NATIONAL Assessment Co.	ntre Services	Supplied to the Ports	7 9 33		
Date In: 04/09/2018 12.	43 Job description		Date &Tune Completed	Don	e by
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Veh No FBK5163Z			1 3		
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Preferred Wksp / INC Assign Wksp / QW:	(C-IA - C-IA - C-IA - C-IA	Tel: Fa	ax:	E1100 ST
The state of the s	SLJ 1699+	. INC()/Non-INC()	The state of	
Owner / Driver: (South the Valley of the control of t		Tel:)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 80-10	00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 () / \$2,000)()			
General Remarks;	A 10	Wilson State			
() Walk-In Customer's i	nformation strictly Co	onfidential & Stri	ctly NO refer of repairer		
() Total Loss Case : to e-mail Ins	urer URGENTLY				
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7, 10 Wed III (), 11100	nce. 1ES () / 1	NO(); To	wing Co: (+.)
Remarks:- (INC hotline: 6788 6616) (-93	Date&Time Completed	Done	hv
Apply for Transport Allowance ()	/ Courtesy Car ()	AND	Dono	y
2) QC Check / Post Repair Inspection	()			
 Upload Resurvey Photo [Repair Cost > 	\$3000] ()			
Injury:		-			
					
Date/Tune Actions					annotal mount
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THE THE PERSON OF THE PARTY OF THE PARTY OF THE PERSON OF	ampromise, p	2) DA : Damage A	ssessment (\$100); INC (\$80)		
iver/Owner:		3) TF : Towing Fee 4) FT : Follow-Thr			
ntact No:		5) FT : Follow-Thr	ough Survey (Resurvey) 5:	30	
maged Darban		For claiming aga 6) TR : Re-inspection	inst INC Only (wef 10 Jan 2005)		
maged Portion:		7) N1 : Idno DA + 8	SMRT Survey . \$10		
Checked by #13		8) NTUC Additions	al Services:-		
Checked by (Engr-In-Charge):		*N5: Courtesy C		\$5	
ulitors! Comments :-		*N6: Repair Co-c *N7: Post Repair	ordination \$1		
3 - 23 (* 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		*N8: DV / Collect	t Excess Coordination 5	55	
1:	11170-1170-1170	TP (N11): TP (N 9) N12: Idne Mobile	on INC) against INC \$2		
2/3;		Invoice dated	Fee Charged	30	mar T
		Invoice dated	Fixe Charged	1.16.90	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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.
- 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.	
The same of the sa	ACCIDENT STATEMENT
Date Of Report	04/09/2018 12:43
Date Of Accident	04/09/2018 09:05
Exact Location Of Accident	UNITY ST
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK5163Z
Insured/Policyholder	
Name Of Registered Owner	MOHD FAIZAL BIN HASSAN
NRIC No	S8536442A
Email Address	MD.FAIZAL@LIVE.COM
Mobile Phone No	(LOCAL) +65-81186061
Alternative Phone No	OTHERS-81186061
Vehicle Particulars	
Manufacturer	SUZUKI
Model	GSX-S1000AL6
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
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 FIRE AND/OR THEFT
Fleet Policy	NO

5074789517-02

Policy Number

Cover Note Number

Driver

Name of Driver MOHD FAIZAL BIN HASSAN

NRIC No. S8536442A 22/11/1985 Date Of Birth INDOOR Occupation Date Of Driving Pass 29/11/2004

13 YEARS AND 9 MONTHS Driving Experience

Gender MALE

(LOCAL) +65-81186061 Mobile Number

Fax Number

OTHERS-81186061 Contact Number EMail Address MD.FAIZAL@LIVE.COM Address BLK 812A CHOA CHU KANG AVENUE 7

#16-667

Postcode 681812

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

Community of Dairy of Community of States

Insurance Company of Driver's Own Vehicle

-

NO

NO

1

NO

NO

NO

SLJ1699H

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver YEOH SHU RUI (YANG SHURUI)

NRIC/Passport Number S8636238D Contact Number 90409981

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHD FAIZAL BIN HASSAN

Page 2 of 27

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

FBK5163Z

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 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

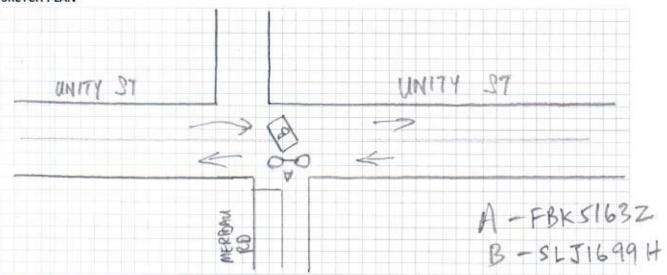
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The Additional Principles of the Additional P
Motorbite A was driving along Unity Street towards Mohammed
Sultan Road while viding along the intersection of Marbau Road Vehile B suddenly came out from the right and let the right side of Motorbike A, causing Motorbike A to like belonce and fell to the parent.
Vehile & suddenly came out four the right and let the nout side
of Motorbike A course Motorbike A to like belone and fell
to the ground
After liting Motabile A, the drive are out to check on the
vider Haverer, the passenger in Vehicle B draw the vehicle and
part it along Merban Rol, before any pictures were taken.

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 Personnel's Signature Name:

-49/2018

NRIC/FIN No .:

Reportedon 4/9/2018 C. 1250HRs.

ACCIDENT STATEMENT

	DATE: 4/9/201	E)(DD/MM/YYYY), TIME:(09 .0	SAMM)
LOCATION	: UNITY	ST		
a)\	TAILS OF VEHICLE VEHICLE NUMBER: VSURANCE COMPANY:	FBK 51	637_	ž
d)P e)M f)TY g)V	OLICY NUMBER: OLICY TYPE: (COMPREHE) MAKE & MODEL: PE:(SALOON / COUPE / N EHICLE CATEGORY: (PRIV) URPOSE OF USING AT ACC	MPV /V AN / LORRY	/ MOTORCYCLE	(CRHERS)
i) AR	E YOU CLAIMING UNDER NO, PLEASE STATE (THIRD)	YOUR OWN INSUR	PORTING ONLY	
2. INSU	RED / POLICY HOLDER		in in	/ EEAAALE)
***	ENTINUE TO 3.d IF DRIVER	ALSO POLICY HOL	DER	
(Including dia) a)NA	ER AME:		(MAIE	FEMALE)
()	CIC/FIN/PASSPORT: DRESS:		_CONTACT:8	118606
*d)D.	ATE OF BIRTH: (/)(DD/M	M/YYYY)	970
f)YEA	RS OF DRIVING EXPRERIE	NCE:		(5) 41/0 DE
IF NO	DRIVER AN EMPLOYEE D, RELATIONSHIP OF TH ATHER CONDITION: (CLE)	E DRIVER WITH	INSURED:	(YES / NO) OWNER
b)RO	AD SURFACE: (DRY / WET ANYBODY INJURED (YES)	/ OTHERS	HEK2	
7. a)REP	ORTED TO POLICE (YES / S. PLEASE STATE WHICH R	NOT		n n
8. THIRD	PARTY VEHICLE EHICLE NUMBER: SL	J1699H	110000	
Including driver) b) D	RIVER'S NAME: YEOH RIC/FIN/PASSPORT: 58 PARTY VEHICLE	SHU RUI (MODEL: YANG SHU CONTACT:	(RUI) 10409981
at harmet of Di	EHICLE NUMBER: RIVER'S NAME:		MODEL:	
nduding driver) f) NI	RIC/FIN/PASSPORT:		CONTACT:	0
				7.
	email =	nd faired &	D live · com	# # ₁₉
- V	.0			
	VIDEO =	Md. fai:	Z9 L @ (1)	e - com

Waiting for Motorcygle Photos?

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8536442A





MOHAMMED FAIZAL BIN HASSAN

محمد فيذال بن حسن

MALAY

22-11-1985 SINGAPORE





5560185



11-02-2016 APT BLK 812A CHOA CHU KANG AVENUE 7 #16-667 SINGAPORE 681812

NRIC No: \$8536442A

Date: 15/04/2018

OH ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 2B Montreycles =< 200 CC
Class 2A Montreycles between 201 CC and 400 CC
Class 2 Montreycles > 400 CC
Class 3 Montreycles > 400 CC
Class 3 Montreycles > 400 CC
Class 4 Montreycles > 400 CC
Class 4 Montreycles > 400 Minute | 400 Minute

58535442A

S/No. 9000142779

NP 428A

eBao Tech									Genera	Claim
Hello, NAC_PAYA_UBI_80	0601					• Change	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.:				Date	of Accident		04/09/2018	9:05	
	Vehicle No.(For Motor)	FBK516	53Z		Cert	ficate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5074789517- 02		MOHD FAJZAL BIN HASSAN	S8536442A	GMC	Third Party, Fire & Theft	FBK51632	FBK5163Z	07/10/2017	06/10/2018
			0.000		Continue					

Policy No.	5074789517-02	Policyholder Name	MOHD FAIZAL BIN HASSAN	Policyholder NRIC	S8536442A
Certificate No.				2000	
Address	BLK 5 #01-133 PINE CLOSE SIN	GAPORE 3910	005		
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	06/10/2017	Effective Date	07/10/2017 00:00	Expiry Date	06/10/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	YEW HENG CREDIT ENTERPRISE	Agent Tel.	67437030	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	older Mailing Address				
Address 1	BLK 5 #01-133	Address 2	PINE CLOSE	Address 3	SINGAPORE 391005
Address 4		Address Type	Singapore address	Post Code	391005
Unit No.		Related Policy Number	5074789517-02		
♪ Insure	d Object: FBK5163Z				
□ Endors	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type Endorse	ement Status	Endorsement Content

Claim Handling

Accident MT/1010105 Policy No. 5074789517-02 Vehicle No. FBK5163Z GST Registration No. Certificate No Policyholder Name MOHD FAIZAL BIN HASSAN Policyholder NRIC 5853 Product Code MOTORCYCLE INSURANCE Cover Type Third Party, Fire & Theft Loading Û Contact No.(Mobile) 81186061 Contact No.(Office) Contact No.(Home) Email Address Special Remark No N KFK # No Ves TCA ® No ○ Yes eCode Reason NCD Protection NCD Entitlement(%) No. 20 Private Hire Accident Details Report Date 04/09/2018 15:51 Accident Report Within 24 hrs Accident Type Date of Accident 04/09/2018 Time of Accident hh:mm Singe Country of Accident Reporting Centre Orange Force ICM No. Accident Location UNITY ST Own damage Excess 0.00 Additional Excess Windscreen Excess Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TP Excess **□** Benefits GST Registered Information **GST** Registered GST Registration Date GST Registration No. **GST Status Verified** Yes Modification History Policyholder Mailing Address Address 1 BLK 5 #01-133 Address 2 PINE CLOSE Address 3 SING Address Type Singapore address Post Code 3910 Related Policy Number 5074789517-02 OI Driver Info MOHAMMED FAIZAL BIN HASSAN Driver Type Main Driver Unnamed driver Name Driver NRIC S8536442A 22/1 Driving Experience Register Date of Driver License 29/11/2004 Driver Age 13 Contact No.(Mobile) 81186061 Contact No.(Office) Contact No.(Home) 0 Address 1 BLK 812A Address 2 CHOA CHU KANG AVENUE 7 Address 3 Address 4 Address Type Singapore address Post Code 6818 Unit No. #16-667 ○ Yes # No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? O Yes @ No Modification History Claim 001 OD-MX New Claim Type * OD-MX MOHD FAIZAL BIN HASSAN S853 Contact No. (Mobile) 81186061 Contact No. (Home) 63449363 Contact No.(Office) Email Address OT Vehicle Number md.faizal@live.com FBK5163Z TP Vehicle Number FBK5163Z / SL)1699H ON 4 Sept 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Liability * Require Finalisation Yes V Preferered Repair Option Preferred Workshop, Name unknown GIA report Rece Claim Close Date 04/09/2018 16:02 Date Received 04/0 KRISHNASAMY Workshop Repairer Total Loss but Repaired ✓ Print AK letter Save Submit Attachment . Accident No. MT/1010105 Claim No. 001

