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TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SUE	9295m . INC ()/Non-INC().	200	
Owner / Driver: (Tel:)	
Policy No: () P	eriod: (Cover Type: ()	
Confirmed by: (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-2		100%]	
Year of Registration: ()	Warranty: YES ()/NO ()	2	X
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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.
- 5. 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	14/05/2018 10:09
Date Of Accident	13/05/2018 17:30
Exact Location Of Accident	UPPER SERANGOON RD BEFORE JUNC HOUGANG AVE 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB601G
Insured/Policyholder	
Name Of Registered Owner	IBRAHIM BIN BAKAR
NRIC No	S1405075B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98663780
Alternative Phone No	OFFICE-98663780
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
Exact Purpose for which vehicle was being use time of accident	d at PRIVATE USE
Are you claiming under your own insurance pol for repair to your vehicle?	NO 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
Fleet Policy	NO
Policy Number	5080650287-01
Cover Note Number	

Driver	
Name of Driver	IBRAHIM BIN BAKAR
NRIC No	S1405075B
Date Of Birth	21/05/1960
Occupation	INDOOR
Date Of Driving Pass	16/03/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98663780
Fax Number	
Contact Number	OFFICE-98663780
EMail Address	NOEMAIL

BLK 182 RIVERVALE CRESCENT Address

#18-309 540182

Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO

ambulance?

NO

2

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 UPPER SERANGOON RD. SUDDENLY VEHICLE REGISTRATION NUMBER SLP2386Y JAM BRAKE, VEHICLE B JAM BRAKE ACCORDINGLY, IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SLE9295M 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)

Passenger 1

NAME:

GENDER: :

DETAILS OF INJURED PERSON 1

Name

IBRAHIM BIN BAKAR

Approximate Age

Injuries Sustain

HAND, LEGS & NECK

Injured person in which vehicle?

FBB601G

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.
- 2. 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.
- 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

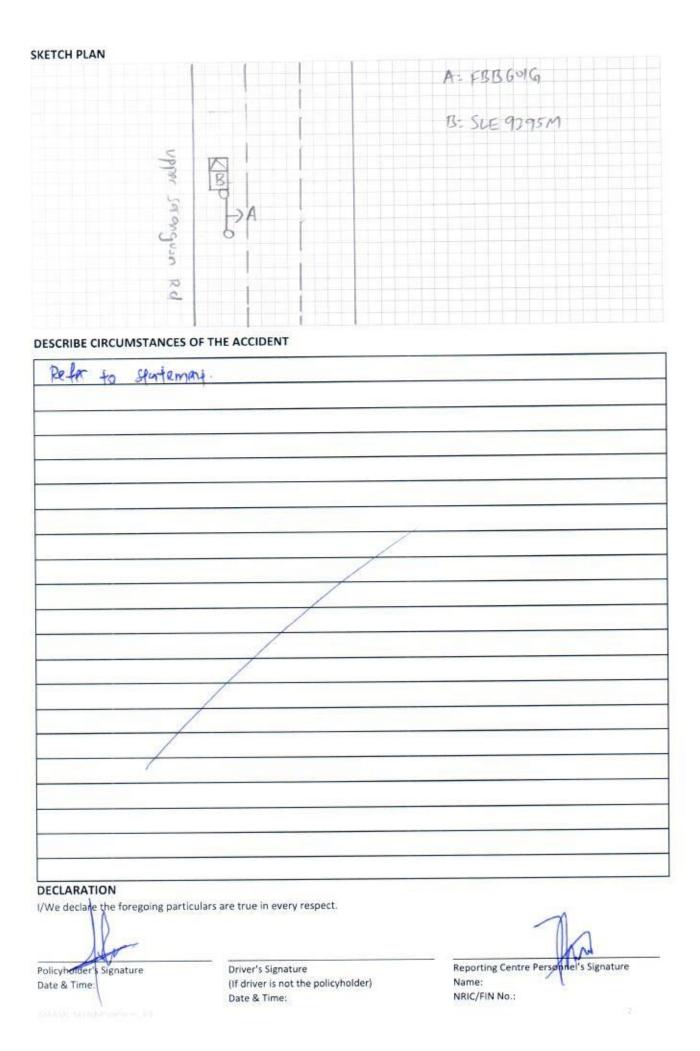
(If driver is not the policyholder)

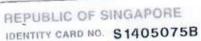
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:







IBRAHIM BIN BAKAR

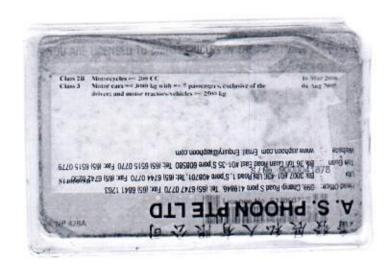
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21-05-1960 SINGAPORE







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Notice of Loss	Policy N	lo.				Date of Ac	cident	13/05/	2018 17:30	3
	Vehicle	No.(For Motor)	FBB601G							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5080650287- 01	IBRAHIM BIN BAKAR	S1405075B	GMC	Third Party	FB8601G	FBB601G	02/12/2017	01/12/2018
			V 74803 303403		0	Continue				

olicy No.	5080650287-01	Policyholder Name	IBRAHIM BI	IN BAKAR	Policyholder NRIC	S1405075B	
Address	BLK 182 #18-309 RIVERVALE	CRESCENT SIN	GAPORE 540:	182			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy Ssue Date	05/12/2017	Effective Date	02/12/2017	00:00	Expiry Date	01/12/2018 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	YANG YANLI	Agent Tel.	94506493		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 182 #18-309	Addr	ess 2	RIVERVALE CRE	SCENT	Address 3	SINGAPORE 540182
Address 4		Addr	ess Type	Singapore addre	255	Post Code	540182
Unit No.		Relat Num	ed Policy ber	5080650287-01			
	ed Object: FBB601G						
D Insure							
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ident MT/0994314									
licy No.	5080650287-01	Vehicle No.	F89601G		GST Registration N	0.			
icyholder Name	IBRAHIM BIN BAKAR				Policyholder NRIIC		51405075	0	
duct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading		0		
ntact No.(Mobile)	96663780 Contact No.(Of		0		Contact No.(Home)	80	0		
al Address		Special Remark	3.5		eCode		Tic V		
K	® No ⊜Yes	TCA	® No ○ Yes		eCode Reason				
D Protection							No		
Accident Details	No	NCD Entitlement(%) 15			Privace rare		red		
					W				
port Date	14/05/2018 22:01	Accident Report Within 24 hrs	Yes		Accident Type		Collision -	Head to Rear	
te of Accident	13/05/2018	Time of Accident hhomm	17:30		Country of Academ	t	Singapore		
parting Centre		Orange Force			ICM No.				
cident Location	UPPER SERANGOON RD BEFORE JUNG	HOUGANG AVE 8							
Bonefits									
Excess									
n damage Excess	0.00	Additional Excess			Windsprean Excess				
named Driver Excess		Outside Singapore OD Excess							
rd Party Excess	0.00	Outside Singapore TP Excess							
GST Registered Inform	ation								
Registered	No		GST Registration Date						
Registration No.			GST Status Verified		Yes				
Offication History									
Policyholder Mailing Ad									
iress 1	BLK 182 #18-309	Address 2	RIVERVALE CRESCENT		Address 3		SINGAPOR	RE 540182	
oressi 4		Address Type	Singapore address		Post Code		540182		
t No.		Related Policy Number	5080650287-01						
OI Driver Info		101							
er Name	IBRAHOM BIN BAKAR	Driver Type	Main Driver						
named driver Name		Driver NRIC	S1405075B		Driver DOB		21/05/196	50	
ister Date of Driver License	16/03/2006	Driver Age	57		Driving Experience		12		
ntact No.(Mobile)	98563780	Contact No. (Office)	0		Contact No.(Home)	0			
dress 1	BUK 182	Address 2	RIVERVALE CRESCENT		Address 3		SINGAPOR	E 540182	
dress 4		Address Type	Singapore address		Post Code		540182		
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