

NATIONAL Assessment Centre Services

(Ref: JAN 2005)

MYA/18/10625

| | | | |
|---------------------------|--|-----------------------|------------|
| Date In: 27/08/2018 12:54 | Job description | Date & Time Completed | Done by |
| Ref No: NAB/INC/18/5512/4 | SAS e-filing | | |
| Veh No: PBD 719R | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 26/08/2018 18:20 | i-Motor Claim Form | MYA/1008931-001 | 27/08/2018 |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | 15:24 |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SH49TZ

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Title:

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer'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 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est. Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$50)
- 3) TP: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- ON*
- *N3: Courtesy Car / Tpt Allowance \$5
- *N6: Repair Co-ordination \$10
- *N7: Post Repair Inspection \$25
- *N8: DV / Collect Excess Coordination \$5
- TP (N11): TP (N/n INC) against INC \$20
- 9) N12: Idao Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

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 withholding 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.

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 |

DETAILS 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 |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5085645204-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | NUR HAKIM BIN SAMSUDIN |
| NRIC No | S9928154E |
| Date Of Birth | 08/09/1999 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/06/2018 |
| Driving Experience | 0 YEAR AND 2 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81238815 |
| Fax Number | |
| Contact Number | OTHERS-81238815 |
| EMail Address | PEWDIEPIEDGER@GMAIL.COM |

Address BLK 337C TAH CHING ROAD
#02-07
Postcode 613337
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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? 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) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name CLEMENTI N.P.C
Police Station Address ROAD: 20 CLEMENTI AVE 5, POSTCODE: 129858, COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
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
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHF497Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

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

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 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.
5. 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 interested parties.
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.
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:
- (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 "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:

Yi 27/08 12:48pm
Driver's Signature
(If driver is not the policyholder)
Date & Time:

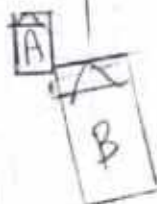
27/08/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Roshi Waffar

SKETCH PLAN COMMONWEALTH AVE WEST TOWARDS BOON LAY WAY

A) FBD 719R

B) SHF 497Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~PLS. REFER TO POLICE REPORT
7/20/08 26/2117~~

DECLARATION

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



Policyholder's Signature
Date & Time:

Ki 29/08 12:53pm
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

28/08/2018
Rishi Wadhwa



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180826/2117

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 26/08/2018 23:06 | Vide Report No.: | Station Diary No.: 197 |
|--|------------------|---------------------------|

| | | | |
|--|------------|--|-----------------------------|
| Informant's Particulars | | | |
| Name of Informant: NUR HAKIM BIN SAMSUDIN | | Address: APT BLK 337C TAH CHING ROAD #02-07 SINGAPORE 613337 | |
| ID Type / ID No.: NRIC NO / S9928154E | | Contact No.: Home/Office: Mobile: 86371328 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 18 | Date of Birth: 08/09/1999 | Type of Informant: Rider |
| Race: Malay | | Language: | Institution / School Name: |
| Occupation: Student | | Driving Licence Information: Class: 2B Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|---------------------------------|-----------------------|--|-------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 26/08/2018 18:20 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 COMMONWEALTH AVENUE WEST BOON LAY WAY near Clementi Mall | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-----------|-----------------|
| FBD719R | Motorcycle | | | | | 0 |
| SHF497Z | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180826/2117

CONTINUATION OF REPORT

| Rider | | | |
|-----------------------------------|------------------------------|--|----------------------------------|
| Name | NUR HAKIM BIN SAMSUDIN | ID No. | S9928154E |
| Related Vehicle | FBD719R (Motorcycle) | Contact No. | 86371328 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 26/08/2018 | Date Discharge | 26/08/2018 |
| No. of Days granted Medical Leave | 01 | Degree of Injury | NIL |

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.



SINGAPORE
POLICE FORCE

T/20180826/2117

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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

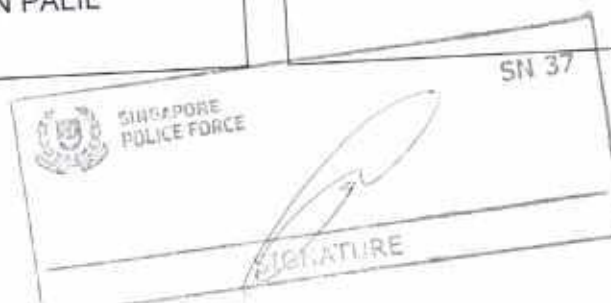
Signature Of Informant:

Date/Time:

26/08/2018 23:06

Classification Of Case:

Authentication Stamp
NP168



Claim Handling

The premium on this policy has not been collected.

Accident MT/1008931

| | | | | | |
|---|---|-------------------------------|-------------------|------------------------|--------------------------|
| Policy No. | 5085545204-01 | Vehicle No. | FBD7198 | GST Registration No. | |
| Certificate No. | | | | Policyholder NRIC | 201629994W |
| Policyholder Name | ALORIDE PTE. LTD. | Cover Type | Third Party | Liability | 0 |
| Product Code | FLEET INSURANCE | Contact No. (Office) | | Contact No. (Home) | |
| Contact No. (Mobile) | 81238815 | Special Remark | | eCode | No |
| Break Address | | TCA | + No + Yes | eCode Reason | |
| KPI | + No + Yes | NCD Entitlement(%) | 0 | Private Hire | No |
| NCD Protection | No | | | | |
| Accident Details | | | | | |
| Report Date | 27/08/2018 15:15 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - road to Road |
| Date of Accident | 26/08/2018 | Time of Accident (hh:mm) | 18:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | COMMONWEALTH AVENUE WEST TOWARDS BOON LAY WAY | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 1,000.00 | Outside Singapore TP Excess | | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 00-210A ROAD | Address 2 | #09-02 ZENITH | Address 3 | SINGAPORE 247785 |
| Address 4 | | Address Type | Singapore address | Post Code | 247785 |
| Unit No. | 04-00 | Related Policy Number | 5085545204-01 | | |
| OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 08/09/1999 |
| Unnamed driver name | NUR HAKIM BIN SAHSUDIN | Driver NRIC | S99281548 | Driving Experience | 0 |
| Register Date of Driver License | 25/06/2018 | Driver Age | 18 | Contact No. (Home) | |
| Contact No. (Mobile) | 81238815 | Contact No. (Office) | | Address 3 | SINGAPORE 613337 |
| Address 1 | BLK 337C #02-07 | Address 2 | TAH CHING ROAD | Post Code | 613337 |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | 02-07 | | | Driver Insurer Company | NTUC |
| Does he own a Singapore Registered Car? | Yes + No | Driver Vehicle No. | FBD7198 | | |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any Injury? | YES + NO | | |

Modification History

Claim 001 **NEW**

| | | | | | |
|--------------------------|-----------------------------------|--------------------|-------------------|----------------------------------|----------|
| Claim Type * | OD-MX | Insured Name | ALORIDE PTE. LTD. | Insured NRIC | 20162 |
| Contact No. (Mobile) | | Contact No. (Home) | | Contact No. (Office) | |
| Email Address | | OI Vehicle Number | FBD7198 | TP Vehicle Number | 5HP48 |
| Claim Description | FBD7198 / 5HP48/TZ On 26 Aug 2018 | | | | |
| Preferred Workshop | | Insured Liability | Not at Fault | GIA report | RECEIVED |
| Reserve No. Finalisation | Yes | Repaired | Repaired | Preferred Workshop, Name unknown | |
| Date Registered | | Claim Close Date | 27/08/2018 15:33 | Date Received | 27/08/ |
| Report Taken By | ROSLI WAHAB | | | | |
| Print AK letter | | | | | |
| Save Submit | | | | | |

Attachment

| | | | |
|---|------------------|-------------|------------------|
| Accident No. | MT/1008931 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 27/08/2018 15:24 |
| Path * | | | |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Message Read | | | |
| Attachment List | | | |
| Attachment | Uploaded By/Date | Category | Urgency |
| RAC_BUKIT_MERAH_BOONAY NATIONAL ASSESSMENT CENTRE SERVICE | | Photo | Normal |
| Description: Photos 2018-8-27 | | | |

S (BUKIT MERAH)) on 27 Aug 2018 15:24

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:24

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:24

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:24

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:24

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:24

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:23

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:23

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:23

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:23

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:23

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:23

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:22

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:23

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:23

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:23

Photos

Normal

Photos 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:23

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-8-27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2018 15:23

SAS

Normal

SAS 2018-8-27

Video List

Uploaded By/Date

Folder/Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 08 / 2018) (DD/MM/YYYY), TIME: (18 : 20) (HH:MM)

LOCATION: Near Clementi Mall

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD7192
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: ~~#6373328~~ 5085645204-01
d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]
e) MAKE & MODEL: CBF150
f) TYPE: [SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS]
g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]
h) PURPOSE OF USING AT ACCIDENT TIME: working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
IF NO, PLEASE STATE [THIRD PARTY CLAIM / REPORTING ONLY]

2. INSURED / POLICY HOLDER

- A) NAME: HARIDR MY L70 (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 20169994W CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Nor Hafin B Samsudin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9928154E CONTACT: 86371328 / 8123 8815
c) ADDRESS: Blk 337C Tah Ching Rd #02-07

* d) DATE OF BIRTH: (08 / 09 / 1999) (DD/MM/YYYY)

e) OCCUPATION: [INDOOR / OUTDOOR]

f) DATE OF DRIVING PASS: 25 Jun 2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: [CLEAR / RAINING / OTHERS]

b) ROAD SURFACE: [DRY / WET / OTHERS]

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Clementi police HA

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5HF497Z MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Pewdie.piedger@gmail.com

Fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9928154E



Name

NUR HAKIM BIN SAMSUDIN

Race

MALAY

Date of birth

08-09-1999

Country/Place of birth

SINGAPORE

Sex

M

5333625



NRIC No. S9928154E



Date of issue

25-07-2014

Address

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

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S9928154E

NUR HAKIM BIN SAMSUDIN

Birth Date: 08 Sep 1999

Issue Date: 25 Jun 2018



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

EFFECTIVE DATE

25 Jun 2018

Class 2B Motorcycles <= 200 cc

NP 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 : 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

4. 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 Policyholder's order or with his/her permission.

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)

: N/A

EXCESS (SECTION 2)

: S\$1,500

INSURE WITH COE

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: N/A

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 : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 09 Oct 2017 17:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive