAD FATHURRAZ	I BIN ADNA	N IDN	ο.	S9029651E
Related Vehicle	GBF4691Z (Van)		Cont	act No.	90230449
Hospital/Clinic	NIL		100000000000000000000000000000000000000	100000V	Class: NIL Date of Expiry: NIL
Date Treatment	nt NIL Date D			NIL	
No. of Days gran	ited Medical Leave NIL	Deg	ee of Injury	NIL	

#### Brief Details.

On 9/5/2018 at about 0745hrs, I was travelling on the most right lane along CTE towards city. I noticed there was a motorbike on the second lane next time mine honking the car( VRN: SJR3894D) in front of me. At one point, the driver of the car ahead of me did a sudden brake. I swerved to my left but to avoid collision. However, I was thrown forward and my motorcycle skidded. Subsequently it hit a vehicle VRN GBF4691Z on the forth lane. The driver did not stop and left.

The left side of my vehicle VRN FZ8624P was badly damaged. The headlight cracked and the left side of the body was dislodged. The vehicle GBF4691Z had scratches and dented on the driver and passenger car door.

I've yet to seek medical treatment however I felt pain on the left side of my body. I have abrasion on my right palm, cuts on my right arm and my right leg.

There is an inbuilt camera in the vehicle GBF4691Z and my witness's vehicle SLE8756G. The incident was recorded on both their in built camera.



T/20180509/2014

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

CONTINUATION OF REPORT

3 of 3

Report No. T/20180509/2014

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

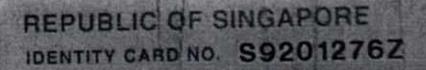
Signature Of Officer Recording The Report: E / Staff Sgt NUR AMIRAH BINTE ABDULLAH	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	09/05/2018 09:39
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
Sr Staff Sgt ESTHER CHONG	
Contact No.: 65476368	
Authentication Stamp	

# ACCIDENT STATEMENT

	ACCIDENT DATE: 01	OC / 2018 / DD/MM/	YYYY), TIME: ( 7 : 50 ) (HH:MM)
80°EC			
**	LOCATION: TOWARDLS	CLE DELOVE DOLLY	timan exit
	1 5574110 5744111	21	1.
	<ol> <li>DETAILS OF VEHIC</li> </ol>	LE TA BLOUD	
	a) VEHICLE NUME	BER: FZ 8624P	
	b)INSURANCE CO	MPANY: FWD	
	C)POLICY NUMBE	R: PHMCOOLS-O	0000445
	d)POLICY TYPE: (C	OMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE ATHEFT
	e)MAKE & MODEL	: Honda wave	PARTY / THIRD PARTY FIRE &THEFT)
	f)TYPE:(SALOON /	COUPE / MPV /VAN / LO	DRRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEG	ORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE!
	h) PURPOSE OF US	NG AT ACCIDENT TIME:_	private use
	I) ARE YOU CLAIM!	NG UNDER YOUR OWN I	NSURANCE (YES/NO)
	IF NO, PLEASE STA	ATE (THIRD PARTY CLAIM	/ REPORTING ONLY)
1.00	2. INSURED / POLICY		, , , , , , , , , , , , , , , , , , , ,
		od Svafia Bin Mand Rad	les (NALE / FEMALE)
		ORT: 59201276Z	CONTACT: 9731 0698
	C) ADDRESS: BIK		1 410- 461 Spare 76072
			1330
	* CONTINUE TO 3.0	F DRIVER ALSO POLICY	HOLDER
ldo of per	COM A 32 DRIVER	W occ	
Industry	I DINAME: KHAZRUL	- ALID BIN Komarals	zoman (MALE / FEMALE)
1000	DINRIC/FIN/PASSP	ORT: 5924562E	CONTACT: 96446638
()	CIADDRESS: 639	7/SHUN Street 61	#07-162 760639
	*d)DATE OF BIRTH:	1892 110	DD/MM/YYYY 19 /01/1992
	e)OCCUPATION: [I	NDOOR / OUTDOOR)	EC. 9
	FIDATE OF DRIVING	G PASS - : 22A9 D	2 april 2015
	<ol> <li>WAS DRIVER AN I</li> </ol>	EMPLOYEE OF THE INS	URED'S COMPANY? (YES / NO)
			VITH INSURED: Friend
	<ol><li>a) WEATHER COND</li></ol>	ITION: (CLEAR / RAINING	OTHERS
	b)ROAD SURFACE:	(DRY) WET LOTHERS	
	6. WAS ANYBODY INJ	URED (YES (VAO)	
	7. a) REPORTED TO PO	LICE (FES / NO)	en Parameter besiden varietie
	IF YES, PLEASE STA	TE WHICH POLICE STATIC	on: Kampang java Nibe
	8. THIRD PARTY VEHIC	LE ada acour	
- A 12.56	a) VEHICLE NUMB	ER: 51/3844 D	MODEL:
Strating a	DRIVER'S NAM	Et .	Note: - and a superior
1 %	c) NRIC/FIN/PASS	PORT:	CONTACT:
1911	9. THIRD PARTY VEHICLE	E CACILLAN	
o de mon	d) VEHICLE NUMB	ER: YOT YOUL	MODEL:
	e) DRIVER'S NAMI	i	MODEL:
H-3484	HIC/FIN/PASS	PORT:	CONTACT:
+ 2		2	

email = Syafia. Fas @ gmail. com

Pax =







Name

MOHAMMAD SYAFIQ BIN MOHD

MALAY Date of birth

19-01-1992

SINGAPORE

5920 2767

3995284



MRIC No. S9201276Z

29-01-2007

A clair mag

APT BLK 122 YISHUN STREET 11 #10-481 SINGAPORE 760122



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

Class 2B Motorcycles =< 200 cc

DFFECTIVE DATE

02 Apr 2015

NP 428A

Licence No: S9201276Z



#### CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Motorcycle breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

#### POLICY NUMBER: PNMC2018-00000445

Plan Name: Third Party

Motorcycle plate number: FZ8624P

Your name (As the policyholder): Khairul Akid Bin Kamarulzaman

Coverage start date: 01/02/2018

Coverage end date: 31/01/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

#### Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 15/02/2018

antie

Abhishek Bhatla Chief Executive Officer FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888 or email us at contact approved com if any details in this Certificate of insurance need to be changed.



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax [65] 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : NRIC/FIN/Passport No : vehicle Drivery Vehicle Owner) (\*) Please delete as appropriate Singapore( Address Mobile No.: -Contact (Tel) Email Address Time of Accident : Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: RHICK LUMBER TO FZ 86249

Policyholder / Driver's Signature Date:

Name: NRIC/FIN No.:

Reporting Centre Personne

Date: