NATIONAL Assessment (Centre Services. [wet 1 Jan'08]	WNA11810318Z	
Date In: 7 1 18-15: 3 6	Jeb description	Date &Time Completed	Done by
Ref No: NA INC 1801 4559/24	SAS e-filing		
Veh No: 1009627M	E-mail (within 8hrs, AIC 2hrs	()	
D.O.A : 6/6/16-08:00	i-Motor Claim Form	M7/1006349-001	7/8/1x 16:51
OD TO CO	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD / TP-/ Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repor	rt	THE SHIP OWN IN HAVE STEEN LESS
1P Insurer:	Ass't Report by Fax / Han	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / Q	ıw: (Tel:	Fax:)
TP Particulars: Veh No	: XD79881C INC	C()/Non-INC()	+:
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%. P: 80-	100%]
Year of Registration: () Warranty: YES ()/NO()	
	g:\$1,000()/\$2,000()	PROPERTY OF THE PROPERTY OF	ACTOR AND AND ADDRESS OF THE ADDRESS
General Remarks.			Section 1
() Walk-In Customer : Custome	er's information strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail	Insurer URGENTLY.		
Drive-In ()/ Towed-In ();	Invoice: YES () / NO ()	; Towing Co: (.)
Remarks:- (INC hotline: 6788 6	616)	Date& Time Completed	Done by
1) Apply for Transport Allowance (A CONTRACTOR OF THE PARTY OF TH
2) QC Check / Post Repair Inspection		-	
3) Upload Resurvey Photo [Repair Co	ost > \$3000] ()		
Injury:		7 81 5	
			wayana a samu ka a samu
Date/Time Actions			Proficient
	12 H		- <u> </u>
		- 1794	Ant (S) Amt (I)
N4804955 ·	2.4 (14.73)	reparation Checklist	fit Bill Add Bill
laimant's Particulars :-		dent Reporting (\$30); age Assessment (\$100); INC (\$	80)
river/Owner:	3) TF : Towi	ng Fee . S4	0/\$45 \$120
	5) FT : Follo	w-Through Survey w-Through Survey (Resurvey)	\$30
ontact No:	For claimin 6) TR: Re-in	ng against INC Only (wef 10 Jan 200	\$75
amaged Portion:	7) N1 : Idao I	DA + SMRT Survey	\$160
		ditional Services:-	
C Checked by (Engr-In-Charge):		lesy Car / Tpt Allowands	\$5
Vertex completes and the second second		ir Co-ordination Repair Inspection	\$10
uditors' Comments :-	*N8: DV /	Collect Excess Coordination	\$5
_1:	TP (N11): 9) N12: Idac	TP (Non INC) against INC Mobile	30
2/3:	Invoice dated	Pee Charged	MARRING VATINGS
	Invoice dated	Fee Charged	Series in the se

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.

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,		
	ACCIDENT STATEMENT	
Date Of Report	07/08/2018 15:26	
Date Of Accident	06/08/2018 08:00	
Exact Location Of Accident	ALONG PASIR PANJANG DR 1	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBD9627M	
Insured/Policyholder		
Name Of Registered Owner	MUHAMMAD DINIE BIN RAMLI	
NRIC No.	S9328324D	

NRIC No NOEMAIL Email Address

(LOCAL) +65-88589865 Mobile Phone No OFFICE-88589865 Alternative Phone No

Vehicle Particulars

PIAGGIO Manufacturer

GILERA RUNNER ST 200 Model

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

REPORTING ONLY If No, Please state action to be taken MOTORCYCLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

5093508578 Policy Number

Cover Note Number

Driver

Name of Driver MUHAMMAD FARHAN BIN YUSOFF

S9300749B NRIC No 11/01/1993 Date Of Birth INDOOR Occupation Date Of Driving Pass 07/11/2017

0 YEAR AND 8 MONTH Driving Experience

Gender MALE

(LOCAL) +65-84819759 Mobile Number

Fax Number

OFFICE-84819759 Contact Number

EMail Address NOEMAIL

BLK 746 JURONG WEST STREET 73 Address

#03-111 640746

Postcode

Was driver an employee of the Insured's Company NO

FRIEND If No, Relationship of the Driver with the Insured

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

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

NANYANG NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7929999 - FAX NO: 67912972 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180806/2100.

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 XD7958K

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

TAN SONG CHER Name of Driver

S0851493C NRIC/Passport Number

91814681 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD FARHAN BIN YUSOFF

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBD9627M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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

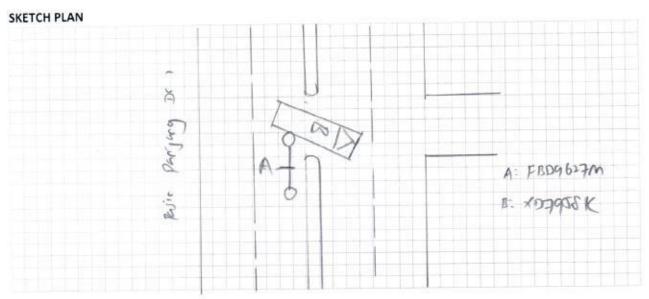
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

tefor to potice report - 71	20 1808 06/2100.
	/

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 policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





1 of 3

Report No. T/20180806/2100

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 06/08/2018 14:42		Vide Report No.:	Station Diary No., 143		
Informa	nt's Partice	ulars				
	Informant: MAD FARE	HAN BIN YUSOFF	Address: APT BLK 746 JURONG WES SINGAPORE 640746	T STREET 73 #03-111		
ID Type / ID No.: NRIC NO / S9300749B		49B	Contact No.: Home/Office: Mobile: 84819759			
National SINGAP	ity: ORE CITIZ	'EN	Email:			
Sex: Age: Date of Birth:		Date of Birth: 11/01/1993	Type of Informant: Rider			
Race: Javanese			Language:	Institution / School Name:		
Occupation:		DINATOR	Driving Licence Information: Class:	Date of Expiry:		

Seneral Information Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 06/08/2018 08:00		Type of Location Straight Road	
Location: Along Road 1 PASIR PANJ							
vvcatrior.							
Weather: Clear		Road :	Surface:		2.3361533-0-1	d Speed Limit:	
		Dry	Surface: Control:		2.3361533-0-1	fic Volume:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD9627M					Slightly Damaged	0
XD7958H (Not Accurate)	Tipper Truck				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	100
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180806/2100

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Rider						
Name	MUHAMMAD FARHAN BIN YUSOFF			ID No	2	S9300749B
Related Vehicle	FBD9627M (Motorcy	ycle)		Contact No		84819759
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	06/08/2018		Date Disc	harge 06/08		3/2018
No. of Days gran	ted Medical Leave	03	Degree o	f Injury	Sligh	t
Name	TAN SONG CHER			ID No		S0851493C
Related Vehicle	XD7958H (Tipper Tr	ruck)		Conta	ct No.	91814681
Hospital/Clinic	NIL		79	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 06/08/2018 at about 0800hrs, I was riding my motorcycle, FBD962M, along Pasir Panjang Drive 1 on lane 1. In front of me is a Tipper truck, XD7958H, which is also on lane 1 as well. The tipper truck proceeded to make an illegal U-Turn, without signaling. After seeing the truck turn, I tried to brake but however, I did not managed to stop in time and collided to the side of the truck.

I wish to inform that the tipper truck left the scene before Traffic police came. I would like to inform that I was riding at about 40km/h.

I was conveyed to National University Hospital and was given 03 days MC. Traffic Police also attended to my accident.





3 of 3

Report No. T/20180806/2100

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

CONTINUATION OF REPORT

Sketch Plan

Tel No: 1800-7929999

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: J / MUHAMMAD IRFAN BIN MISRAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2018 14:42
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMMAD ZULKARNIAN BIN SAMSUDIN Contact No.: 65476429 Authentication Stamp NP168	Classification Of Case: SN 127 e Police Force

REPUBLIC OF SINGAPORE



MUHAMMAD FARHAN BIN.

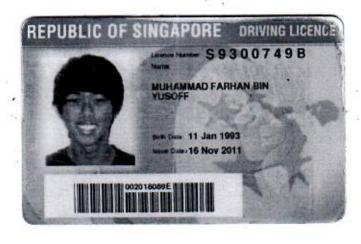
محمد فرحان بن يوسف

JAVANESE

Date of birth 11-01-1993

SINGAPORE









eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	e Language	· Chang	je Password	Log Out
My Desktop	Policy Query									,
Notice of Loss	Policy No.				Date	of Accident		06/08/2018 0	8:00	
	Vehicle No.(For Motor)	FBD96	27M		Cert	ificate Number				
					Search	l)				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5093508578		MUHAMMAD DINIE BIN RAMLI	S9328324D	GMC	Third Party, Fire & Theft	FBD9627N		16/08/2017	29/09/2018
				- 1	Continue					

olicy No.	5093508578	Policyholder Name	MUHAMMAD	DINIE BIN RAMLI	Policyholder NR1C	59328324D	
ertificate o.							
ddress	BLK 623 #03-189 JURONG W	EST STREET 61	SINGAPORE 6	40623			
roduct ame	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
olicy sue ate	16/08/2017	Effective Date	16/08/2017	00:00	Expiry Date	29/09/2018	23:59
xcess ype		All Claims Excess					
hird arty	D	Own damage	0		Windscreen Excess		
Additional excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	NG SHU XIAN	Agent Tel.	83835605		GST Flag	Υ	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 623 #03-189	Addr	ess 2	JURONG WEST ST	REET 61	Address 3	SINGAPORE 640623
Address 4		Addr	ess Type	Singapore address		Post Code 640623	640623
Unit No.	03-189	Relat Num	ed Policy	5079624066-02			
D Insur	ed Object: FBD9627M	Hulli	ber				
evaluence	DO STATE OF THE ST						
	nce Date of Endorser	254800	- ayers unicore	-	Endorsemen	COLLEGE	Endorsement Content
Seque	07/11/2017 00:00	Basic	Endorsement Information rement		writing Rejecte		Thank you for giving us the opportunity to serve you. We confirm that from 07 Nov 2017, the following amendment(s) is/ar made to this policy: INCLUSION OF NAMED DRIVER 1. MUHAMMA FARHAN BIN YUSOFF In view of this amendment, an additional premium of \$99.38 (inclusive of GST) is payable under your policic Please ignore this premium payment request if you have sind made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
						ffective	Thank you for giving us the opportunity to serve you. We confirm that from 07 Nov 2017, the following amendment(s): is/8 made to this policy: INCLUSION OF NAMED DRIVER 1. MUHAMM.

aim Handling					
ident MT/1006349		ino inc	Website		
cy No.	5093508578	Vehicle No.	FBD9627M	GST Registration No.	
tificate No.					
icyholder Name	MUHAMMAD DINIE BIN RAMLI			Policyholder NRIC	S9328324D
duct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
stact No.(Mobile)	88589865	Contact No. (Office)	0	Contact No.(Home)	0
all Address		Special Remark		eCode	N. V.
	® No ○Yes	TCA	No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details	1000	N. 20 TO THE LOCATION OF THE L			
	100000000000000000000000000000000000000	Accident Report Within 24 hrs	Yes	Acodent Type	Side Swipe
sort Date	07/08/2018 16:48			Country of Accident	Singapore
e of Acodent	06/05/2018	Time of Accident hh;mm	08:00	IOM No.	311,400-0
orting Centre		Orange Force		DOM No.	
ident Location	ALONG PASIR PANJANG DR I				
Benefits					
Excess					
n damage Excess	0.00	Additional Excess		Windscreen Excess	
named Driver Excess		Outside Singapore OD Excess			
nd Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa		-501000 010 × 30000 010 100 100 100 100 100 100 100 1			
Registered	No		GST Registration Date		
T Registration No.	7.000		GST Status Verified	Yes	
dification History			10 pagy 240040460 (1946)		
A CONTRACTOR					
Policyholder Hailing Ad	dress				
dress I	BLK 623 #03-189	Address 2	JURONG WEST STREET 61	Address 3	SINGAPORE 640623
dress 4		Address Type	Singapore address	Post Code	640623
et No.	03-189	Related Policy Number	5079624066-02		
	93-169				
OI Driver Info	MUHAMMAD FARHAN BIN YUSOFF	Driver Type	Named Driver		
ver Name	HUHAMMAD PARTING BIN 1030TF	Driver NRIC	593007498	Driver DOS	11/01/1993
named driver Name				Driving Experience	g
gister Date of Driver License	07/11/2017	Driver Age	25		0
ntact No.(Mobile)	84819759	Contact No.(Office)	.0	Contact No.(Home)	
dress 1	BLK: 748	Address 2	JURONG WEST STREET 73	Address 3	SINGAPORE 640746
dress 4		Address Type	Singapore address	Post Code	640746
K No.	00-111				
ses he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
igistered car?					
daration					
reathalyser or Blood Test	Š	Any injury?	® Yes ○ No		
ading?	0 mg	with edition.	\$100m		
odification History					
Secretary in Exercise					
Claim 001 New					
aim Type *	OD-MX V	Insured Name	MUHAMMAD DINIE BIN RAMLI	Insured NRIC	S9328324D
ontact No.(Mobile)	88589865	Contact No. (Home)	6666666	Contact No.(Office)	
	MOOTDINIEWEE2323@YAHOO.(Oli Vahicle Number	FBD9627M	TP Vehicle Number	KD7958K
Hail Address			Please Select.	Marala Mille	E-planton
aimant Type Claimant Type *	The state of the s	Type of Benefit * Claimant NRIC *	- and sent		
aimant Name *	22	Sumed NRIC 4		Name of Bullyand Workship	
aim Description	FBD9627M / XID7958K ON 6 Aug 2018	- Hardwall Schools	-	Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Partially at Fault		
The same of the sa	ves 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
quire Finalisation	and the same of th	Claim Close Date		Date Received	07/08/2018 00:00
	07/08/2016 16:51				
te Registered	07/08/2016 16:51 Jackson				
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ate Registered rport Token By 7 Print AK letter Astechment	Даскаоп МТ/10063M9		001		
ite Registred part Taken By print AK letter Attachment	Jackson MT/L006349 ● Yes ○ No	Claim No. Uploed Date	001 07/08/2018 16:52	Confidential	Decoming 4
ate Registered rport Token By 7 Print AK letter Astechment	Даскаоп МТ/10063M9	Upload Date	001 07/08/2018 16:52 Cetegory •	- Confidentia) Unger	2000
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equire Pinalisation ate Registered eport Taken By Prinz AK letter Attachment Codent No. ast Doc, Received	Jackson MT/L006349 ● Yes ○ No	Upload Date	001 07/08/2018 16:52 Cetegory * Cetegory Please Select Dear Please Select	Normal	<u> </u>

