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00:00	(Within: OD 2hrs, TP 4hrs)	18	:10
OD (P) Reporting Only I-Photo Uploa			
Assessment/Sur			
	Fax / Hand to Owner	/Wksn	
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:)
TP Particulars: Veli No: Sap 2002 E	INC()/N	on-INC ()	
Owner / Driver: (Tel:)
Policy No: () Period: () Cover	Type: (_)
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est Status (W	/O): N: 0-20%; P:	21-79%. F: 80-100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000 ()/\$2,000	()		-
General Remarks:	MATERIAL SALVE	holds with the	9)
() Walk-In Customer's information strictly Cor	ofidential & Strictly No	refer of repairer.	
() Walk-In Costoniar : Customer's mormation stream of			
() Total Loss Case : to e-mail Insurer URGENTLY.	O(); Towing	Co. (.)
Drive-In () / Towed-In (); Invoice: YES () / N			574-2 St 7
Remarks: (INC hotling: 6788 6616)	Leci Date	&Time Completed	Done by
Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check/Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		
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Clulmant's Particulars :-	2) DA : Damage Assess 3) TF : Towing Fee	ment (\$100); INC (\$80) \$40/\$45	ULANY -
Driver/Owner:	4V FT + Follow-Through	Survey State 5120	
Contact No:	5) FT : Follow-Through	INC Only (wef 10 Jan 2005)	
	6) TR : Re-impection	31.	
Damaged Portion:	7) N1 : Idao DA + SMI 8) NTUC Additional S	(1 patie)	
	OD+		5
QC Checked by (Engr-In-Charge):	*N5: Courlesy Car / *N6: Repair Co-ord	nation 31	0
The state of the s	*N7: Post Repair In	spection 32	5
Auditors Comments :	*N8: DV / Collect E TP (N11): TP (Not	Yours Contained	
Cat. I:	9) N12: Idae Mobile		0
Dat. 2/3:	invoice dated	Fee Charged Fee Charged	1150
HGJJAh Bolomba	Involve dated	Fee Unitget	

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.

- 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

aforesaid.		
A 4 - 10 ME EXPENSES TO 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	ACCIDENT STATEMENT	M Pris N
Date Of Report	20/08/2018 17:37	
Date Of Accident	19/08/2018 00:00	
Exact Location Of Accident	BLK 738 JURONG WEST STREET 73	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	5 2
Vehicle Registration Number	FBA42A	
Insured/Policyholder		
Name Of Registered Owner	ABDUL WARITH BIN ABDUL WAHAB	
NRIC No	S8919299D	
Email Address	WARITHWAHAB@GMAIL.COM	

(LOCAL) +65-97859799

OTHERS-96778212

Alternative Phone No Vehicle Particulars

Mobile Phone No.

Manufacturer BMW GS R1200 Model

Exact Purpose for which vehicle was being used at time of accident

BIKE WAS PARKED

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

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

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5092641314-01

Cover Note Number

Driver

Name of Driver ABDUL WAFI BIN ABDUL WAHAB

NRIC No S9402063H Date Of Birth 14/01/1994 Occupation INDOOR Date Of Driving Pass 28/01/2016

2 YEARS AND 6 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-96778212

Fax Number

Contact Number OTHERS-97859799

EMail Address WARITHWAHAB@GMAIL.COM Address BLK 524 JURONG WEST STREET 52

303-245

Postcode 640524

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

- 33

Insurance Company of Driver's Own Vehicle

*

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

If Yes, against whom?

NO

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

SJP2062E

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YONG KUO HOONG

NRIC/Passport Number

S8277170J

Contact Number

96801395

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 23

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.
- 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.
- 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, Pe

re Personnel's Signatur

Name:

NRIC/FIN No.:

SK 7	38 Japoner WRST STEKKT 73
10.0	A JREVERSING
Ř B	B FBAY2A STATIONIARY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19 August 2018 at 0000hrs, I was sitting at
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A THE UTING STUAL TRATE
my sice and tell down all and
The curb and the ground Till-II
Islm , insurance "
APATION

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If dever is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

DARME Questin Landon VI

Jurong West NPC 700 Corporation Road Singapore 649818 Tel: 62689999 Fax: 62672438



10 Ubi Avenue 3 Singapore 408865

Traffic Police Department Charge Office

Traffic Police Annex D

NOTICE OF REPORTING

Informant Name

: Abdul Wafi Bin Abdul Wahab

Identity Card No

: S9402063H

Age / Sex

: 24 yrs/ Male

Address

: B/524 Jurong West Street 52 #03-245

Nationality and Race

: Indian

Occupation

: Medic

Telephone No

: 96778212

This is to confirm that the above informant, driver of vehicle registration number, FBA42A, has reported to the Police a traffic accident which occurred on the 19/08/2018 at 1210Hrs along B/738 Jurong West Street 73 (carpark) involving the following vehicle/s:

V1 : FBA42A V2 : SJP2062E

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer

: SGT T160385 Chia Shun Zheng

Date / Time

: 19/08/2018

Station Diary No : 8

Police Post

: Jurong West NPC

Signature of Informant

Signature of Issuing Officer

Original

- to be issued to informant

Duplicate

- to be submitted to Traffic Police



Subject:	Date:	
Date: 19/08/2018 Tiv	we: 12 am	MIDNIGHT
I , YONG KUO HOONG S	S8277170I	drive
a Hyundgi Avante (SJP 206	2F) revers	NAM 3
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cost of repair and dawn	ges.	
Bike owner particular	U.	
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1C : 59402063	3 H	
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Accident MT/1008035								
Policy No. Certificate No.	8592641314-01	Vehicle No.	PRACEA		GST Regis	iretion No.		
Folicyholder Neme	ABOUL WARITH BIN ABOUL WAHAB				Pulsyhold	ur NRSC	589192	unto
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive		Londing		o.	
Contact No.(Mubile)	97959799	Contact No.(Office)			Contact N	a.(Home)		
Email Address		Special Remark			eCadu:		No *	
AFE	+ No Tas	104	- No Tes		eCode Res	HIO.	7/	
NCD Protection W. Accident Details	Ner	NOD Entitlement(Ne)	1.0		Private His	w.	Alo.	
	22W 5000 0 028 0 0	VAUGUSWOOD CANOC						
Rejort Date	20/08/2018 17:52	Accident Report Within 24 hrs	YES		Accident T	ype.	Damaye	S white parky
Dele of Accident	19/08/2018	Time of Accident thomas	99/00		Country of	Accident	Singapo	W.
Reporting Centre Accident Location		Orange Force			TCM No.			
₩ Benefita	BLK 738 JURDING WEST STREET 23							
V Excess								
Own damage Excess								
Unnamed Driver Excess	1,000.00	Additional Excess			Windscree	n Escate		
Third Party Excess	0.00	Dutaide Singapore DD Excess Outside Singapore TP Excess						
□ GST Registered Informa		Supplied IT Excess						
GGT Registered	he		GST 844	gistration Data				
GST Registration No.				itos Ventiezi		Yen		
Modification History								
→ Policyholder Hailing Adv	FEAR							
Address 1	BLK 882 #10-80	Address 2	TAMPINES STRE	ET 84	Address 3		TAMPINE	S SPICNG
Address 4	SINGAPORE 521882	Address Type	Singapore addre	55	Past Code		521882	
Unit No.	10-80	Related Policy frumber	5092641314-01					
○ OI Driver Infa								
Driver Name	BAHAW JUDGA MIR IYAW JUDGA	Driver Type	Named Driver					
Unnamed Griver Name	ENITED CO.	Driver NRDC	59402063H		Drive DDE	ř.	14/01/1	204
Register Data of Driver License Contact No. (Month)	20/02/2013	Diliver Age	24		Driving Exp		5	
Address I	96778232	Contact Int. (Office)			Comart No	(Pitchel)		
Address 4		Autoress 2	SERVING STREET		Address 3			
Und No.		Address Type	Foreign address		Post Cinie			
Does he own a Singapore	Yes: + Ne	Driver Value No.	FBA42A		Oriver Imm	ver Company	NTUC	
Registered car?	7 64 7 100	PARKEL ANGUICIG DES						
Registered car?	7.45. T. 184.	CALLAST Assertie 1907	TOTAL					
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Display in New Window Scan and upwaiting

ACCIDENT STATEMENT

MI.	ACCIDENT DATE: (19 / 08 / 200)(DD/MM/YYYY), TIME: (00 ; 00)(HH:MM)
	OCATION: 738 - JURODG WEST 57 73
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: FB1 42 A
	DINSURANCE COMPANY: NTUC
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY PIRE WINELY)
	VINITE TO SELECTION OF SELECTIO
	STYPE IS ALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	gIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCTOLE)
	SUPURPOSE OF USING AT ACCIDENT TIME:
	TARE VOLL OF AIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2 INSURED / POLICY HOLDER
	ALNAME ABOUL WARPTY
32	DINRIC/FIN/PASSPORT: 599192900 CONTACT: TOTAL
do.	CIADDRESS: 882 TAMPINES ST 84 #0 #10-80 5(511882)
	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
to of passo	211 6) 3. DRIVER (MALE / FEMALE)
including d	ONAME: AGONO 1
1	E111400574 1001 63001 64114
(A)	CIADDRESS: 524 J420NG WEST 5T 52 #03-245 5 640824
	*d)DATE OF BIRTH: (12 / 06 / (49))(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTBOOR)
	11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	THE AN END OVER OF THE INCHDED'S COMPANY! (VC2 / 110 /
4.5	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
	5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
	DIROAD SURFACE: (DRY / WET / QIHERS
	6. WAS ANYBODY INJURED (YES / NO)
	- LOSSOCIED TO BOLICE (VES / NOT
	IF YES PLEASE STATE WHICH POLICE STATION:
	C40 2062 E
e of prices	MODEL: NUMBER: YOU'S FACE MODEL: NYMMATE
and any parties of	DRIVER'S NAME: 1000 FOOD
villagi S	DRIVER'S NAME: 7000 FAU CONTACT: 4680 1395
1,	9. THIRD PARTY VEHICLE
	d) VEHICLE NUMBER:MODEL:
as all bet	e) DRIVER'S NAME:
	CONTACT
ico acedina	contact:

email = warithwahab @ Gmail . com

fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9402063H





Name

ABDUL WAFI BIN ABDUL WAHAB

عبدالوفي بن عبدالوحاب MALAY Date of birth

14-01-1994 Country/Piace of birth SINGAPORE



5820841





11-10-2017

APT BLK 524 JURONG WEST STREET 52

#03-245 SINGAPORE 640524

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

002817066B

REPUBLIC OF SINGAPORE - ORIVING LIBERICE

Brt. Date: 14 Jan 1994

m 26 Jun 2015

59402063H

ABDUL WAFI BIN ABDUL WAHAB

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles > 400 cc
Class 3 Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

20 Feb 2013 07 Nov 2014 28 Jan 2016 26 May 2017

Licence No:59402063H

NF 428A



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, 1959 (MALAYSIA)

Certificate Number : 5092641314-01

Cover : Comprehensive

Index mark and Registration Number of Vehicle

Chassis Number 2. Name of Policyholder

: WB10A0206HZ779354

3. Effective Date of Insurance

: ABDUL WARITH BIN ABDUL WAHAB

: 15 Jul 2018

4. Expiry Date of Insurance

: 14 Jul 2019

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.

6. 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)

: 551,000

EXCESS (SECTION 2)

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

NAMED DRIVER (1)

: ABDUL WARITH BIN ABDUL WAHAB

NAMED DRIVER (2)

: ABDUL WAFI BIN ABDUL WAHAB

HIRE PURCHASE COMPANY

: SPEEDWAY MOTOR PTE LTD

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

: AXIS LINK PTE LTD (00000514797)

Date of Issue

: 12 Jul 2018 15:09 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

is allowed

This Bike is Still Under

No addrider or renewal

SPEEDWAY MOTOR PTE LTD

Hire Purchase with

Countersigned By:

Authorised Officer

Chief Executive

IMPORTANT NOTICE - ACCIDENT

. In the event of any accident involving the Motor Vehicle I mespective of whether it would great use to claims, the less red share cogether with the motor valuele, Call SPEEDWAY MOTOR at 6316 1611 report the accelent during office hour.