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Assessment/Survey		-			
TP Insurer: Ass't Report by F2	ax / Hand to Own	er/Wksp	-	-)
Preferred Wksp / INC Assign Wksp / QW: (Tel		Fax		
TP Particulars: Veh No: STOP Z.	PI Transporter Man	Non-INC ()	Y	
Owner / Driver: (Те				
Policy No: () Period: () Cov	er Type: (
C C . Ibu I	Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%;	P: 21-79%.	F: 80-10	0%0]	
Year of Registration: () Warranty: YES ())/NO()				-
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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.
- 5. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for

 This report will be forwarded by the insurers of the GIA Records in the report will, for a fee, be made available to be made available to be reported to the insurers, you hereby consentered. 	management centre established by interested parties. Into the archiving of this report at the centre and to copies of the report being made available.
Service Control of the Control of th	ACCIDENT STATEMENT
Date Of Report	27/08/2018 12:54
Date Of Accident	26/08/2018 18:20
Exact Location Of Accident	COMMONWEALTH AVENUE WEST TOWARDS BOON LAY WAY
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD719R
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE, LTD.
Co Reg No	201629994W
Email Address	PEWDIEPIEDGER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81238815
Alternative Phone No	OFFICE-81238815
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF150-149CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

THIRD PARTY Type Of Coverage

NO Fleet Policy

5085645204-01 Policy Number

Cover Note Number

Insurance Company

Driver

NUR HAKIM BIN SAMSUDIN Name of Driver

S9928154E NRIC No 08/09/1999 Date Of Birth OUTDOOR Occupation 25/06/2018 Date Of Driving Pass

0 YEAR AND 2 MONTH Driving Experience

MALE Gender

(LOCAL) +65-81238815 Mobile Number

Fax Number

OTHERS-81238815 Contact Number

PEWDIEPIEDGER@GMAIL.COM EMail Address

BLK 337C TAH CHING ROAD Address

#02-07

613337 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident YES Was any body injured in the Accident?

Was any injured conveyed to hospital by YES

ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action YES

Was the accident reported to the police?

If Yes.Please state which Police Station

CLEMENTI N.P.C Police Station Name

ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY:

NO

4

Police Station Address SINGAPORE

TEL NO: - FAX NO: Police Station Contact NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180826/2117

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

TAXI

SHF497Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 24

DETAILS OF INJURED PERSON 1

Name

NUR HAKIM BIN SAMSUDIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBD719R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.
- 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. 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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
 - (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!

eporting Centre Personnel

Mame

NRIC/FIN No.:

ETCHPLAN COMMONWARING P	TOK WILST TOWARDS	Book Lay Way
1) #BD 719 R 5) SHF 497 Z	B 1	
THE AC	CIDENT	
DESCRIBE CIRCUMSTANCES OF THE AC		
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(SA)	10826	
- Pur	12060	
1	11	
	_/	
DECLARATION I/We declare the foregoing particulars Of Rag No.		3pm Maria Personner's Signature
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Regarting Centre Pelsonne's Signature Name: Roff! WATHOUT



T/20180826/2117

1 of 3

Report No. T/20180826/2117

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2018 23:06			Vide Report No.:	Station Diary No.: 197			
Informar	nt's Particu	ilars	一种的一种人们的一种种种的	MANUFACTURE PROPERTY OF THE			
Name of	Informant: KIM BIN SA		Address: APT BLK 337C TAH CHING ROAD #02-07 SINGAPORE 613337				
ID Type	/ ID No.: 0 / S992815	54E	Contact No.: Home/Office:	Mobile: 86371328			
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	ex: Age: Date of Birth;		Type of Informant: Rider				
Race: Malay			Language:	Institution / School Name:			
Occupat			Driving Licence Information: Class: 2B	Date of Expiry:			

Seneral Inform	nation of the Accident	-0 1000		Time of Locations
Type of Accident:	Injury Conveyed By Ambulanc	Drink e Drive: No	Date/Time of Accident: 26/08/2018 18:20	Type of Location Straight Road
Location: Along Road 1 COMMONWE BOON LAY V near Clement	ti Mall		12 E	Road Speed Limit:
Weather: Clear	Dr			196 Enson V. M. 195 - 195 - 195 - 195 - 195 - 195 - 195 - 195 - 195 - 195 - 195 - 195 - 195 - 195 - 195 - 195 -
Traffic Flow:	Tr	affic Control:		Traffic Volume:
Type of Collis Between Mo	sion: ving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

	ehicle Involve	The state of the s	Madel	Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	COIOI	Condition	0
FBD719R	Motorcycle					U
	10					0
SHF497Z	Car					U

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





2 of 3

Report No. T/20180826/2117

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Rider		ACL IDIN		ID No.		S9928154E	
Name	NUR HAKIM BIN SAMSUDIN					CONTROL OF THE STATE OF THE STA	
		.\		Conta	ct No.	86371328	
Related Vehicle	FBD719R (Motorcycle	=)		10507341554	RALOGEN		
		UTV LICER	ITAL	Class of		Class: 2B	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Driving	g ce &	Date of Expiry: NIL	
			Date Disc			3/2018	
Date Treatment	26/08/2018	Degree of	0011011				
No. of Days gran	ited Medical Leave	01	Degree o	i injury	1.11		

Brief Details.

On 26/08/2018 at about 1820hrs, I was riding on the extreme left lane of Commonwealth Avenue West towards Boon Lay Way near Clementi Mall when 1 Taxi which driving on the lane beside me filter into my lane and the front left of the Taxi hit onto the rear of my motorcycle causing me to fall. I was later conveyed to NUH by ambulance. The accident was attended by Traffic Police and I was advised by Traffic Police to lodge a Traffic Accident Report.



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3 of 3

Report No. T/20180826/2117

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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: D / Sr Staff Sgt KO KOK DEAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/08/2018 23:06
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP168	

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cident MT/1008931		TO MORE NO.	PHG7198	GST Registration No.	
Scy No.	\$685545204-01	Valucie No.	7507230		
mulcate No.				Policyholder MIC	201629994W
Acynolder Name	ALDRIDE PTE, LTD.	EpverType	Trivia Party	Literating	0
nduct Code	PLEET INSURANCE	Contact No. (Office)	17(2):72.52(%)	Contact No.(Pruma)	
ontact No.(Hobile)	81238815	Special Remark		wCode	0445 T
mait Address	a No. Yes	TCA	+ No. Yes	eCode finanziri.	
R.		NCD Entitioner(UN)		Private Hire	No
CD Protection	No				
✓ Accident Details	51727475415E	Accident Report Within 24 fire	Yes	Accident Type	Cultision - Head to Rear
leport Ditte	37/be/2018 15:15	Time of Accident no min	38:27	Country of Accident	Singapore
late of Accitions	26/06/2018	Grange Force		ICH No.	
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Unnamed Driver Excess	77912799	Outsite Singapore TP Excess			
Third Party Excets	1,508.80	Andrew Academic 111 August 111			
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ST Registered	Pelo		GST Status V	erified Yes	
GST Registration No. Modification History					
Policyholder Mailing Add	ress			2009EE	SINGAPORE 247785
Address 1	on zion woan	Address 2	#06-02 EBNITH	Address I	\$197785
Address 4	1188000000000000	Address Type	Singapore widerest	Most Circle	. etc. 486
Address 4	00-00	Related Princy Number	5085545204-01		
⇒ QI Driver Info	1 45577				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOR	88/09/1999
Unioned artist hame	NUR HAKIN BIN GANGUDIN	Driver WICC	500281548	Driving Experience	6:
Register Date of Driver License	25/06/2018	Driver Age	1.0	Contact Ny.(Plume)	*.
Contact No.(9905ile)	81238815	Current No.(Office)		Address 3	SINGAPORE 613337
Address 1	BLK 337C #07-07	Address 2	TAH CHING IIGAD	Post Code	613337
Address #		Address Type	Foreign address	PUN COAS	
upin No.	02-07			Oriver Insurer Company	WHUC
Doce he own a Singapure	Troc ic NO	Driver Vehicle No.	#BD719#	Pulsat Barbar Couldant	: III.A.Z.
Registered car?					
Declaration breathabact or Blood Test	8 mg	Any Ingury?	Yes + No		
Medification History					
Claim 001 New				TOURS OF LOCALISMS	
Claim Type *				DO-MX • Insured Name ALDRIDE FTE.	
Committee .				Contact No.	Contact No. +
Comact No.(Mobile)				[Home]	(Company)
				Vehicle FB07198	Vehicle Sit
Email Address				Number	Name of
Clem Description				PRO719R / SHF4977 DN 26 Aug 2018	Preterred Workship
Preferred Workshop	Insured Liability Not at F	The second control of	arwid Pawis	1	
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Accident No.	MT/1008931	Upland Date		27/08/2018 15:24	
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ACCIDENT STATEMENT

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Chail = Pewdie piedger@gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9928154E



NUR HAKIM BIN SAMSUDIN



MALAY Date of pirth

08-09-1999 Country/Prace of hirth SINGAPORE





5333625





25-07-2014

APT BLK 337C TAH CHING ROAD #02-07 SINGAPORE 613337

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

EFFECTIVE DATE

Class 28 Motorcycles >< 200 cc

25 Jun 2018

NP 428A





Certificate of Insurance

certin	tate of insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS	ATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA	ATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N	/ALAYSIA)
Certificate Number : 5085645204-01	Cover : Third Party
1. Index mark and Registration Number of Vehicle	: FBD719R
Chassis Number	: LALKC11A383329270
2. Name of Policyholder	: ALORIDE PTE, LTD.
3. Effective Date of Insurance	: 27 Jun 2018
Expiry Date of Insurance	: 26 Jun 2019
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyh	older's order or with his/her permission.
[2017] 등이 되는 이번 시간 사람들이 되었다면 하는 사람들이 되는 사람들이 되었다. [2017] 그리고 있다면 하는 사람들이 되었다면 하는 것이다면	n 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 living the Motor Vehicle.
6. Limitations as to Use#	
	and in connection with the Policyholder's or Hirer's business.
This Policy does not cover	
(a) Use for racing, pace-making, reliability trial or	William Control of the Control of th
(b) Use for the carriage of goods (other than samp	oles) in connection with any trade or business.
(c) Use for any purpose in connection with the Mo	otor Trade.
headings.	
EXCESS (SECTION 1) : N/A	
EXCESS (SECTION 2) : S\$1,500	3/
INSURE WITH COE : N/A	
NAMED DRIVER (1) : N/A	
NAMED DRIVER (2) : N/A	
HIRE PURCHASE COMPANY : N/A	
SUM INSURED : N/A	
	ficate relates is issued in accordance with the provisions of the Motor apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Zonal	Ju-
Countersigned By:	
Authorised Officer	Chief Executive