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	tor Claim Form	M/10	001928-001	20/08/20	/g
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	sment/Survey Report	-		-	
TED #	Report by Fax / Hand	to Owner/	Wksp		
The second secon	Report by Lake Close	Tel:		Fax:)
Preferred Wksp / INC Assign Wksp / QW: (TP Particulars: Veli No: 187 3 5	17_ INC		n-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover	Type: ()	
Confirmed by : (Date:	SV/N1.533	Time:)	
Insured/Driver Liability: (%) [Note-Est	Status (WO): N: 0-	20%; P:	21-79%. F: 80-	100%]	
Year of Registration: () Warranty)			
Excess: (\$) Loading: \$1,000()					
	and the second second	18238	enitive in	te"	
() Walk-In Customer's information s	strictly Confidential & S	Strictly NC	refer of repaire	·.	
() Total Loss Case : to e-mail Insurer URGH					
Drive-In ()/ Towed-In (); Invoice: YES (Towing (Co. (
Remarks: (INC horling: 6788 6616)		Dates	Time Completed	Done l	by
1) Apply for Transport Allowance ()/ Courtesy		A. Str. P. Langer	100 of 60 s		
2) QC Check/Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		19.		
		46			
Injury:		ARM PARKS	PRESENTED & CONS	Sept. 19. 19.	
Date/Time Actions		nestration	100 MARCHAN	Paradi Jer	
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Clumant's Particulars :-	2) DA : Dan	dent Reporti nago Assosarr	sent (\$100); IN	C (\$30) \$40/\$45	
Driver/Owner:	3) TF : Tow 4) FT : Folio	w-Through	Survey	\$120	
	S) FT : Foll	w-Through	Survey (Resurvey) NC Only (wef 10 Jan	\$30 2005)	
COMMUTATO	6) TR: Re-	uspection	- A-T	213	-
Damaged Portion:	7) NI : Idao	DA + SMRT	Vices:-	\$160	
200 L L /2 T Charal	OD.			\$5	
QC Checked by (Engr-In-Charge):	*N6: Re	pair Co-ordin	p Allowance ation	310	
Auditors Comments :	•N7: Po	at Repair Insp	ection ocss Coordination	\$25 \$5	
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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 conseaforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made a seminare.
	ACCIDENT STATEMENT
Date Of Report	20/08/2018 14:21
Date Of Accident	20/08/2018 09:30
Exact Location Of Accident	BLK 895D WOODLANDS DRIVE 50 MSCP
Country/State of Loss	SINGAPORE
STATE OF THE PARTY OF THE PART	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FT1971P
Insured/Policyholder	
Name Of Registered Owner	NUR FARHAN BIN NUR AFFANDY
NRIC No	S9316158J
Email Address	NURFARHAN.NMA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98193720
Alternative Phone No	OTHERS-98193720
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	HEADING TO WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5095347019

-	20	60	500	3
п	84	19.7	m	,

Cover Note Number

NUR FARHAN BIN NUR AFFANDY Name of Driver S9316158J NRIC No

12/05/1993 Date Of Birth INDOOR Occupation 21/07/2017 Date Of Driving Pass

1 YEAR AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98193720 Mobile Number

Fax Number

OTHERS-98193720 Contact Number

NURFARHAN, NMA@GMAIL.COM EMail Address

Address

BLK 895B WOODLANDS DRIVE 50

#04-32

Postcode

731895

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

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

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 ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

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

FBJ3152Z

Vehicle Make/Model/Colour

JUPITER MX

Details Of Properties

Vehicle Category

MOTORCYCLE

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

- 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: 20/08/18 1259hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

KETCH PLAN	BIK 8950	WEEDLANDS	privile	50	msop		
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to deck	for damages				· · ·		
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DECLARATION						1	
I/We declare the	foregoing particulars ar	e true in every respect.				/1	/
AL					IN	20/08/	rold
Policyholder's Sigr		Driver's Signature	2 MWW	_		re Personnel's S	gnature
Date & Time: 20	108/18 BOTher	(If driver is not the police Date & Time:	yholder)		Name: NRIC/FIN No.:	Golf 1	UPTIMS

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nicy No.	5093347019	Vehicle No.	f71971#		GST Registration No.	
ertificate No.						
ulicynuscur Name	NUR FARHAN BIN NUR AFFANDY				Policytoider NRJC	593165381
roduct Code	POTORCYCLE INSURANCE	Cover Type	Third Party		Loading	0
ornact No.(Mobile)	96193720	Contact No.(Office).			Cortact No (Horse)	Tirres.
Ernall Address	400.000	Special Hemark	100 March 1990		eCode	No *
O.C.	» No / Yes	TCA	+ No Yes		eCode Reason Anyate Hire	No
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W Accident Details		Accident Report Within 24 hrs	705		Accident Type	Callided into Parked Venicle
Date of Acodemi	20/08/2018 14:37 20/08/2018	Time of Accident his min	89:38		Country of Accident	Singapore
Reporting Centre	THURS THER	Orange Force			ICM No.	
Accident Location	BLE 895D WOODLANDS DRIVE SO MISCE					
w Benefita						
* Excess						
Own damage Excess	0.00	Additional Excess			Windscreen Excess:	
Unnamed Driver Excess		Gutode Singapore OD Escasa				
Third Party Excess	0.00	Outside Singapore TP Excess				
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GST Registered	No			stratisjei Clate		
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Hosification matury						
→ Policyholder Mailing Adde	****					
Address 1	BLK 8958 #04-32	Address 2	WDOOLANGS OKL		Address 3	SINGAPORE FELASS
Address #		Address Type	Singapore address		Yost Code	731895
une No.		Related Policy Number	5005547019			
→ Ol Driver Info		12000200				
Shiyer Name	NUE FARHAN BIR NUE AFFANDY	Driver Type	Hart Driver		Driver DOB	12/05/1993
Dinamed driver Name	24.027.042	Driver NRIC Driver Age	5931615H1 25		Driving Experience	1
Register Date of Driver License Contact No.(Mobile)	21/07/2017 98193720	Concact Na (Office)	588		Contact No.(Home)	71
Address 1	BLK 8955 #04-32	Address 2	WOODLANDS DR	IVE SE	Aggress 3	SINGAPORE 731895
ACCURSE 4		Adoress Type	Singapore address		Post Code	731895
Unit No.						
Does he own a Singapore Registered-cac?	Tes + No	- Driver Vehicle No.	PTIGTIP		Driver Insurer Company	NTUC
Declaration						
Needing?						
Medification History Claim 901 Repr						
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		ATIONAL ASSESSMENT CENTRE SERVICE (5) on 20 Aug 2018 14:42	Photos	Normali	=trotox 3018-8-30	
20	NAC_BURIT_MENAH_B00679(N S (SURIT MERA)	ATIONAL ASSESSMENT CENTRE SERVICE 11) on 20 Aug 2018 14:42	Photos	teormát	Protes 2018-8-20	
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	NAC_BLIKIT_MERAH_BODE76() S (BLIKIT MERA	(ATIONAL ASSESSMENT CENTRE SERVICE HI)) on 20 Aug 2018 14:42	Photos	Numat	Process 2018-8-20	
-	NAC_RUKTT_MERAH_BODE76() S_(BLIKT MERA	AATIONAL ASSESSMENT CENTRE SERVICE HII on 20 Aug 2018 14:42	Photos	Normal	Photos 2018-9-20	
1	NAC_BUKIT_MERAH_800076(S_(BUKIT_MERA	NATIONAL ASSESSMENT CENTRE SERVICE N) on 20 Aug 2018 14:41	Photos	Normali	Photos 2018-8-20	
		NATIONAL ASSESSMENT CENTRE SERVICE M)) do 30 Aug 2018 14 41	Priottis	Normal	Photos 2018-6-28	
2	NAC_BUKIT_MERAH_B00676(S (BUKIT MERA	NATIONAL ASSESSMENT CENTRE SERVICE (4)) on 30 Aug 2018 14:41	Photos	format	Phobos 2018-6-20	
40		NATIONAL ASSESSMENT CENTRE SERVICE HI) on 20 Aug 2018 14:41	Photos	Konnar	Photos 2018-8-20	
8	HAC_BURST_MERAH_8008761 S /BURST MERA	NATIONAL ASSESSMENT CENTRE SERVICE Hiji un 20 Aug 2018 14 41	Endue	Borroll	Phone 2019-9-20	
		NATIONAL ASSESSMENT CENTRE SERVICE (H)) on 20 Aug 2018 14:41	Photos	Normali	Phetus 2918-8-20	
₩ Video List	Upmaded By/Date	Folder Date		File Name	P Source	

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ACCIDENT STATEMENT

	ACCID	ENT DATE: 20 1 08 1 2018	_)(DD/MM/YYYY), 1	TIME: O4:	(HH:MM)	÷11
E. C.	LOCAT		BK 8988	WOODLOND	R DR 50	MSCP
	1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: FT/ b) INSURANCE COMPANY: C) POLICY NUMBER: 5095 d) POLICY TYPE: (COMPREHE) e) MAKE & MODEL: HONDA	247C 19 NSIVE /(THIRD PART)			14 A
		1) TYPE: (SALOON / COUPE / N g) VEHICLE CATEGORY: (PRIV h) PURPOSE OF USING AT ACI I) ARE YOU CLAIMING UNDER IF NO, PLEASE STATE (THIRD	ATE / COMMERCIAL CIDENT TIME:HCad	ANCE (YES/NO	0)	o s ^a a
	2.	INSURED / POLICY HOLDER A) NAME: NUR FHRHAN D) NRIC/FIN/PASSPORT: S9 C) ADDRESS: 8958 Woo	BIN NUR OFFAN	CONTACT:	98193720	
A2017 #1		* CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOL	DER		
A ho of bas	1920 1933.	DRIVER		(MAI	E / FEMALE)	
(Including	drivar)	a)NAME: ### bJNRIC/FIN/PASSPORT: c)ADDRESS:		_CONTACT:_		
	×	*d)DATE OF BIRTH: (12) OF	OUTDOOR]: (1 Feb 201	5	i F	
		WAS DRIVER AN EMPLOYE	E OF THE INSURE! THE DRIVER WITH	INSURED:	OWNER (NO)	- 12- -
	5.	GIWEATHER CONDITION: (CL	EAR / RAINING / O	THERS		1
		b)ROAD SURFACE: (DRY / W	ET / OTHERS COM	ore dry		Empil:
		WAS ANYBODY INJURED (YES a) REPORTED TO POLICE (YES IF YES, PLEASE STATE WHICH	1 NO1			purfarhan.nma
	ø	NUMBER ARTY MELLICIE			The Paris of the Paris	-
A SE MAN	56577	HE VEHICLE NUMBER: FK	731255	_MODEL:_ J	UPITER MX	
COLUMN	31.424	b) DRIVER'S NAME:				S.
or other states	BACK ST	c) NRIC/FIN/PASSPORT:		_CONTACT:_		6
Marine M	9.	D) DRIVER'S NAME: D) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE				371 ₁ -
Walter Street	Fire Account	d) VEHICLE NUMBER:		_MODEL:		
	a selfstad	e) DRIVER'S NAME:		Water and an arrangement		
A DECEMBER	11 m 4	d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:		CONTACT:		2/1/
1						

email =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9316158J



Name

NUR FARHAN BIN NUR AFFANDY

نور فرحن بن نور افتدي

MALAY

Date of birth

12-05-1993 M

Country of birth

17 THIS









Certificate of Insurance

	Cover: Third Party : FT1971P : MC391020564 : NUR FARHAN BIN NUR AFFANDY : 25 Oct 2017 : 24 Oct 2018 In accordance with the licensing or other laws or regulations to drive
Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive# (a) Named Driver(s) Only. Provided that the person driving is permitted the Motor Vehicle or has been so permitted.	: MC391020564 : NUR FARHAN BIN NUR AFFANDY : 25 Oct 2017 : 24 Oct 2018
2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive# (a) Named Driver(s) Only. Provided that the person driving is permitted the Motor Vehicle or has been so permitted.	: NUR FARHAN BIN NUR AFFANDY : 25 Oct 2017 : 24 Oct 2018
3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive# (a) Named Driver(s) Only. Provided that the person driving is permitted the Motor Vehicle or has been so permitted.	: 25 Oct 2017 : 24 Oct 2018
 Expiry Date of Insurance Persons or Classes of Persons entitled to drive# (a) Named Driver(s) Only. Provided that the person driving is permitted the Motor Vehicle or has been so permitted. 	: 24 Oct 2018
 Persons or Classes of Persons entitled to drive# (a) Named Driver(s) Only. Provided that the person driving is permitted the Motor Vehicle or has been so permitted. 	II, Someospetik
 (a) Named Driver(s) Only. Provided that the person driving is permitted the Motor Vehicle or has been so permitted 	In accordance with the licensing or other laws or regulations to drive
Provided that the person driving is permitted the Motor Vehicle or has been so permitted	In accordance with the licensing or other laws or regulations to drive
the Motor Vehicle or has been so permitted	in accordance with the licensing or other laws or regulations to drive
	and is not disqualified by order of a Court of Law or by reason of any
5. Limitations as to Use#	
	es and in connection with the Policyholder's business or profession.
This Policy does not cover	
(a) Use for hire or reward.	Latin New York and
(b) Use for racing, pace-making, reliability trial o	
 (c) Use for the carriage of goods (other than san (d) Use for any purpose in connection with the N 	
headings.	
EXCESS (SECTION 1) N/A	
(B) 1971년 - 1	
EXCESS (SECTION 2) : N/A	
EXCESS (SECTION 2) : N/A INSURE WITH COE : N/A	
EXCESS (SECTION 2) : N/A INSURE WITH COE : N/A NAMED DRIVER (1) : NUR	FARHAN BIN NUR AFFANDY
EXCESS (SECTION 2) N/A INSURE WITH COE N/A NAMED DRIVER (1) NUR NAMED DRIVER (2) N/A	FARHAN BIN NUR AFFANDY
EXCESS (SECTION 2) : N/A INSURE WITH COE : N/A NAMED DRIVER (1) : NUR	FARHAN BIN NUR AFFANDY