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Preferred Wksp / INC Assign Wksp / QW; (			Tel:	Fax:	
TP Particulars: Veh No: SC	3 2/5E.	INC(	)/Non-INC( )	μ	
Owner / Driver: (			Tel:	)	
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ontact No:	5) FT	: Follow-Throu	igh Survey (Resurvey)	\$30	
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uditors! Comments :-	85278 F 762 1782 (B) \$ 1 U W E H 7 X F A 7 5 A 5	7: Post Repair I 8: DV / Collect	nspection Excess Coordination	\$25 \$5	
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	Invoic		Fee Charge	THE R. P. LEWIS CO., LANSING, MICH.	

## 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 wiful 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 aforesaid.

ACC	DEN	T ST	ATEN	IENT

Date Of Report

17/09/2018 19:01

Date Of Accident

17/09/2018 08:25

Exact Location Of Accident

CTE TOWARDS CLEMENCEAU AVENUE

Country/State of Loss

SINGAPORE

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

FW2168U

# Insured/Policyholder

Name Of Registered Owner

MUHAMMAD IDRIS BIN KAMSANI

NRIC No

S9300734D

Email Address

IDRIS RANGO@HOTMAIL.COM

Mobile Phone No

(LOCAL) +65-83684866

Alternative Phone No

OTHERS-83684866

#### Vehicle Particulars

Manufacturer

HONDA

Model

CB400-399CC

Exact Purpose for which vehicle was being used at

time of accident

GOING TO WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

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 FIRE AND/OR THEFT

Fleet Policy

NO

Policy Number

5086690678-01

Cover Note Number

### Driver

Name of Driver

MUHAMMAD IDRIS BIN KAMSANI

NRIC No.

S9300734D

Date Of Birth

02/01/1993

Occupation Date Of Driving Pass INDOOR 13/10/2016

Driving Experience

1 YEAR AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-83684866

Fax Number

OTHERS-83684866

Contact Number EMail Address

IDRIS RANGO@HOTMAIL.COM

Page 1 of 23

Address

BLK 31 TEBAN GARDENS ROAD

#05-217

Postcode

600031

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

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?

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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

SLS215E

Vehicle Make/Model/Colour

KIA CERATO FORTE

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NEO YEW SENG STEPHEN

NRIC/Passport Number

S6848245C

Contact Number

87183170

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.
- 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.

17/09/2018

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's

Name:

NRIC/FIN No.

SKETCH PLAN	C1/2 101	VAROR	CLEMENCERY	AVKKUEC
	STOLLS	BI		A) FW 2168-U B) SUS 215 E

#### ECOURE CIRCUMSTANCES OF THE ACCIDENT

SCRIBE CIRCOMSTANCES OF THE ACCIDENT	and the state of t
ON 17/09/2018 at 08:24 in the morning coing.	to work I was travelling
along McE tombe Ruchar Road, there's was a st	one on the Road and sand
My bike Skidded and hit the car SLS 215E.	
THE SICIOUS STATE	

# 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:
NRIC/FIN No.

Accident HT/1011836						
Palicy No.	108669D678-01	Vehicle No.	PWZSSBU		GST Registration No.	
Profesional Page		P. Charlette	10000000		0.000 (0.000) (0.000)	
Vicyholder Name	MUHAMMAD IDRIS BIN KAMSANI				Pulicyhulder NRIC	593007340
reduct Code	HOTORCYCLE INSURVACE	Cover Type	Third Party, Fire 8	Theft	Loading	0
Contact No.(Mobile)	83684896	Contact No.(Office)			Contact No.(Home)	
Errait Address		Special Remark			eCode	Nu T
EFK.	- No Tes	TICA	- No. 1811		eCode Reason	
NCD Protection	No	(ACD Entitlement(%)	10		Provate Hire	Avo.
Report Date	17/09/2019 19:12	Accident Report Within 24 hrs	Yes		Accident Type	Cotteun - Head to Rear
Date of Accident	17/09/2018	Time of Accident hhome	88:25		Country of Accident	Singapure
Reporting Contre	The second secon	Grange Force			IOM Nu.	
Accident Location	CTE TOWARDS CLEMENCEAU AVENUE					
Own damage Eccess	8.00	Additional Excess			Windscreen Excess	
Unnamed Driver Excess	11.00	Outside Singapore DD Excess			//	
Third Party Excess	0.00	Gutsite Singapore TP Excess				
₩ Benefits	24.00411	ADALS IF \$400 981 POSSA (1173007 AGE)				
SST Registered Informat	lline,					
ST Registered	No		EST Regi	stration Date		
SST Registration No.			GST State	us Verified	Yes	
Mudification History						
Policyholder Hailing Add	reas					
Appress 1	0LK 31 +05-217	Address 2	TEBAN GARDENS	ROAD	Address 3	SINGAPORE 600031
Address 4	nes-then with off CV	Address Type	Singapore address		Post Code	600031
unit No.	06-217	Related Policy Number	1006690678-01			
→ DI Driver Infe						
Siriver Name	HUHAHMAD IDRES BIN KAMSANI	Driver Type	Main Driver			
Unnamed driver Name		Oriver WRIC	593007340		Driver DOB	02/01/1993
Regular Date of Driver Usanae	27/03/2015	Driver Age	25		Driving Experience	. 8
Contact No.(Mobile)	E3684800	Contact No. (Office)	The Control of Control	MENNY	Contact No.(Home)	The second secon
Address 1	BLX 31 #05-217	Address 2	TEBAN GANDENS		Address 3	SINGAPORE 600031
Address 4 Link No.	mi 317	Address Type	Singapors address	*	Post Code	00003T
Does he nam a Singapore.	05-217	(310) 5500 (10) 472-473	SERVICE A		place and the property	0.2202
Angistered car?	Yes a No	Driver Vehicle No.	FW21600		Driver Snaurer Campany	MORE
Declaration						
Breathalyser or Blood Test. Reading?	5 mg	Any mjury?	Yes - No.			
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ANTONIO TARA				CO-MX		er hengan robert beson
Chaim DO1 NEW				GO-MW.	Cortect No.	Contact
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Claim 901 New					Contact No. (Home)	Contact No. (Office) TP Vehicle Su521
Claim 90s New Claim Type * Contact No (Modile)					Contest	Contact No. (Office) TP Vehicle Substitution Number Name of Preferred
Claim 90s New Claim Type * Contact No (Hoble) Email Address				WIL.	Contest	Contact No. (15trice) TP Vehicle Number Name of
Claim 904 New  Claim Type *  Contact No (Mobile)  Email Address  Claim Description  Preferred  Workshop	Tinsured Liability   Fully		ud.	EMSTERN V ET EST TEE ON	Contest	Contact No. (Office) TP Vehicle Substitution Number Name of Preferred
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* 100 miles	NAC_BURIT_MERAH_800676( NATIO S (BURIT MERAH)) 6	DNAL ASSESSMENT CENTRE SERVICE or 17 Sep 2018 19:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-17
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1	NAC_BURIT_HERAH_800678( NATIO 5 (MURIT MERAH)) 6	DNAL ASSESSMENT CENTRE SERVICE of 17 Sep 2018 19-15	Photos	Normal	Photos 2018-9-17
0	NAC_BURIT_MERAH_800676( NATIO 5 (BURIT MERAH)) o	ONAL ASSESSMENT CENTRE SERVICE or 17 Sept 2018 19-15	Photos	Normal	Fhotus 2018/9-17
	NAC_BUKIT_MERAH_BOOK76( NATIC S (BUKIT MERAH)) o	NAL ASSESSMENT CENTRE SERVICE ii 17 Sep 2018 19:15	Photos	Agrmal	Photos 2018-9-17
	NAC_BURIT_MERAH_800670( NATIO S (BURIT MERAH)) o	MAL ASSESSMENT CENTAL SERVICE n 17 Sep 2018 19:15	Photos	Normal	Protos 2018-9-17
- 100-14	NAC_BUKIT_MERAH_R00676( NATIC S (BUKIT MERAH) 6	NAL ASSESSMENT CENTRE SERVICE n 17 Sep 2018 19:15	Photos	Normal	Photos 2018-9-17
	NAC_BUKIT_MERAH_800676( NATIO S (BUKIT MERAHI) o	MAL ASSESSMENT CENTRE SERVICE n 17 Sep 2018 19:15	Photos	Normal	Photos 2018-9-17
1	NAC_BUKIT_MERAN_BODGT6( NATIO S (BUKIT MERAN)) 0	MAL ASSESSMENT CENTRE SERVICE n 17 Sep 2018 19/15	Photos	Normal	Photos 7018-9-17
	NAC_BUNIT_MERAH_BOOGT6( NATIO 6 ((MARRH TIXUB) 8	MAL ASSESSMENT CENTRE SERVICE 6 17 Sep 2018 19115	Photos	Reprinted	Photos 3018-9-17
1	NAC_BURIT_MERAH, 800676( NATIO S (BURIT MERAH)) o	NAL ASSESSMENT CENTRE SERVICE n 17 Sep 2018 19:15	Protos	Storme	Photos 2018-9-17
東	NAC_BURIT_MERAH_800676( NATIO S (BURIT MERAH)) o	NAL ASSESSMENT CENTRE SERVICE + 17 Sep 2018 19:15	Photos	Normal	Photos 2018-9-17
	NAC_BURIT_MERAH_SQUITE( NATIO B (RURIT MERAH)) o	NAL ASSESSMENT CENTRE SERVICE I 17 Sep 2018 19:15	Photos	Normal	Photos 2018-9-17
100					

Display in New Window | Scan and upleading

# ACCIDENT STATEMENT

1:

ACCI	DENT DAYE: 17 9 2016 (DD/MM/YYYY), TIME: (00 : 24) (HH:MM)
LOCA	TION: MCE: HOWES ROCHOR ROOM CTE tomes clemencer AVE
	DETAILS OF VEHICLE
	alvehicle NUMBER: FW 2168V
	HUNSTIPANCE COMPANY: In a INCOME
	DIPOLICY TYPE: I COMPREHENSIVE / THIRD PARTY / THIRD PARTY
	The state of the s
	HENOR IS A COOK / COURSE / MPV /V AN / LUNK / MUTUAL
	9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	HIPURPOSE OF USING AT ACCIDENT TIME: GOWG TO WORK
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2	INSURED / POLICY HOLDER BIN KONSON (MALE / FEMALE)
	ANAME TO SESSON SHO CONTACT: 83684866
	CIADDRESS: BIK 31 Telon Gurdens Road NOS-217
	CIADDRESS: DIK DI IEDAK & VO
	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
0 3	DOWER .
of passange	MALE / FEMALE
cluding driver	binric/fin/Passport:contact:
	c)ADDRESS:
-	
	*a)DATE OF BIRTH: ( 2 / 1 / 1993 ) (DD/MM/YYYY)
	LOCALIZATIONS (INDOOR ONTDOOR)
	DATE OF DRIVING PASS - 13 CCT 2016
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
.77	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED.
5	DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS Sandy
	BIROAD SURFACE: (DR17 WE17 OTTEN
7.	WAS ANYBODY INJURED (YES / NO)
7	IF YES, PLEASE STATE WHICH POLICE STATION:
8	THIRD PARTY VEHICLE
70	MCHIEL INC
tudion 5 1 to	b) DRIVER'S NAME: NEO YEW SENS STEPHEN CONTACT: 8718 3170
e a service of the service of	C) NRIC/PHYLAGGIONI
The second secon	HIRD PARTI VENICE
	d) VEHICLE NUMBER:MODEL: e) DRIVER'S NAME:CONTACT:
and have and	e) DRIVER'S NAME:CONTACT:
The allower Hole	HI NRIC/FIN/PASSPORT:

EMPH = EPRES - Rango@ Hotmail.com

V1080 =

# REPUBLIC OF SINGAPORE IDENTITY CARD NO \$9300734D



MUHAMMAD IDRIS BIN KAMSANI

بحدد ادریس بن کهستی

MALAY

02-01-1993 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



S9300734D

MUHAMMAD IDRIS BIN KAMSANI

Bir Date: 02 Jan 1993 Prise inne 27 Mar 2015





\$9300734D

03-01-2008

APT BLK 31 TEHAN GARDENS ROAD #05-217 SINGAPORE 600031

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Motorcycles == 200 CC Motorcycles between 201 CC and 400 CC

17 Mar 2015 j. 13 Oct 2016

\$9300734D

S / No.9000263835

Licence No: \$93007340



# 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 : 5086690678-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FW2168U

Chassis Number

: NC391035888

2. Name of Policyholder.

3. Effective Date of Insurance

: MUHAMMAD IDRIS BIN KAMSANI

4. Expiry Date of Insurance

: 06 Dec 2017

1 27 Nov 2018

5. 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.

- 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)

N/A

EXCESS (SECTION 2)

N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

PLEASE REFER OVERLEAF

INSURE WITH COE

NAMED DRIVER (1) NAMED DRIVER (2)

MUHAMMAD IDRIS BIN KAMSANI MUHAMMAD ANSARI BIN KAMSANI

HIRE PURCHASE COMPANY

BIKE DYNAMIC CENTRE

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

THINK ONE AUTOMOBILE & TRADING PTE. LTD. (00000571089)

Date of Issue

: 06 Dec 2017 13:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Think One Authorised Workshop Accident No.: 9128 8488 / 6844 3300

18 Defu Avenue 2 S(539522)

Renewal No.: 6555 3300

20 Ubi Road 4, #02-03 S(408622)