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Date In: 38/4/18-13:57	Jeb description	Date &Time Completed	Done by
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Veh No: 57253646	E-mail (within 8hrs, AIC 2h	15)	line and the second
D.O.A: 28/4/18-00-10	i-Motor Claim Form	MT10996201-001	PV: VI 812/85
	i-Motor W/O (Within: O)	O 2hrs, TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded		
TD	Assessment/Survey Repo	ort	
TP Insurer:	Ass't Report by Fax / Ha	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: JS	P7291 IN	C()/Non-INC()	(24)
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N:	0-20%; P: 21-79%. F: 30-1	00%]
Year of Registration: ()	Warranty: YES ()/NO	()	
	1,000 ()/\$2,000 ()		
General Remarks:-			1000
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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 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	28/05/2018 13:57
Date Of Accident	28/05/2018 00:10
Exact Location Of Accident	SLIP RD PIE (TUAS) TWDS BKE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ5364L
Insured/Policyholder	
Name Of Registered Owner	NOR ASIQ BIN KAMAL
NRIC No	S9026725F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98710543
Alternative Phone No	OFFICE-98710543
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084808145-01
Cover Note Number	
Driver	
Name of Driver	NOR ASIQ BIN KAMAL
NRIC No	S9026725F
Date Of Birth	04/08/1990
Occupation	INDOOR
Date Of Driving Pass	17/04/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98710543
Fax Number	
Contact Number	OFFICE-98710543
EMail Address	NOEMAIL
STANDARD WITH WITH WITH WATER	Page 1 of 17

Address

BLK 133 EDGEDALE PLAINS

#01-50

Postcode

820133

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Foreign Vehicle Registration Number

JSP7291 (MOTORCYCLE)

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

4

NAME:

GENDER:

: MALE

Passenger 2

NAME:

. .

GENDER:

: FEMALE

Passenger 3

NAME:

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given? If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180528/2007.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

JSP7291

Vehicle Make/Model/Colour

Page 2 of 17

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOTORCYCLE

SKETCH PLAN

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.
- 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:
 - (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		0	
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		/ R	4= SJZ 5364C
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DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
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kefor to police	report- 1/2018052	8/207.	
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/			
DECLARATION	NATIONAL PROPERTY OF THE PROPE		
I/We declare the foregoing partic	culars are true in every respect.		82
M			
Policy Holder's Signature	Driver's Signature	Res	porting Centre Personnel's Signature
Date & Time:	(If driver is not the policy	/holder) Na	me:
	Date & Time:	NR	IC/FIN No.:



1 of 3

Report No. T/20180528/2007

Police Station Of Origin: Punggol N.P.C

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 02:42	Made:	Vide Report No.: E/20180528/0002	Station Diary No.: 14	
Informa	nt's Partic	ulars			
Name o	f Informant:		Address:		
NOR ASIQ BIN KAMAL			APT BLK 133 EDGEDALE PLAINS #01-50 SINGAPORE 820133		
	ID Type / ID No.: NRIC NO / S9026725F		Contact No.: Home/Office: Mobile: 98710543		
National SINGAF	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 27	Date of Birth: 04/08/1990	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: EVENTS MANAGER			Driving Licence Information: Class:	Date of Expiry:	

General Inform	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/05/2018 00:10	Type of Location Bend
	EXPRESSWAY f PIE towards BKE.	Road Surface:		Road Speed Limit:
Traffic Flow:		Dry Traffic Control:		Traffic Volume:
One Way		Processor Strangers State St. 22		Moderate
Type of Collis	ion:			Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JSP7291	Motorcycle					0
SJZ5364L	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	White	Slightly Damaged	3

any	Insurance No	Effective	Expiry Date



T/20180528/2007

2 of 3

Report No. T/20180528/2007

1/20180528/2007

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
		Insurance No	F## #	
and the second s	NITUC Income I	The second secon	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	5084808145-01	13/12/2017	01/12/2018

Details of Person	on involved					
Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NII		lles of De	de et de	-	
Driver			Use of Pe	destria	n Cross	sing: NA
Name	NOR ASIQ BIN KA	AMAL		ID No).	S9026725F
Related Vehicle	NIL			Conta	ect No.	98710543
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 28/05/2018 at about 0010hrs, while I was driving my vehicle bearing registration number SJZ5346L at the bend from PIE towards BKE, suddenly one Malaysian registered motorcycle bearing registration number JSP7291 self skidded from lane 2 to lane one which was the lane that I was in.

While the rider was already lying somewhere at the grass patch on the right side of the road, his motorcycle was still left lying at the first lane. I then applied emergency brake but could not avoid hitting the motorcycle and my vehicle sustained some deep scratches on the right front bumper. There were 3 passengers on board my vehicle but non of us sustain any injury.

There was no in-car dash cam install in my vehicle. However, there were some witnesses who had their in-car dash cam recorded of the incident. Traffic Police officer then attended to the incident and the rider was then conveyed to hospital by an ambulance. That is all.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 3 Report No. T/20180528/2007

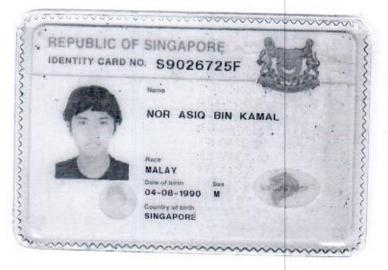
CONTINUATION OF REPORT

Ske	etch	Plan	1
~ 111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Informant is not able to provide sketch plan

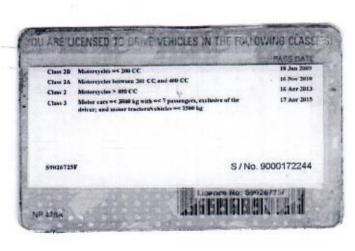
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sat FARHAN BIN ARM	Signature Of Informant
Staff Sgt FARHAN BIN ABU Signature Of Interpreter:	Date Times
Not applicable	Date/Time: 28/05/2018 02:42
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp	











♥ Endors	sements						
	ed Object: SJZ5364L						
Unit No.		Relate Numb	ed Policy er	5084808145-01			
Address 4			ss Type	Singapore address		Post Code	820133
Address 1	BLK 133 #01-50	Addre	ss 2	EDGEDALE PLAINS		Address 3	SINGAPORE 820133
	holder Mailing Address						
Certificate Info							
Policy Info							
Flag Open							
Co- insurance	No						
Agent	AUTO INSURANCE AGENCY	Agent Tel.	FAX 62865	5551	GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	J/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type		All Claim Excess					
Policy issue Date	13/12/2017	Effective Date	13/12/201	7 00:00	Expiry Date	01/12/2018 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 133 #01-50 EDGEDALE P	LAINS SINGAPO	RE 820133				
Policy No.	5084808145-01	Policyholder Name	NOR ASIQ	BIN KAMAL	Policyholder NRIC	S9026725F	

cident MT/0996201				- 1-30.00					
licy No.	5084808145-01		Venicle Np.	5125364L	0	SST Registration No			
ricynolder hame	NOR ASIQ BIN KAMAL					Policyholder NRIC		\$9026725	
oduct Code	PRIVATE CAR INSURAN	CE	Cover Type	Brivo CLASSIC	i.	oading		0	
ntact No.(Mobile)	98710543		Contact No.(Office)	0	9	Contact No. (Home)		0	
nar Address			Special Remark			Code		SEW.	
×	® No ○Yes		TCA	® No ○Yes		Code Resson		440000	
D Protection	No		NCD Entitlement(%)	20		hivate Hire		No	
Accident Details	200		HELD CHARGING MY	200				140	
	Para National State of the Paragraphy					SECTION CONTRACTOR		4887975	20 (000 (020 (000 (000)
port Date	28/05/2018 14:47		Accident Report Within 24 hrs	Yes	- 1	Acadent Type		Collision -	Change / Cross lane
te of Accident	28/05/2018		Time of Appldent hh:mm	00:10		Sountry of Accident		Singapore	
porting Centre			Drange Force		1	CM No.			
cident Location	SLIP RD PIE (TUAS) TV	DS BKE							
Benefits									
Excess									
in damage Excess		720100				26 32			
		600.00	Additional Excess	•		Windscreen Excess		100.00	
named Driver Excess		0.00	Dutside Singapore OD Excets	600.00					
rd Party Excess		0.00	Dutside Singapore TP Excess	0.00					
GST Registered Informa	ation								
Registered	No			GST Registration Date					
Registration No. Sification History				GST Status Verified		Yes			
Policyholder Mailing Ad	BLK 133 #01-50		Address 2	EDGEDALE PLAINS	9	Address 3		SINGAPOR	E 820133
	SER 123 WOL-50								E 820135
dress 4			Address Type	Singapore address		Post Code		820133	
it No.			Related Philoy Number	5064805145-01					
OI Driver Info									
ver Name	NOR ASIQ BIN KAMAL		Driver Type	Main Driver					
named driver Name			Driver NRDC	59026725F	C	Driver DOB		04/08/199	0
gister Date of Driver License	17/04/2015		Driver Age	27	in the	Oriving Experience		3	
ntáct No (Mobile)	98710543		Contact No.(Office)	0		Contact No.(Home)		0	
oress 1	BLM 133					lddress J			F #25/27
L C30 1	DFR 137								E 020133
			Address 2	EDGEDALE PLAINS				SINGAPOR	
dress 4			Address Type	Singapore address		Post Code		SINGAPOR 820133	
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