NATIONAL Assessment Centre	Services well Jan'os M	860 2018117N		
Date In: 4 8 18- 16:39	Jeb description	Date &Time Completed	Done by	y'
Res No: NA MC18 3 MAZY/ZY	SAS e-filing			
Veh No: PAP3542C	E-mail (within Shrs, AIC 2hrs)	The state of the s		-
D.O.A : 8/8/8-11:35	i-Motor Claim Form	m/1007168-001	14/8/18 17:	13
	i-Motor W/O (Within: OD 2hr.		777-1-9	7
OD / TP // Reporting Only	i-Photo Uploaded	1		• • •
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	. INC()/Non-INC()	- 	
Owner / Driver: (Tel:)	
Policy No: () Period	i: ()	Cover Type: ()	(U)=====+:
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Not	e-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () War	rranty: YES ()/NO ()		AV 11-20
Excess: (\$) Loading: \$1,000	()/\$2,000()			
General Remarks.	TO STORE SHOW		142 6 11	7
() Walk-In Customer: Customer's informa			Water States	-
() Total Loss Case : to e-mail Insurer U		2		
Drive-In ()/ Towed-In (); Invoice: Y		value Co. (· ·
		owing Co: (1
Design the second secon				
Remarks:- (INC hotline: 6788 6616)	riengi elisteri in teksor	Date&Time Completed	Done by	100
	rtesy Car ()	Date&Time Completed	Done by	1/81
		Dates:Timb Completed	Done by	184
1) Apply for Transport Allowance ()/ Cour	rtesy Car ()	Dates Time Completed	Done by	100
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	rtesy Car ()	Dates: Timb Completed	Done by	188
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	rtesy Car ()	Dates:Time Completed	Done by	7/20
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	rtesy Car ()		Done by	7.00 Ti Fei
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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.
- 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 aforesaid.

and the second second second	ACCIDENT STATEMENT
Date Of Report	14/08/2018 16:39
Date Of Accident	08/08/2018 11:30
Exact Location Of Accident	JUNC YUAN CHING RD & LAKESIDE DR
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF3542C
Insured/Policyholder	
Name Of Registered Owner	JOHARI BIN YUSAK
NRIC No	S2003262F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96685846
Alternative Phone No	OFFICE-96685846
Vehicle Particulars	
Manufacturer	SYM
Model	JOYMAX 300 A
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
f 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
Fleet Policy	NO
Policy Number	5086544046-01
Cover Note Number	
Driver	
Name of Driver	JOHARI BIN YUSAK
NRIC No	S2003262F
Date Of Birth	25/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96685846
Fax Number	
Contact Number	OFFICE-96685846
EMail Address	NOEMAIL

BLK 513 JELAPANG ROAD Address

#05-219 670513

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES

NO

Was any other material or property damaged?

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

YES NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: SITI WUDARI

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180810/2096.

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

YL6427D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name JOHARI BIN YUSAK

Approximate Age

Injuries Sustain LEG

Injured person in which vehicle? FBF3542C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SITI WUDARI

Approximate Age

Injuries Sustain BODY & LEG

Injured person in which vehicle? FBF3542C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

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)

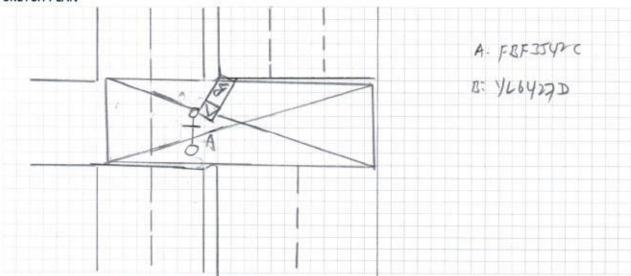
I understand, acknowledge, agree and consent that:

- (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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1
Peter to potice report - 1/201808/0/2096.

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 Personner's Signature Name:

NRIC/FIN No.:





1 of 3

Report No. T/20180810/2096

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

DEDODT	OF A	TDAEEIC	ACCIDENT

	ne Heport N 018 16:02	/lade:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars		THE PERSON NAMED IN			
Name of Informant: JOHARI BIN YUSAK			Address: APT BLK 513 JELAPANG RD #05-219 HDB-BT PANJANG SINGAPORE 670513				
	/ ID No.: O / S20032	62F	Contact No.: Home/Office:	Mobile: 96685846			
National SINGAF	lity: PORE CITIZ	'EN	Email:	A STATE OF THE STA			
Sex: Male	Age: 64	Date of Birth: 25/06/1954	Type of Informant: Rider				
Race: Malay			Language:	Institution / School Name:			
Occupat	tion: CH RIDER		Driving Licence Information: Class:	Date of Expiry:			

General Infor	mation of the Accident			
Type of Accident:	Injury Conveyed By Ambulan	ce Drink No	Date/Time of Accident: 08/08/2018 11:30	Type of Location
Location: Along Road 1 YUAN CHING				
Weather:		and Confess	15	- 10 - 111 %
vveatilei.		load Surface:	H	oad Speed Limit:
Traffic Flow:	Т	raffic Control:	Т	raffic Volume:
Type of Collis	sion:		a	nyone conveyed by mbulance: es

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBF3542C	Motorcycle	SYM	JOYMAX 300 A	White		1
YL6427D	Lorry	MITSUBISHI	FE639ETOS RDE			0

Details of V	ehicle Insurance		ALL STREET	CONTRACTOR OF THE PARTY.
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3542C	NTUC Income Insurance Co-Operative Limited	5086544046-01	01/12/2017	30/11/2018





T/20180810/2096

2 of 3

Report No. T/20180810/2096

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	n Involved	Himas Philips	and the same of the	invahel (5)	and Land	Service Contracts
Any Pedestrian I	nvolved: No		allane es es			
No. of Pedestrian	Use of Pe	edestriar	Cross	sing: NA		
Rider		KIND OF B	Transmitted	HH 19		The analysis
Name	JOHARI BIN YUSAK			ID No		S2003262F
Related Vehicle	FBF3542C (Motorcy	rcle)		Conta	ct No.	96685846
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment	08/08/2018	Date Dis			/2018	
No. of Days granted Medical Leave 09				Degree of Injury NIL		177.7

Brief Details.

ON 8/08/2018 AT ABOUT 1130 HRS AT SAID LOCATION, I WAS ON THE RIGHT OF 2 LANE TOWARDS JURONG WEST APPROACHING A LIGHT JUNCTION WHEN SUDDENLY A VEHICLE FROM THE LEFT LANE MADE A SUDDEN LANE CHANGE TO MY LANE AND CAUSED ME TO SWERVE TO MY RIGHT AND OVERTOOK HIS CAR. WHEN THE LIGHT TURN AMBER, THE SAID VEHICLE STOP HIS VEHICLE BUT I PROCEDDED TOWARDS THE JUNTION. AS I WAS ABOUT TO CLEAR THE YELLLOW BOX, I HIT ONTO A LORRY ON THE DRIVER SIDE FROM THE OTHER DIRECTION WHO WAS ABOUT TO MAKE A RIGHT TURN INTO LAKE SIDE DRIVE. I THEN WENT TO THE SIDE OF THE ROAD AND CALLED FOR THE AMBULANCE WHILE THE LORRY DRIVER AND THE PASSENGER PUSHED MY BIKE TO THE SIDE OF THE ROAD. RESOURCE CAME SOON AFTER AND CONVEYED ME TO THE HOSPITAL.





3 of 3

Report No. T/20180810/2096

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

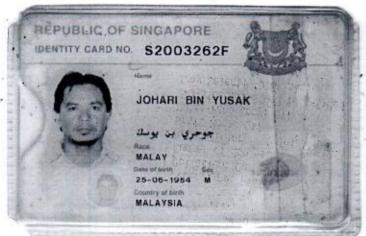
CONTINUATION OF REPORT

Sketch Plan

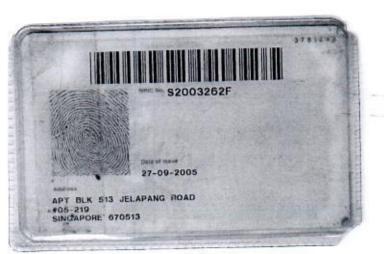
Informant is not able to provide sketch plan

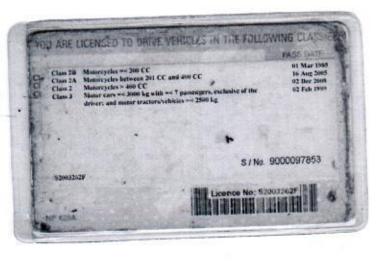
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / MOHAMED ANWAR BIN MOHAMED IBRAHIM	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	10/08/2018 16:02
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sgt 3 RASHIDAH BINTE AZMAN	SINEAPORE POLICE FORCE
Contact No.: 65476216	SEE FOLILL TORKS
Authentication Stamp	fr









eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UB1_80	0601						+ Change	Language	• Chang	ge Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	0	8/08/2018 1	11:30	
	Vehicle	No.(For Motor)	F8F354	12C		Certif	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086544046- 01		JOHARI BIN YUSAK	S2003262F	GMC	Third Party	FBF3542C	FBF3542C	01/12/2017	30/11/2018
				1.000000		Continue					

Policy Information Policyholder Policyholder NRIC Policy No. 5086544046-01 JOHARI BIN YUSAK S2003262F Name Certificate No. Address BLK 513 #05-219 JELAPANG ROAD SINGAPORE 670513 Product Group MOTORCYCLE INSURANCE Plan Name Policy Flag Policy Effective 30/11/2017 01/12/2017 00:00 issue Expiry Date 30/11/2018 23:59 Date Excess All Claims Туре Excess Third Own Windscreen 0 damage Excess Party 0 Excess Excess Additional 0 Excess Premium Outside Outside Singapore Singapore TP Excess Young/Inexperience Driver Excess Excess Agent VIJAYAKUMARI ANIL SABANNAV Agent Tel. 92351621 GST Flag Coinsurance Flag Open Policy Info Certificate Policyholder Mailing Address BLK 513 #05-219 Address 1 Address 2 JELAPANG ROAD Address 3 SINGAPORE 670513 Address 4 Address Type Singapore address Post Code 670513 Related Policy Unit No. 5086544046-01 Number D Insured Object: FBF3542C Date of Endorsement Sequence Endorsement Type **Endorsement Status Endorsement Content** Thank you for giving us the opportunity to serve you. We confirm that from 01 Dec 2017, the following amendment(s) is/are made to this policy: PREMIUM; S\$156.36 (inclusive of GST) In Basic Information 01/12/2017 00:00 **Endorsement Take Effective** Endorsement view of this amendment, a cheque refund of \$8.23 (inclusive of GST) will be mailed to you separately. Continue Cancel

laim Handling								
cident MT/1007168								
elicy tvo.	5086544046-01	Vehicle No.	FBF3542C	GST	Registration No	o.		
emficate No.								
olicyholder Name	JOHARI BIN YUSAK			Polic	cyholder NRIC		52003262F	
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loss	ding		0 +	
ontact No. (Mobile)	96685846	Contact No. (Office)	0	Con	tact No. (Home)	ři.	0	
mail Address		Special Remark		eCod	de		10.0	
FK	® No ⊜ Yes	TCA	® No ○ Yes	eCo	de Reason			
OD Protection	No	NCD Entitlement(%)	20		ate Hire		No	
Accident Details								
port Date	14/08/2010 17:15	Accident Report Within 24 hrs	Vec	Arm	dent Type		Collision - Cross Junctio	
ite of Accident	08/08/2018							
	00)00(2018	Time of Accident hhumm	11:30		ntry of Accident	50	Singapore	
porting Centre		Orange Force		DOM	No.			
cident Location	JUNC YUAN CHING RD & LAKESIDE D	R						
Benefits								
Excess								
nn damage Excess	0.00	Additional Excess		Wine	dscreen Excess			
named Driver Excess		Outside Singapore OD Excess						
ind Party Excess	0.00	Outside Singapore TP Excess						
GST Registered Informa	ation							
T Registered	No		GST Registration Date					
T Registration No.			GST Status Verified		Yes			
odification History								
Policyholder Mailing Ad	drass							
French L		444		7.0			and an artist of the second	
	BLK 513 #05-219	Address 2	JELAPANG ROAD		ress 3		SINGAPORE 670513	
lovess 4		Address Type	Singapore address	Post	Code		670513	
rit No.		Related Policy Number	5086544046-01					
P OI Driver Info		5000 420000	50010000000					
ver Name	IOHARI BIN YUSAK	Driver Type	Main Driver					
named driver Name		Driver NRIC	\$2003262F	Driv	er DOB		25/06/1954	
gister Date of Driver License	16/08/2006	Driver Age	54	Drivi	ing Experience		12	
intact No (Mobile)	96685846	Contact No.(Office)	0	Cont	tact No.(Home)		0	
dress 1	BLX 513	Address 2	JELAPANG ROAD	Add	ress 3		SINGAPORE 670513	
dress 4		Address Type	Singapore address	Post	Code		670513	
et No.	05-219							
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Orivo	er Insurer Comp	pany		
claration								
reathalyser or fillood Test rading?	0 mg	Any injury?	Yes ○ No					
100.00								
idrication History								
Claim 001 New								
im Type *	00-MX	Insured Name	JOHARI BIN YUSAK	See:	red NRIC		53003363F	
	96229717						\$2003262F	
mact No.(Mobile)	- 1000000	Contact No.(Home)	68924045		ract No.(Office)		luca share	
nail Address	wudan@singnet.com.sg	OI Vehicle Number	FBF3542C	TPV	ehicle Number		YL6427D	
emant Type Claimant Type *	- Contraction - Contraction	Type of Benefit *	Please Select 🔻					
emant Name *	22	Claimant NRIC *						
im Description ferred Workshop Contact	FBF3542C / YL6427D ON 8 Aug 2018			Nam	e of Preferred V	Workshop		
nemed Workshop Contact		Insured Liability *	Not at Fault					
quere Finaligation	Yes 🗸	Preferered Repair Option	Preferred Workshop, Name unkn	nown V GIA	report		Received	V
te Registered	14/08/2018 17:17	Claim Close Date		Date	Received		14/08/2018 00:00	21
port Taken By	Deckson							
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-			2011.041.000000					
			Save Submit					
ttachment								
Cident No.	MT/1007168	Claim No.	001					
t Doc Received	Yes ○ No	Upload Date	14/08/2018 17:	19				
	Path *		Category		Confidential	Urgency	Pes	cription *
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			Clear Please Select	V NO	· ·	Normal	V	

