Date in Zole 17.20	[see" Jan/05]	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND			Automotives Addisonated
Date In: 30/67/2018 17:28 Job descript	tion	Date & Time Co	mpleted	Done	by:
ROTNU NA/INCLEO 13854 KY SAS e-1111	ng				
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TP Insurer: Assessment	t/Survey Report				
	rt by <u>Fax/Hand</u>	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax		-
TP Particulars: Veh No: SHB 407	34. INC ()/Non-INC ()	5.	.,
Owner / Driver: (Policy No: () Period: (Tel:)	
Confirmed by : ()	Cover Type: ()	
	Date:	Tline:)	
Year of Registration: (%) [Note-Est. Status Year of Registration: () Warranty: YES		0%; P: 21-79%.	P: 80-100	%]	
Excess: (\$) Loading: \$1,000 () / \$2,0)			
Consult Days 1		1278-226-22 3 Y	77 W		
() Walk-In Customer: Customer's information strictly (Janary Maria	L. L. Ling Cont	. * " .	-
() Total Lass Cass to a well I VID Castrain	confidential & St	rictly NO rafer of a	epairer.		
Drive-In ()/ Towed-In (): Invoice VES ()	<i>(</i>				
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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.

- 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

 By the lodgement of this report to the insurers, you hereby consertoresaid. 	int to the archiving of this report at the series and
	ACCIDENT STATEMENT
Date Of Report	30/07/2018 17:28
Date Of Accident	28/07/2018 20:30
Exact Location Of Accident	TAMPINES CENTRAL 1 B4 JUNC TAMPINES AVE 4
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF2734Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMED REZA BIN AMIRUDIN
NRIC No	S9247595F
Email Address	RAZA_AMZR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92703849
Alternative Phone No	OTHERS-92703849
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ1-N
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	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

5087929570-01

n	riv	10	,

Policy Number Cover Note Number

MOHAMED REZA BIN AMIRUDIN Name of Driver

S9247595F NRIC No 29/12/1992 Date Of Birth INDOOR Occupation 23/07/2014 Date Of Driving Pass

4 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92703849 Mobile Number

Fax Number

OTHERS-92703849 Contact Number

RAZA_AMZR@GMAIL.COM EMail Address

13 PASIR RIS RISE Address

#04-25 518086

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

Type Of Accident SIDE SWIPE CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

NO

YES

NO

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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

SHB4073H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 5. 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) of:
 - (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
- 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:

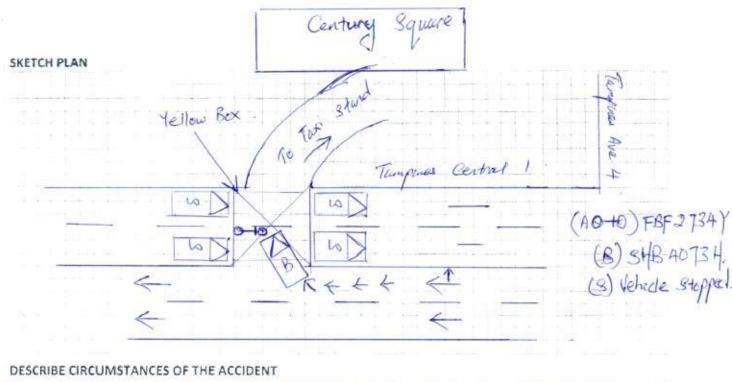
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



Superior design of the state of
On 28 07/18 at @ 2030hrs, I' was radary my motorcycle
CFBF 2734Y) along Tampuse Central I towards the direction of
To according the soult of and the subside subside subside
Tumpines Ave 4 of the right. I saw the vehicle infront more start to move of and I proceed to move forward. Sucherly,
Start to move of and proceed to move forward. Suchery,
a toxi (3HB 40T3H) from opposite direction make a right
turn and collided onto the right front portion of my bake

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyhalder) Date & Time:

Reporting Centre Personnel's Signature

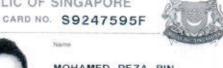
Name:

NRIC/FIN No.:

Vehicle No.	FBF 2734Y. Model/Make FZ-1 N
Date of Accident	28/07/18
Time of Accident	2030 HRS
Location of Accident	Tampaies Central 1 before Tunction Tampines Ave 4.
Exact purpose use during acc	
Name of Owner	Mohamed Reza Bin Amirucin
Telephone No.	H/P: 9270 3849 Home: Office:
NRIC	8924747F.
Address	13, Pager R79 Rzge \$104=25 (3) 518086
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC .
Type of Coverage	
Policy No.	508 792 9570-01.
Name of Driver	As Above If No,
NRIC	Any Passengers: N. Fl.
Date of birth	29/12/1992.
Occupation	Outdoor / (Indoor)
Driving License Pass Date	10/02/2017.
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No. Owner
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, .) If Yes, Who?
Name And Contact No.	Mohamed Raza Ben Ameridan (4/P: 92703849)
Name And Contact No.	The second of the second
Police Report	No, If Yes, Where?
Vehicle B No.	SAB 4073 H - Any Passengers: OD (F).
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	
Witness Name	Any Passengers : Witness Contact :
Accident Portion	vitiless contact.
	Front and Right side.
Camera Recorder	Yes (No)
Email Address	raza - amir@ gmail com.
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	S ASSISTANCE? Yes /(No)
PARTICULAR WORKSHOP	MOTO 51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Jackie .
CONTACT FERSON	
FAX NO	6741 0510



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9247595F



MOHAMED REZA BIN AMIRUDIN

محمد ريذا بن اميرودين

29-12-1992 M

5924759bF

SINGAPORE

MALAY

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

EFFECTIVE DATE

59247595F

S / No.9000238353

NP 428A

07-01-2008

13 PASIR RIS RISE #04-25 SINGAPORE 518086

NRIC No: S9247595F

Date: 14/02/2017



Certificate of Insurance

ncy ; A S	licy to which this Certificat	ALUE OF INSURED VEHICLE AT TIME OF LOSS e relates is issued in accordance with the provisions of the Motor er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
hereby Certify that the Pocles (Third Party Risks and C	: MARKET V licy to which this Certificat Compensation) Act (Chapte	ALUE OF INSURED VEHICLE AT TIME OF LOSS e relates is issued in accordance with the provisions of the Motor er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
DUDCHACE COLUMN		
TED DRIVER (2)		
		REZA BIN AMIRUDIN
	: YES	
		FER OVERLEAF
	: N/A	
ESS (SECTION 1)	: N/A	
# Limitations rendered in	connection with the Motor	n Connection with any trade or business. r Trade. he Motor Vehicle (Third Party Risks and Compensation) Act rt Act, 1987 (Malaysia), are not to be included under these
(c) Use for the carriage of	goods (other than samples	in connection with any trade or builting
	aking reliability trial or one	ad tasting
Policy does not cover	and pleasure purposes an	a in connection with the Policyholder's business or profession.
Limitations as to Use#		
the Motor Venicle or h	as been so permitted and i	ccordance with the licensing or other laws or regulations to drive s not disqualified by order of a Court of Law or by reason of any age the Motor Vehicle.
Persons or Classes of Perso	ns entitled to drive#	MANAGEMENT TO A SECUND
Expiry Date of Insurance		: 07 May 2019
Effective Date of Insurance		: 08 May 2018
Name of Policyholder		: MOHAMED REZA BIN AMIRUDIN
Chassis Number	ii wormber or venicle	: FBF2734Y : JYARN16R000000345
		Cover : Third Party, Fire & Theft
AD TRANSPORT ACT, 1987 (MALAYSIA)	
TOR VEHICLES (THIRD PART	TY RISKS AND COMPENSAT	ION) RULES 1960
	AD TRANSPORT ACT, 1987 (AD TRANSPORT ACT, 1987 (ATOR VEHICLES (THIRD PAR' Itificate Number : 508792 Index mark and Registratio Chassis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Perso (a) Named Driver(s) Only. Provided that the perso the Motor Vehicle or h enactment or regulatio Limitations as to Use# (a) Use for social domestic Policy does not cover (a) Use for hire or reward. (b) Use for racing, pace-ma (c) Use for the carriage of d) Use for any purpose in # Limitations rendered in (Chapter 189) and Secti headings. ESS (SECTION 1) ESS (SECTION 2) ESS (THEFT OUTSIDE SINGA) IRE WITH COE HED DRIVER (1) HED DRIVER (2)	Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons entitled to drive# (a) Named Driver(s) Only. Provided that the person driving is permitted in a the Motor Vehicle or has been so permitted and i enactment or regulation in that behalf from drivin Limitations as to Use# (a) Use for social domestic and pleasure purposes an Policy does not cover (a) Use for hire or reward. (b) Use for racing, pace-making, reliability trial or specific Use for the carriage of goods (other than samples d) Use for any purpose in connection with the Motor Use for any purpose in connection with the Motor (Chapter 189) and Section 95 of the Road Transpotheadings. ESS (SECTION 1) : N/A ESS (SECTION 2) : N/A ESS (THEFT OUTSIDE SINGAPORE) : PLEASE REFUNCE OR DRIVER (1) : MOHAMED MED DRIVER (2) : N/A

eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601					• Change	Languag	e • Chan	ge Password	, Log Out
My Desktop	Policy Query									10.0
Notice of Loss	Policy No.				Date	of Accident		28/07/2018 2	20:30	
	Vehicle No.(For Motor)	FBF27	34Y		Certi	ficate Number	1 3			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5087929570- 01		MOHAMED REZA BIN AMIRUDIN	S9247595F	GMC	Third Party, Fire & Theft	FBF2734\	FBF2734Y	08/05/2018	07/05/2019
			50.1104.94-55.04.55.00]	Continue]				

Policy No.	5087929570-01	Policyholder Name	MOHAMED REZA BIN AMIRUDIN	Policyholder NRIC	S9247595F
Certificate No.					
Address	13 PASIR RIS RISE #04-25 SEA	A HORIZON SIN	NGAPORE 518086		
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	07/05/2018	Effective Date	08/05/2018 00:00	Expiry Date	07/05/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	A S PHOON PTE LTD	Agent Tel.	67470770	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	older Mailing Address				
Address 1	13 PASIR RIS RISE	Address 2	#04-25 SEA HORIZON	Address 3	SINGAPORE 518086
Address 4		Address Type	Singapore address	Post Code	518086
Jnit No.	#04-25	Related Policy Number	5087929570-01		
Insure In	d Object: FBF2734Y				
	ements				
Sequenc	te Date of Endorsement	Endorse	ment Type Endorseme	nt Status	Endorsement Conte

Claim Handling					
Accident MT/1005267					
Policy No.	5087929570-01	Vehicle No.	FBF2734Y	GST Registration No.	
Certificate No.			181341	CO) Registration No.	
Policyholder Name	MOHAMED REZA BIN AMIRUDIN			Policyholder NRIC	5924
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	.0
Contact No.(Mobile)	92703849	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	● No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	1402
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▽ Accident Details		Western Control of State		Service Action and the Control of th	110521
Report Date	31/07/2018 09:38	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	28/07/2018	Time of Accident hhumm	20:30	Country of Accident	Singe
Reporting Centre		Orange Force	\$50000 A	ICM No.	- Consign
Accident Location	TAMPINES CENTRAL 1 B4 JUNC TAMPINES AV			28 TO 10 TO	
♥ Benefits					
♥ Excess					-
Own-damage Excess	0.00	Additional Excess		Milestones Bornes	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		Windscreen Excess	
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform		Oviana Singapore IF Excess			
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing Ad	idress				
Address 1	13 PASIR RIS RISE	Address 2	#04-25 SEA HORIZON	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5180
Unit No.	#04-25	Related Policy Number	5087929570-01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3100
♥ OI Driver Info		Section 1 Sept. Money.			
Driver Name	MOHAMED REZA BIN AMIRUDIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9247595F	Driver DOB	29/1
Register Date of Driver License	23/07/2014	Driver Age	25	Driving Experience	4
Contact No.(Mobile)	92703849	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	13 PASIR RIS RISE	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	5180
Unit No.	#04-25				
Does he own a Singapore Registered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
registered carr					
Declaration					
Breathalyser or Blood Test	0 mg	Any intury?	○ Yes ● No		_
Reading?	o mg	Any injury?	O TES W NO		
Modification History					
CI-1- 004 00 HW	D.				
Claim 001 OD-MX New					
Claim Type *	OD-MX	Insured Name	MOHAMED REZA BIN AMIRUDIN	Insured NRIC	5924
Contact No.(Mobile)	92703849	Contact No.(Home)		Contact No.(Office)	
Email Address	reza_amir@hotmail.com	OI Vehicle Number	FBF2734Y	TP Vehicle Number	SHB4
Claim Description	FBF2734Y / SHB4073H ON 28 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Partially at Fault		
No. Require Finalisation	Yes			CIA mond	
		Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	31/07/2018 09:58	Claim Close Date		Date Received	31/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
		-	Save Submit		
Attachment					
_ Books and the same					
9					
Accident No:	MT/1005267		Claim No.	001	

