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TP Insurer		Survey Report			
Prof 130	Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (TP Particulars: Veh No: (3)	0.0 6.0		Tel:	Fax:	
101110	3552/M	INC ()/Non-INC(
Owner / Driver: (3.0		Tel:)	
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TO total	Warranty: YES ()/NO()		
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General Remarks:-			CALL TO AND A SERVICE OF	S Line	
() Walk-In Customer's info	ormation strictly C	onfidential & Stri	ctly NO refer of repair	er.	
() Total Loss Case : to e-mail Insur	er URGENTLY				
Drive-In () / Towed-In (); Invoic	e: YES () /	NO(); To	wing Co. (3
Remarks:- (INC horline: 6788 6616)	SHOW SHOW				
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2) QC Check / Post Repair Inspection	Courtesy Car (?			
Upload Resurvey Photo [Repair Cost > \$.	30001)		-	
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Injury:					
Date/Time Actions	The second	PARTY VALUE			1210
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NA1806155		Invoice Pren	aration Checklist	Ant (5)	Amt (5)
Claimant's Particulars :-		1) AR : Accident R		lat Bill	Add Bill
	Diagram 1	2) DA : Damage A	ssessment (\$100); INC	(\$80)	
Oriver/Owner:		3) TF : Towing Fee 4) FT : Follow-Thr		\$40/\$45 \$120	
Contact No:		5) FT : Follow-Thr	ough Survey (Resurvey)	\$30	
Damaged Portion:		6) TR : Re-inspecti	inst INC Only (wef 10 Jan 2	2005) \$75	
	1	7) N1 : Idae DA + : 8) NTUC Addition	SMRT Survey	\$160	
QC Checked by (Engr-In-Charge):		OD.			
executive very		*N5: Courtesy C *N6: Repair Co-	ar / Tpt Allowance	\$5 810	
Auditors' Comments :-		*N7: Post Repair	Inspection	\$10 \$25	
nt 1:	- Table perinter	*N8: DV / Collect	t Excess Coordination	\$5	
		9) N12: Idae Mobil	on INC) against INC	30	
at 2/3;		Involve dated	Fee Charg	ed	Maryak
		Invalce dated	Fee Charg	not the	

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 Indoement of this seport to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT	
Date Of Report	25/09/2018 12:16	
Date Of Accident	24/09/2018 14:30	
Exact Location Of Accident	AT HOLLAND VILLAGE	
Country/State of Loss	SINGAPORE	
THE PROPERTY OF STREET	DETAILS OF OWN VEHICLE	AND SHAPE
Vehicle Registration Number	FBM4873D	
Insured/Policyholder		
Name Of Registered Owner	MUHAMMAD HISYAM BIN ROHAIZAT	
NRIC No	S9322865J	
Email Address	HISYAMROHAIZAT@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-92308330	

OTHERS-92308330

Alternative Phone No. Vehicle Particulars

Manufacturer KTM

1290 SUPERDUKE R-1.3 Model

Exact Purpose for which vehicle was being used at **BIKE WAS PARKED** time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

NO

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5098506163

Cover Note Number

Driver

Name of Driver MUHAMMAD HISYAM BIN ROHAIZAT

NRIC No S9322865J Date Of Birth 30/06/1993 INDOOR Occupation Date Of Driving Pass 01/07/2016

2 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92308330 Mobile Number

Fax Number

Contact Number OTHERS-92308330

HISYAMROHAIZAT@GMAIL.COM EMail Address

Address

BLK 263 JURONG WEST STREET 24

#02-505

Postcode

600263

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

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

NO

ambulance?

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?

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

GBB527M

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

SATHIYA GANESH S/O VELAYUTHAM

NRIC/Passport Number

S9442518B

Contact Number

98664390

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.
- 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 ladgment 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: Van U. Wartons

I was working at the gramises of holland Village in one of the
restaurants. At that point of time, I was going for my break
and walking towards where my bike was parked when I saw two
male guys carrying my bike and I found out that one of the
guys is the driver of that lorry vehrelewhich hit my bike.
We exhanged particulars and headed to report for legal elamination.

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 MT/1012930								
	WARRANTON							
Policy No. Certificate No.	5099306163	Valuate No.	FBM48730		GST Repo	tration No.		
Policyholder Name	MUHAMMAD HEEYAM BEN ROHAIZAT							
Product Cade	MOTORCYCLE INSURANCE	PARAMANANA	-1,000,000,000		Policyhold	er NRIC	993020	661
Contact No. (Metrie)	92308330	Contact No./Offices	Third Party		Loading		n	
Email Address	*********	Special Remark			Contact N	a (Harrie)		
arte:	- No Yes	TCA.	1123 /037		eCode:		740.7	
NCO Protection	No	NCD Entitlement(%)	n No Hes		eCode Rea		17220	
P Accident Details	e=	the fundamental say			Private His	· E	710	
Report Sate	25/09/2018 12:30	Azodem Report Within 34 hrs	Yes		Name of Street			
Date of Accident	24/09/2018	Time of Accident th mm	14:30		Accident T			d whilst park
Reporting Centre		Drange Force	14.30		Cauntry of ICM No.	Accident	Singapp	e.
Acodem Larenon	AT HOLLANDS VILLAGE	V. Leaguige Concess			104.40.			
→ Excess								
Own damage Excess	0.00	Additional Excess			Windstree	a waren		
Unnamed Driver Excess		Outside Singapore CO Excess			Worldan	e gatest		
Third Party Excess	0.00	Outside Singapore TF Excess						
♥ Benefits								
⇒ GST Registered Informa	tion							
GST Registered	Mo		651 An	gothation Date				
GST Registration No.				itus Verified	10	Yes		
Hodification History						1000		
⇒ Folicyholder Hailing Ado	reas							
Address 1	BLK 363 #02-505	Address 2	JURONG EAST I	TREET 24	Address 1		Cascare	alagi (posarence)
Address #	CANDAL CONTRACTOR	Address Type	Bingapore addra		5 1000			DEE 600363
Limit No.	02-595	Releted Policy Number	1098106163	32	Piest Ciniw		800363	
		H-1000-ROTANIE (STA)	Contract Con					
Drivet Name	TASIAHAR RIB NAYEH GAMMINUM.	Driver Type	Main Driver					
Unnamed driver Name		Driver NAIC	597228653		Driver DOS	90	30/86/1	993
Register Date of Driver Cicense	15/62/2013	Driver Age	25		Oriving Ex		5	
Contact No. (Mobile)	92308335	Comtact No.(Office)			Contact No			
Address 1	64.× 263 ±02-309.	Address 2	JURONG BAST S	THEET 24	Address 3		SINDAR	THE EGGDAT
Address 4		Address Type	Singapore addre	28	Post Code		600363	
Unit No.	02-505							
Does he own a Singapore Registered car?	Yes = fap	Grover Vehicle No.	FB0%4873D		Orient Inn	eer Company	MINUS	
Declaration								
Breatnesser or Blood Test Reading?	: 0 mg	Any injury?	785 - 740					
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7	NAC_BURIT_MERAN_BOOGFA; TATTONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAN)) on 25 Sep 2018 12:23	Photos	Normal	Photos 2016-9-25
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0	NAC_BURIT_HERAH_800676(, NATIONAL ASSESSMENT CENTRE GERVICE S (BURIT MERAH)) on 25 Sep 1018-12-13	Photos	Normal	Photos 2018-9-25
10	NAC_BUNIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 23 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
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	NAC_BURIT_MERAH_HODG/9(NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURIT MERAH) on 29 Sep 7018 32:32	Photos	Normat	Phytos 2018-9-25
光 星	NAC_BURIT_MERAH_900676(NATIONAL ABSESSMENT CENTRE SERVICE S (BURIT MERAH)) in 25 Pep 2018 12:32	Phytos	Normal	Photos 2018-7-25
	NAC_BURTT_MEXAH_\$00G76 NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURKTT MERAH)) on 25 Sep 2018 12:32	Photos	Normal	Photos 2018-9-25
	AAC_BURIT_MERAH, 800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 25 dep 2018 12:32	Photos	Normal	Photos 2018-9-25
8	NAC_BUKIT_MERAH_BODGYe(NATIONAL RESESSMENT CENTRE SERVICE S (BUKIT HERAH)) on 25 Sep. 7018 12:13	Photos	Normal	Photos: 2018-0-25
	NAC_BUNIT_MERAH_BDS676(NATIONAL ASSESSMENT CENTRE SERVICE S_SRUKIT MERAH)) on 25 Sep 2018 12:32	Photos	tiormali	Phonos 2018-9-25
11	NAC_BURTT_MERAN_SCOGTG(NATIONAL ASSESSMENT CENTRE SERVICE S (BURTT MERAH)) on 25 Sep 2018 12:32	Whyday	Normal	Photos 2018-9-25
443	AAC_BUKIT_MERAH_ROBB26, MATIDAAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) nn 25 Sep 2016 12:32	SAS	Nonnal	585 2018-9-25
***	NAC_BUKIT_HERAH_BIDGGN((NATIONAL ASSESSMENT CENTRE SERVICE ± (BUKIT HERAH)) on 25 See 2018 12:32	NRIC Driving Comme	Normal	NRIC/ Driving Livense 2018-9-25
P Video List	FFICER CONTROL			

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Source

Upmaded By/Date

Folder Date

ACCIDENT STATEMENT

ACCII	DENT DATE: 24,09	2018 (DD/MM/YYYY)	, TIME: (14 . 30) (HH:MM)
LOCA	TION: Holland Vi	lage	
	Į.	-	
. 1.	DETAILS OF VEHICLE	=BM 4873D	and a
	b) INSURANCE COMPAN c) POLICY NUMBER:	509 506/63	<u> </u>
		BEHENSIVE / THIRD PAR	TY/THIRD PARTY FIRE &THEFT)
	f)TYPE: (3ALOON / COUR g) VEHICLE CATEGORY:	PE AMPY AN / LORRY	/ MOTORCYCLE / OTHERS) AL / MOTORCYCLE)
	HIPURPOSE OF USING A	T ACCIDENT TIME: Pa	icking
The state of the s	IF NO, PLEASE STATE (T	HIRD PARTY CLAIM / RE	
2.	A) NAME: Muhammad H	isyam Bin Rohaiz	MALE / FEMALE
	DINRIC/FIN/PASSPORT	3, Jurong East s	CONTACT: 92508350
	· CONTINUE TO 3.d IF DI		LDER
the of passongs	DRIVER CALL		D a hai7911
(Including driver)	b) NRIC/FIN/PASSPORT:	S9322865J	CONTACT: 97 30 8335
()	CIADDRESS: Blk 26	3. Juning East S	124, #02-505
įš.	*d)DATE OF BIRTH: (30		MM/YYYY)
	HDATE OF DRIVING P	ASS 22A	- M
4.5	WAS DRIVER AN EMPL IF NO, RELATIONSHIP		ED'S COMPANY? (YES / NO)
5.	A) WEATHER CONDITION	: (CLEAR / RAINING /	A STATE OF THE STA
21	b) ROAD SURFACE: (DR) WAS ANYBODY INJURED		
7.			4
		HICH POLICE STATION:	
8.	THIRD PARTY VEHICLE	5BB 527 M	MODEL: To yo ta (Lory) 5/0 Velayuthan CONTACT: 9866 4390
Authorise S. Le V	b) DRIVER'S NAME:	bathiya Ganesh !	5/0 Velayutham
·	c) NRIC/FIN/PASSPOR	59442518B	CONTACT: 9866 4390
	THIRD PARTY VEHICLE		(VOSERVE)
rea of pairings	 d) VEHICLE NUMBER: _ e) DRIVER'S NAME: 		_MODEL:
the foreign alche of	1) INRIC/FIN/PASSPOR	Te -	CONTACT:
: 1			The state of the s
Talks was a			(3). (8)
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	FMA	hisyamco	maizata gimuil. 60
	MILE	1 2 m	o:

VIDEO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9322865J



MUHAMMAD HISYAM BIN ROHAIZAT

محمد حیشام بن روحیزات

MALAY

Date of term 30-06-1993

SINGAPORE





5790737



10-08-2017

APT BLK 263 JURONG EAST STREET 24 #02-505 SINGAPORE 600263

TOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Clos 28 Closs 24 Closs 2 Closs 2 Closs 2 MOTORCY CLES NOT EXCEEDING 200 CC

MOTORCY CLES BETWEEN 201 CC AND 400 CC MOTORCY CLES EXCEEDING 400 CC MOTORCY CLES EXCEEDING THACTORS THE WEIGHTOR WHICH INCAMES NOT EXCEED 2500 KILOGRAMS

S / No.9000262393

Licence No:S9322865J

NP 428A

eBaoTech										Genera	Claim
Hello, NAC_BUKIT_MERAN	1_800676						• Chang	e Languag	e + Chang	ge Password	· Log Out
My Desktop	Polis	cy Query									,
Notice of Loss	Notice of Loss Policy No.	la.				Date	of Accident		24/09/2018	15:33	
	Vehicle	No.(For Mator)	₽BM48	73D		Cert	ficate Numbe	er .			
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	Ü	5098506163		MUHAMMAD HISYAM BIN ROHAIZAT	\$93228653	GMC	Third Party	FBM48730	FBM4873D	01/03/2018	28/02/2019
						Continue]				