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TP Particulars: Veh No: S	4B 8668 R	INC (	)/Non-INC (	)		85
Owner / Driver: (			Tel:		)	
Policy No: ( )	eriod: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Times		)	
Insured/Driver Liability: ( %)	[Note-Est. Status (	WO): N: 0-2	0%; P: 21-79%. F:	80-100%	]	
Year of Registration: ( )	Warranty: YES (		)		-	
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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.
- 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.

aforesaid.	
the same transfer that they are	ACCIDENT STATEMENT
Date Of Report	11/07/2018 18:20
Date Of Accident	10/07/2018 21:35
Exact Location Of Accident	TPE EXITING PUNGGOL ROAD
Country/State of Loss	SINGAPORE
The State of the State of the State of the Control of the State of the Control of the State of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG7854X
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD SAZALI BIN SHAMSUDDIN
NRIC No	S8070888B
Email Address	M.DIVER.DOWN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90013643
Alternative Phone No	OTHERS-90013643
Vehicle Particulars	
Manufacturer	TRIUMPH
Model	TIGER EXPLORER XC-1.2
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5062756044-04
Cover Note Number	
Driver	
Name of Driver	MOHAMAD SAZALI BIN SHAMSUDDIN
NRIC No	S8070888B
Date Of Birth	09/12/1980
Occupation	INDOOR
Date Of Driving Pass	05/08/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90013643
Fax Number	
Contact Number	OTHERS-90013643
EMail Address	M.DIVER.DOWN@GMAIL.COM
	1000 PEN PENO

BLK 274C PUNGGOL PLACE Address #14-832 823274 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 COLLISION - HEAD TO REAR 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? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **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? 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	SHB8668R
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEONG
NRIC/Passport Number	S0132329F
Contact Number	90082662
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### 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:
  - 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: 11/4/18 10

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persophel's Signature

Name:

NRIC/FIN No.

SKETCH PLAN Pillar lane Lowards Paryogol Ad DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 70. At tomede 2018 2135 hm 11125 Pillorina lane lans and around hillse into 8668 B 1241 SHB Eame david taxi pruller audent frank Willow conquite DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's dignature Driver's Signature Policyholder's Signature 1401h Date & Time: 11 / 1/19 (If driver is not the policyholder) NRIC/FIN No .:

Date & Time:

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cident MT/1002566	THE EXPLORATION	OCHORAGO	emonated as		GST	Registration No.			
	5852156044-04 MOHAMAD SAZALI BIN SHAMSUDDIN	Vahicle No.	FBG7554X			cyhoder NRIC	5	AD70888	
		Cover Type	Comprehensive		1,000		0		
iduct Code	MOTORCYCLE INSURANCE	Contact No.(Office)	981.581701707			tacz No.(Home)			
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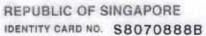
# Claim Handling( Claim Task )

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₩ Video Livt						
1	NAC_BUKIT_MERAM_80067/ UKIT-M	o; NATIONAL ASSESSMENT CENTRE SERVICES (B. BRAH)) un 11 Jul 2018-18/28	Photos	two-mail	Photos 2018-7-11	£dit
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ACC	DENT DATE: 10 / 014	1 2018 HOD/MM/YYY	Y), TIME:( 21 : 55 )(H	H:MM]
114 12 121	ATION: TRE PAINING	Pragge 1 Road		
::				
1	DETAILS OF VEHICLE	FR4 1854X	41	2
	a) VEHICLE NUMBER	FISCH 18547C		
50	CIPOLICY NUMBER:	5067 15 0044-04	414	155
	dipolicy Type: (CO	MPREHENSIVE THIRD PA	ARTY / THIRD PARTY FIRE &	THEFT)
	ALMAKE & MODEL	Triumfit Ex	0605 1000	
	fITYPE: (SALOON / CO	OUPE / MPV /V AN / LOR	RY / MOTORCYCLE: 7 OTH	ERS)
	g) VEHICLE CATEGOR	RY: {PRIVATE / COMMER!	CIAL /MOTORCYCLE)	19
	h) PURPOSE OF USING	GAT ACCIDENT TIME:	rivete	
	I) ARE YOU CLAIMING	S UNDER YOUR OWN INS	SURANCE (YES/NO)	
	IF NO, PLEASE STATE	E THIRD PARTY CLAIM K	REPORTING ONLY	
2	INSURED / POLICY HO	OLDER		
	A) NAME: Mohamod S	result Bin Shammadin	MALE / FEMA	ALE)
	b) NRIC/FIN/PASSPO	RT: 580408883	CONTACT: 900136	
	C) ADDRESS: BIK ]	14c Punggoi Place	#14-852 5823274	
22 (2)	-			
2000 I M		F DRIVER ALSO POLICY H	HOLDER	
Alcot bassonds	DRIVER	12*	(MALE / FEMA	A 1 E)
Clincluding driver	a)NAME:			75-1
(15	DINKICH INT ASSI O	RT:	CONTACT:	
	c)ADDRESS:			
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50	TO DATE OF BIRTH.	DOORY OUTDOOR)	States	7
	elocchation: (in	PASS .5/8/x	2008	
×	WAS DRIVER AN EL	MPLOYEE OF THE INSU	RED'S COMPANY? (YES	1(NO)
<b>25</b>	IF NO. RELATIONS	HIP OF THE DRIVER W	ITH INSURED:	37
5	CIWEATHER CONDIT	ION: CLEARY RAINING	/ OTHERS	
9.	BIROAD SURFACE: (	DRY) / WET / OTHERS		
6.	WAS ANYBODY INJU		7	
	a) REPORTED TO POL	ICE (YES (NO)	54	
	IF YES, PLEASE STAT	E WHICH POLICE STATIC	N:	
8,			The state of the s	
the of passager	a) VEHICLE NUMBE	R: SHS 368R	MODEL: Hyundai	
Claduding driver		· herein	Dec 2	2012
- House and all and	C) NRIC/FIN/PASSE	ORT: 50131374F	CONTACT: 4008	2002
9.				
A in of pursonger	d) VEHICLE NUMBE		MODEL:	-
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(Including diffue	1) NRIC/FIN/PASSE	ORT:	CONTACT:	
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email = m.diver.do=n@gmail.com VIDEO=





NO. S8070888B

MOHAMAD SAZALI BIN SHAMSUDDIN

MALAY Date of birth

09-12-1980 Country of Meth MALAYSIA









Countersigned By:

Authorised Officer

## 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, \$959 (MALAYSIA) Certificate Number: 5062756044-04 Cover : Comprehensive 1. Index mark and Registration Number of Vehicle : FBG7854X Chassis Number : SMTV1F11F9D569184 2. Name of Policyholder : MOHAMAD SAZALI BIN SHAMSUDDIN 3. Effective Date of Insurance : 23 Nov 2017 4. Expiry Date of Insurance : 22 Nov 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. 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) \$\$1,000 EXCESS (SECTION 2) N/A EXCESS (THEFT OUTSIDE SINGAPORE) PLEASE REFER OVERLEAF INSURE WITH COE NAMED DRIVER (1) MOHAMAD SAZALI BIN SHAMSUDDIN NAMED DRIVER (2) SAIFUL AMLI BIN AHMAD HIRE PURCHASE COMPANY 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 : TELESALES-DIRECT MARKETING (00000601661) Date of Issue : 20 Nov 2017 21:44 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive