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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	5 19 5 19
Date Of Report	03/07/2018 19:18	
Date Of Accident	02/07/2018 10:30	
Exact Location Of Accident	353 TANGLIN ROAD SINGAPORE 247959	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	110 - 286
Vehicle Registration Number	FBM9016D	
Insured/Policyholder		
Name Of Registered Owner	AHMAD HANAFEE BIN IBRAHIM	
NRIC No	S9338921B	
Email Address	HANAFEE.IBRAHIM@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-94882083	
Alternative Phone No	OTHERS-94882083	
Vehicle Particulars		
Manufacturer	YAMAHA	
Model	XMAX 300	
Exact Purpose for which vehicle was being uttime of accident	sed at DOING DELIVERY	
Are you claiming under your own insurance par repair to your vehicle?	policy 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	5100596339	
Cover Note Number		
Driver		
Name of Driver	AHMAD HANAFEE BIN IBRAHIM	
NRIC No	S9338921B	
Date Of Birth	17/10/1993	
Occupation	OUTDOOR	
Date Of Driving Pass	04/04/2015	
Driving Experience	3 YEARS AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-94882083	
Fax Number		
Contact Number	OTHERS-94882083	
EMail Address	HANAFEE.IBRAHIM@GMAIL.COM	
		Page 1 of 1

BLK 820 YISHUN STREET 81 Address #02-658 760820 Postcode 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 SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO. Was any injured conveyed to hospital by NO ambulance? 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 NO Was notice of intended Prosecution given? 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 NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

SHA8762G

CITYCAB

TAXI

CHUA ENG LEOW

S1291783Z

96232710

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

Nature Of Damage

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.
- 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 liability.
- 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.
- 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)
 - (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: 24118

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personn

NRIC/FIN No.;

CHICAGO INC. AND ADDRESS OF THE

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other.		<i>A</i> .			
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DECLARATION

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

Policyholder's Signature Date & Time: 2 7 19 Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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Claim Handling(accident reporting Claim Task)

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ACCIDENT STATEMENT

ACCII	DENT DATE: 02/07/2018 (DD/MM/YYYY)	1, TIME: (10:50) (HH:MM)
LOCA	TION: 353 langin Feda , 34	gupo. 2
1.	GIVEHICLE NUMBER: FBM 9016 0	# Q
194	DINSURANCE COMPANY: NTUC CIPOLICY NUMBER: 5100 596339 DIPOLICY TYPE: (COMPREHENSIVE / THIRD PAR DIMAKE & MODEL: AMAYA XWAX 300	
	F)TYPE: (SALOON / COUPE / MPV /VAN / LORR g)VEHICLE CATEGORY: (PRIVATE / COMMERCI h)PURPOSE OF USING AT ACCIDENT TIME: DE I) ARE YOU CLAIMING UNDER YOUR OWN INSU IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	INDIORCYCLED LINELY RANCE (VERLING)
2.	INSURED / POLICY HOLDER A) NAME: AHWAD HANAFEE BIN ILEAHAN D) NRIC/FIN/PASSPORT: \$93389218 C) ADDRESS: DIK \$20 VISHUN ST RI	(MALE) / FEMALE) CONTACT: 948 9803 02-658 3 (760820)
the of passenga (Including driver)	DINKC/TIME AGGI GIVE	
(T)	*d)DATE OF BIRTH: (Pt / 10 / 1993) (DD) *d)OCCUPATION: (INDOOR / OUTDOOR) 1) DOTE: OF DRIVING PASS	/MM/YYYY) : .
	WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO. RELATIONSHIP OF THE DRIVER WIT	H INSURED:
	DIWEATHER CONDITION: (CLEAR / RAINING / DIROAD SURFACE (DRY) / WET / OTHERS WAS ANYBODY INJURED (YES (NO))	OINERS
7. 8.	IF YES, PLEASE STATE WHICH POLICE STATION	
Ho of pascager	a) VEHICLE NUMBER: SHA 8762 9	MODEL: <u>City Cab</u>
Including driver	C) NRIC/FIN/PASSPORT: 512917 832 THIRD PARTY VEHICLE	CONTACT: 9 6 232 710
dies of parsonyer	AL VEHICLE MUMBER	MODEL:
(Including drive		CONTACT:
ر	***	* A.
		irahim Ogmail-com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$93389218



Marrie

AHMAD HANAFEE BIN

امید هاناقی بن ابراهیم MALABARI

17-10-1993 Country of birth SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

S 9 3 3 8 9 2 1 B

AHMAD HANAFEE BIN
BIRAHIM

BIRAHIM

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22-10-2008

APT BLK 820 YISHUN STREET 81 #02-658 SINGAPORE 760820 YOU ARE LICENSED TO DRIVE VEHICLES IN THE POLLOWING DEASSIES!

Class III. Class IA Class I About yeles - 190 (C - 400 CC - 400 CC

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NP 428A

BITTOWN AND SOCIETY IN



Certificate of Insurance

MOTOR VEHICLES	(THIRD PARTY	RISKS AND	COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES	(THIRD PARTY	RISKS AND	COMPENSATION) RULES, 1960
			and the contract of the contra

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5100596339

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBM9016D

Chassis Number

2. Name of Policyholder

: MH3SH0842JK003420

3. Effective Date of Insurance

: AHMAD HANAFEE BIN IBRAHIM

4. Expiry Date of Insurance

: 08 May 2018 : 07 May 2019

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

NAMED DRIVER (1) AHMAD HANAFEE BIN IBRAHIM NAMED DRIVER (2) AHMAD TARMIDZI BIN IBRAHIM

HIRE PURCHASE COMPANY SOUTHERN WIND MOTOR CREDIT & 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

: ASSURE PTE, LTD. (00000572842)

Date of Issue

08 May 2018 18:09 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive