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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 <u>truthful</u> and accurate as possible. Any wilful misrepresentation or witholding 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.

- 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 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.

| DELTHICATION | |
|---|--|
| THE GRANT CONTRACTOR OF THE SECTION | ACCIDENT STATEMENT |
| Date Of Report | 22/10/2018 19:38 |
| Date Of Accident | 22/10/2018 14:10 |
| Exact Location Of Accident | SLIP RD FROM DAIRY FARM RD TO UPP BUKIT TIMAH ROAD |
| Country/State of Loss | SINGAPORE |
| CA CANADA | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FBK5190U |
| Insured/Policyholder | |
| Name Of Registered Owner | RAZALI BIN SHARIFF |
| NRIC No | S1758501J |
| Email Address | RAZALI66@SINGNET.COM.SG |
| Mobile Phone No | (LOCAL) +65-96654460 |
| Alternative Phone No | OTHERS-96654460 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CB400X-399CC ABS |
| Exact Purpose for which vehicle was being used at time of accident | GOING TO CLINIC |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| 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 | 5074381164-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | RAZALI BIN SHARIFF |
| NRIC No | S1758501J |
| Date Of Birth | 29/05/1966 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 08/11/1985 |
| Driving Experience | 32 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96654460 |
| Fax Number | |
| | |

OTHERS-96654460

RAZALI66@SINGNET.COM.SG

Address

BLK 810 WOODLANDS STREET 81

#03-1918

Postcode

730810

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)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

SGV1104D

Vehicle Make/Model/Colour

JAGUAR

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LALITHA D/O KASI PANDIYAN

NRIC/Passport Number

S8015072E

Contact Number

98580269

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 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: 22/018 015051.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

DECLARATION

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

Policyholder's Signature
Date & Time: 12/10/18/0/1955 (If driver is not the policyholder) Date & Time:

NRIC/FIN No.

DARLE SAUTEDINE ON VO

10/23/2018 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1016764 5074381164-03 Vehicle No. FBK5190U GST Registration No. Certificate No. Folicyholder Hame RAZALI BIN SHARIFF Policyholder NADC 617585013 Product Code Cover Type MOTORCYCLE INSURANCE Third Party, Fire & Theit Loaded 8 Contact No. (Mobile) 96654460 Contact No.(Office) Contact No.(Humir) Email Address No * Special Remark eCude: o No Yes eCode Reason NCD Projection NCD Entitlement(%) No Private Hire No. 10 □ Accident Details Accident Type Report Date 23/10/2018 12:32 Arcident Separt Within 24 hrs. The Collains + Heart to Rear Date of Accident Time of Accident hitches Country of Accident 22/10/2018 14:10 Simplipore ICM No. Reporting Centre Orange Force Accident Location BLIF RD FROM DAIRY FARM RD TO UPP BURIT TIMAH ROAD T Facess Own damage Excess Additional Excess Windscreen Excess 0.00 Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TP Excess **₩** Benefits GST Registered GST Repairation Date CST Registration No. DST Status Vertical Yes. Hodification History Policyholder Mailing Address Address L WOOGLANDS STREET BY STAGAPORE TERMS BUR HARL WITH BUR Singapore address Address 4 Address Table Post Code 720810 their No. **Kelated Folicy Number** 5074381164-03 ♥ GI Driver Info RAZALI BIN SHARIFF Driver Type Many Distant Driver Name Unnamed priver Name Driver NAIC \$17585013 Driver DOB 29/05/1966 Register Date of Driver License. Driver Age Driving Experience 08/11/1985 32 Circuit No. (Michile) 96654460 Contact No./Office) Contact No.(Home) Address 1 BLX 810 #03-1918 Address 2 WOODLANDS STREET BI Address 3 SINGAPORE 730810 Address & Address Type Singapore address Post Code 730810 Lince No. Does he own a Singapore Registered car? Yes w No Driver Vehicle No. FBK51900 Driver Insurer Company NYUC Declaration Sreathalyser or Blood Test Reading? Any marry? TWI - No. Hodification History Claim 001 New Insured RAZALI BIN SHARIFF Claim Type + Intured NRIC DD-MX 517583 Contact No. (Office) Contact Nu./Hobiel 56459460 Email Address 5GY11 FBK5190U Name of Preferred Dam Description F8451904 / SGV1184D DW 22 Get 2018 Insured Liability Fully at Fault Agent Watered Water Preferred: Workshop Bewart No. Yes Finalisation Yes Professed Workshop, hame un Section 23/10/ Date Repotered 23/10/2019 12:35 Seport Taxon By ROSLI WAHAS # Print AK letter Bave Submit Attachment:

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Attachment

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Description Photos 2018-10-23

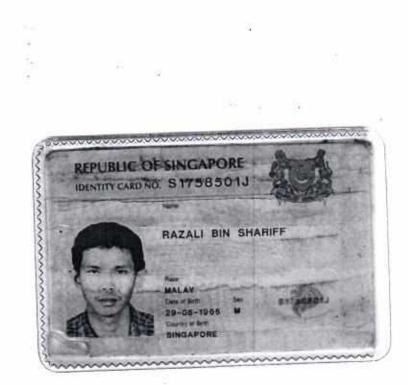
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| BURIT_MERAH_800076(NAT) S (BURIT MERAH)) | ONAL ASSESSMENT CENTRE SERVICE on 23 Oct 2018 12:35 | NRSC/ Driving License | figrmae | NRIC/ Driving License 2019-10-23 | |
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A CCIDENT'STATEMENT

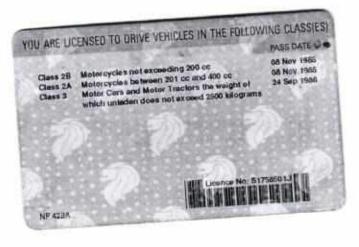
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| | CIPOLICY NUMBER | 4094381/64 | | |
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| | e)MAKE & MODEL: | TONDA CIPYOUX MES | | . COTUEDE |
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| | | UNDER YOUR OWN INSUR | | |
| 90 | | THIRD PARTY CLAIM / RE | FORTING OUT ! | |
| 2,, | A) NAME: POLICY HOL | BIN SHARIFF | INVAL E | / FEMALE) |
| 4 | F) N D I C I C I C C C C C C C C C C C C C C | CITERIO | CONTACT | 1685 X X 80 |
| | CLADDRESS: BLK . | 10, WOUDLANDS, ST. | 811 | |
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| 178 | e)OCCUPATION: (IND | Dacc . 00/11/1 | 985 | |
| 7911 | MAS DOTVER AN EM | PLOYEE OF THE INSUR | ED'S COMPANY | ? (YES / NO) |
| .74 | IF NO RELATIONSH | IP OF THE DRIVER WIT | H INSURED : | |
| 5. | alWEATHER CONDITION | N: (CLEAR / RAINING / | OTHERS | |
| | b)ROAD SURFACE! (D | RY / WET / OTHERS | 1 | |
| 6. | WAS ANYBODY INJUR | ED (XEZ / NO) | | 6 9 |
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| | | WHICH POLICE STATION | | |
| B, | THIRD PARTY VEHICLE | 39V 1104A | MODEL! | MAGNAR |
| 140 of passenger | b) DRIVER'S NAME; | IMITHA DIO KASI | | |
| . Including driver) | D) UKIVERS NAMEL | ORT: 580/5072E | CONTACT | 9858026 |
| () | | JAII. | - 50 Mark El 14 March 2 Galler | - Caracasas III |
| 9. | THIRD, P'ARTY VEHICLE | | MODEL: | - 10 - 3 |
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| Including driver |) HRIC PHIPASSP | ORT: | CONTACTE | |
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| | | ** | T. | 11 |

email = razali66@singled.counsg.











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: 5074381164-03 Cover : Third Party, Fire & Theft 1. Index mark and Registration Number of Vehicle. : FBK5190U Chassis Number : NC471006077 2. Name of Policyholder : RAZALI BIN SHARIFF 3. Effective Date of Insurance : 01 Oct 2018 4. Expiry Date of Insurance : 30 Sep 2019 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. 6. 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 YES NAMED DRIVER (1) RAZALI BIN SHARIFF NAMED DRIVER (2) MUHAMMAD ASYIQ BIN RAZALI HIRE PURCHASE COMPANY GLOBAL MOTOR PTE. LTD. 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) : KIMBERLEY INSURANCE AGENCY (00000571380) Date of Issue : 13 Aug 2018 16:12 hrs Reprint : 13 Aug 2018 16:13 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive