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TP Particulars: Veh No: Sel	1.69021	INC()/Non-	INC().	
Owner/Driver: (71020	Tel:	114)
	iod: () Cover Ty	pe: ()
Confirmed by : (Date	,	Time:)
Insured/Driver Liability: (%) [N	Note-Est. Status (WO):	N: 0-20%; P: 21	-79%. P: 80-100%	6]
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1) Apply for Transport Allowance ()/C	ourtesy Car ()	*		
2) QC Check / Post Repair Inspection	(·)			
3) Upload Resurvey Photo [Repair Cost>\$3	000] ()			
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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 truthful 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.
- 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.

a (W.) A specific (
	ACCIDENT STATEMENT
Date Of Report	14/11/2018 17:57
Date Of Accident	14/11/2018 08:50
Exact Location Of Accident	KAMPONG BAHRU ROAD TOWARDS WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE
D. C. L.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH2559B
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD ASRAF BIN KAMARUDDIN
NRIC No	S9221638A
Email Address	ASRAF912@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92239103
Alternative Phone No	OTHERS-92239103
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT TO WORK
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	5100286132
Cover Note Number	
Driver	
Name of Driver	MOHAMAD ASRAF BIN KAMARUDDIN
NRIC No	S9221638A
Date Of Birth	22/06/1992
Occupation	INDOOR
Date Of Driving Pass	18/04/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92239103
Fax Number	
	OTHERS 20020402

OTHERS-92239103

ASRAF912@HOTMAIL.COM

Address

BLK 688A WOODLANDS DRIVE 75

#14-20

Postcode

731688

OWNER

Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured

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

RAINING

Road Surface

ambulance?

WET

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

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

SLU5902L

Vehicle Make/Model/Colour

TOYOTA C-HR

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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: 14/11/18

Iddonu

Driver's Signature

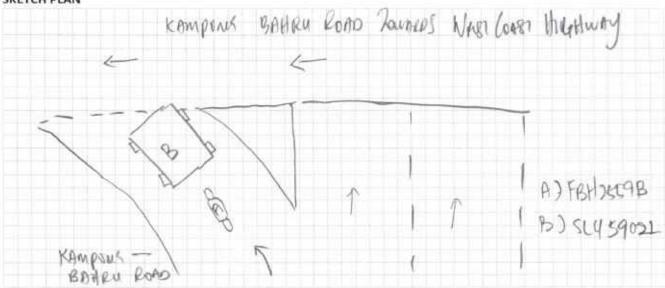
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	the	141/2	Nover	nher 20	18 at	0851	hrs , I	was in	The fi	ter lane	00	Kany	Mana	Bahry	Road
p	turn	101	to	Kampong	Bahra	a Road	towards	Wut	Coest	Highway	. It	WAI	drizz	ling at	Tha
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		04)	21 100	10. O-WEI	192	V (199)	7.000.00	market.							

DECLARATION

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

Policyholder's Signature Date & Time: 14/11/12

Driver's Signature (If driver is not the policyholder)

Date & Time:

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

11/15/2018 Claim Handling(Claim Task) Claim Handling Accident MT/1019779 5100286132 Vehicle hu GST Registration No. FBH25508 Certificate No. Policyholder Name M ASRAF BIN KAMARUDDON Policynoider NRIC 59221638A HOTOREYCLE INSURANCE Cover Type Third Party, Fire & Thatt Loading Contact No.(Mobile) Carract No.(Office) Contact No.(Home) Email Address Special Remark eCode. No. T KPK. = No Yes TCA a No. Yes eCode Reason NCD Protection NCD Emillement(%) No Private Hire No 20 W Accident Details Report Date 14/11/2018 10:18 Accident Report Within 24 hrs. Yes Accident Type Collision - Head to Rear Date of Accident Time of Accident tih mm 14/11/2018 Country of Acident 08:58 Singapore: Reporting Centre Orange Force SCH No. KAMPONG BAHRU RD TWDS KEPPEL RD w Excess Own damage Excess Additional Excess Windscreen Excess 0.00 Unnamed Driver Excess **Dutaine Singapore OD Excess** Third Party Excess Outside Singepore TP Excess w Benefits ▼ GST Registered Information GST Registered No **GST Registration Date** GST Registration No. GST Status Verified 750 Hedification History T. Policyholder Mailing Address Address 1 MLK 688A #14-30 57NGAPORE 731688 WOODLANDS DRIVE 75 Address 3 Address 4 Address Type Singapone address Post Code 731668 Link No. 14-20 Related Policy Number 5100286132 or OI Driver Info Offiver Name Driver Type Unnamed griver Name Driver NRSC Driver DOB Register Date of Driver License Driver Age **Driving Experience** Contact No.(Mobile) Carried No (Office) Contact No.(riume) Address 1 Address 3 Address 4 Address Type Foreign address Post Code One No. Does he own a Singapore Registered car? Yes in No Driver Vehicle No. Driver Insurer Company Modification History Claim 002 fress Claim Type 4 Insured M ASHAF BIN KAMARUDDIN INSURED NATIONAL MARKET NATIONAL MARK OD-MX 592211 Contact No.(Mubile) 92239103 OI Vehick Fakissas Email Address avraf912@hidmail.com 50059 Name of Preferred Claim Description F8H25598 / StU9902L ON 14 Nov 2018 | Insured Liability | Fully at Fault | | Preferred | Preferred Workshop | Preferred | Pref Preferred Workshop Benwen No. Yes Finalisation # GIA Received Preferred Workshop, Name unk Date Received 15/110 Date Registered 15/11/2018 09:31 Report Taken By ROSE! WARAS of Prock AK letter Save Submit Attachment

Accident No.	MT/1010779	Ctarm No.		002						
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Uproaced by/Date NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 19 Nov 2018 09:35

Urgancy

Description

NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MEAAH)) on 15 Nov 2018 09:35

Photos Photos.

Category

Normal Normal

Photos 2018-11-15 Proper JOIN 11-1%

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1/15/2018			Claim Handlin	g(Claim Task)		

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ACCIDENT STATEMENT

ACCIDENT DATE 14 / 11: 100 100	D/MM/YYY), TIME: (08 . 5))(HH:MM)
LOCATION: Kampony Bahry Road toward	ds West Coest Highway -
1. DETAILS OF VEHICLE	в на — — — — — — — — — — — — — — — — — —
OVEHICLE NUMBER: FBH 2559 B	
b) INSURANCE COMPANY: NTUC	Income
CIPOLICY NUMBER: 5100246132	
OFFICE TIPE: COMPREHENSIVE	THIRD PARTY (THIRD PARTY FIRE ATHEFT)
OTYPE (SALOON COURS (MRY O	AND LOOKS
g) YEHICLE CATEGORY: (PRIVATE /	ANTIORRY (MOTORCYCLE,) OTHERS
h) PURPOSE OF USING AT ACCIDEN	TTILLE Transact to which
I) ARE YOU CLAIMING UNDER YOUR	OWN INCHES AND AND THE PARTY OF
IF NO, PLEASE STATE (THIRD PARTY	CI ALL ABERCATION
2. INSURED / POLICY HOLDER	CENTRY REPORTING ONE !
A) NAME: Mohamad Arraf Bin Ka	mandia (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 19221678	A CONTACT: 92239103
C) ADDRESS: BILL GRA Woodlands	Dr 15 #14-20 1(731688)
CONTINUE TO 3,d IF DRIVER ALSO	POLICY HOLDER
the of passongs DRIVER . AR ABOVE	Co. December of a second party of the contract
CINCINCINA PLANTA	147 C & # 1 P (4) C ##
(1) b) NRIC/FIN/PASSPORT!	CONTACT:
- CIADORESS.	*
. "d) DATE OF BIRTH: (12 / 06 / 14	111 11DD/MM/YYYYI +
OCCUPATION: (INDOOR LOUID	DOR!
IDATE OF DRIVING PASS	18 Apr 1013
	HE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DE	
 5. a) WEATHER CONDITION: (CLEAR / I b) ROAD SURFACE: (DRY / WET / OT 	
6. WAS ANYBODY INJURED (YEST NO)	
7. OREPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	DE STATION:
8. THIRD PARTY VEHICLE	
No of passenger of VEHICLE NUMBER: SLU 540:	2L MODEL: Toyota C-HR
Induding driver) D) DRIVER'S NAME:	
() NRIC/FIN/PASSPORTI	CONTACT:
9. THIRD PARTY VEHICLE	W.1880288250 0.20
No of passinger of DONESIS NEWS	MODEL1
Including driver) f) DRIVER'S NAMEL	CONTACT:
1 / × 1/ INDICATION CONTROL	CONTACT
	20

email = asrafall @ hotmail com

V1080

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9221638A



MOHAMAD ASRAF BIN KAMARUDDIN

محمد اشراف بن قمرودین

MALAY

Date of birth 22-06-1992 M

Country of birth SINGAPORE





₩E No S9221638A

22-06-2007

APT BLK 688A WOODLANDS DRIVE 75 #14 - 20 SINGAPORE 731688

NRIC No: \$9221638A

Date: 24/08/2011

No: 6417206

4081941

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES,

EFFECTIVE DATE

MOTORCYCLES RETWEEN DIT EXCEPTIONS THE WRIGH OF MOTORCYCLES RETWEEN DIT EXCEPTION THE WRIGH OF WHICH CALLS AND ARTHUR TRACTIONS THE WRIGH OF MOTOR CARS AND ARTHUR TRACTIONS THE WRIGH OF MOTOR CARS.

18 Apr 1912 21 Pers 2013 17 Avez 2011

ANGELGERA

S / No.9000240168

NF 428A

Licence No. 59271535A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AF		
MOTOR VEHICLES (THIRD PARTY RISKS A)N) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA		AVEIAL
MOTOR VEHICLES (THIRD PARTY RISKS) R	OLES, 1939 (IMAL)	
Certificate Number : 5100286132		Cover : Third Party, Fire & Theft
. Index mark and Registration Number	of Vehicle	: FBH2559B
Chassis Number		: MD2A36FZ0DCL66589
. Name of Policyholder		: Mohamad Asraf Bin Kamaruddin
. Effective Date of Insurance		: 28 Apr 2018
. Expiry Date of Insurance	V-2000 BANKO HOME	: 27 Apr 2019
. Persons or Classes of Persons entitled	to drive#	
(a) Named Driver(s) Only.		cordance with the licensing or other laws or regulations to drive
the Motor Vehicle or has been so enactment or regulation in that I	permitted and is	not disqualified by order of a Court of Law or by reason of any
5. Limitations as to Use#	cura nuenacas and	in connection with the Policyhalder's business or profession.
(a) Use for social domestic and plea. This Policy does not cover	onie hniboses aur	I III Ediniestian Mitritine Pointyholder 3 addiness of profession
(a) Use for hire or reward.		
(b) Use for racing, pace-making, reli	ability trial or sno	ed testing
(c) Use for the carriage of goods (of	her than samples) in connection with any trade or business.
(d) Use for any purpose in connection		
headings.		
EXCESS (SECTION 1)	: N/A	
EXCESS (SECTION 2)	: N/A	
EXCESS (THEFT OUTSIDE SINGAPORE)		FER OVERLEAF
INSURE WITH COE	YES	
NAMED DRIVER (1)		D ASRAF BIN KAMARUDDIN
NAMED DRIVER (2)		DIN BIN MOHD NANI
HIRE PURCHASE COMPANY		L MOTORS PTE LTD
SUM INSURED	: MARKET V	ALUE OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Compens	sation) Act (Chapt	te relates is issued in accordance with the provisions of the Motor er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
일(1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	INESS DEPT (0000	06600280)
Date of Issue : 27 Apr 2018	3 11:28 hrs	
		FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMIT
Tool	l -	A.~
Ma	=	
Countersigned By:		
Auth	norised Officer	Chief Executive