11111 O111111 113 113 113 111 CE	ntre Services wet 1 Jan'05]	400 F61811 ANM		
Date In: 39/1/18 - 09:43	Jeb description	Date & Time Completed	Done	by-
Ref No: 40 14018073299/24	SAS e-filing			
Veh No: FBK3191E	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 1411/18-71:03	i-Motor Claim Form	M711025596-001	39/14/18	10:12
<i>[</i> 2]	i-Motor W/O (Within: OD :		-1/1-1-10	10.30
OD : TP : Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Transurer.	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tol: Fa	ax:	- 00000
TP Particulars: Veh No:	hknown INC	()/Non-INC()	1/2	-
Owner / Driver: (Tel:)	
Policy No: ()	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (9	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-10	00%1	
	Warranty: YES ()/NO ()		
Excess: (\$) Loading:				
General Remarks:	MARKET SERVICE STORY OF THE SERVICE STORY		SE - 100 - 1 - 1 - 1	-
A NAME OF THE PARTY OF THE PARTY OF THE PROPERTY OF THE PROPER			10th 12:11 12	
() Walk-In Customer: Customer's		Strictly NO refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY.)(a)(
Drive-In ()/ Towed-In (); Inv	oice: YES() / NO();	Towing Co: (-)
Remarks:- (INC hotline: 6788 6616			25-1-30-20-21	
		Date&Time Completed	Done	y
) / Courtesy Car ()			_
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
Injury:				
		•		
Date/Time Actions			AND STATE OF THE PARTY OF THE P	
			BATRONDER!	√ ²⁰ U.Σ.
			BRIDE W	₹ ⁸⁶ , 5
	**		BRIDE EV	X NO. 10
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A 190074.	linvoice Pre	paration Checklist	Ant (S)	
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aimant's Particulars :-	1) AR : Acciden 2) DA : Damage	t Reporting (\$30); Assessment (\$100); INC (\$80)	Ant (S)	
Contraction of the Contraction o	1) AR : Acciden 2) DA : Damage 3) TF : Towing	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$-	Ant (S)	
aimant's Particulars :-	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$6 hrough Survey \$12 hrough Survey (Resurvey) \$3	Ant (5) fst.Bill 45	
numant's Particulars :- iver/Owner: ntact No:	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming a	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 hrough Survey \$12 hrough Survey (Resurvey) \$3 gainst INC Only (wef 10 Jan 2005)	Ant (5) fit Bill 45	
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nimant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	1) AR: Acciden 2) DA: Damage 3) TF: Towing i 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idac DA a 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$\$40/\$ Frough Survey \$12 Frough Survey (Resurvey) \$2 Igainst INC Only (wef 10 Jan 2005) Ction \$7 + SMRT Survey \$16 Cer / Tpt Allowance \$2 Condination \$7 eir Inspection \$7 lect Excess Coordination \$7 Section	Ant (5) fit Bill 45 20 30 75 50 0 15 55 55	414
iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments :-	1) AR: Acciden 2) DA: Darnage 3) TF: Towing i 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idac DA a 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Co TP (N11): TP 9) N12: Idac Mo	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 hrough Survey \$12 hrough Survey (Resurvey) \$2 gainst INC Only (wef 10 Jan 2005) ction \$7 + SMRT Survey \$16 condination \$1 cir / Tpt Allowance \$2 condination \$1 cir / Inspection \$2 lect Excess Coordination \$2 (Non INC) against INC \$2	Ant (S) fit Bill 45 20 30 75 50 0 15 15 15 10	Add Bil
iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR: Acciden 2) DA: Damage 3) TF: Towing i 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idac DA 3) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Co TP (N11): TP	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 hrough Survey \$12 hrough Survey (Resurvey) \$2 gainst INC Only (wef 10 Jan 2005) ction \$7 + SMRT Survey \$16 condination \$1 cir / Tpt Allowance \$2 condination \$1 cir / Inspection \$2 lect Excess Coordination \$2 (Non INC) against INC \$2	Ant (S) fit Bill 45 20 30 75 50 0 15 15 15 10	100

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	29/12/2018 09:43
Date Of Accident	14/11/2018 21:00
Exact Location Of Accident	MERPATI RD CAPPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK3191E
Insured/Policyholder	
Name Of Registered Owner	SYED FAUZEE BIN SYED MOHAMMAD ALSAGOFF
NRIC No	S7433819D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91244101
Alternative Phone No	OFFICE-91244101
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FJR1300
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	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	5072907848-03
Cover Note Number	
Driver	
Name of Driver	SYED FAUZEE BIN SYED MOHAMMAD ALSAGOFF
NRIC No	S7433819D
Date Of Birth	09/10/1974
Occupation	INDOOR
Date Of Driving Pass	21/03/2000
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91244101
Fax Number	
Contact Number	OFFICE-91244101

NOEMAIL

BLK 14 MERPATI ROAD Address

#10-83 370014

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

Postcode

Insurance Company of Driver's Own Vehicle

2

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

YES

NO

0

MACPHERSON NEIGHBOURHOOD POLICE POST Police Station Name

NO

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 1800-7449999 - FAX NO: 65476366

Circumstances of Accident

REFER TO POLICE REPORT - T/20181114/2177.

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera? Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 16

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.
- 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:
 - (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

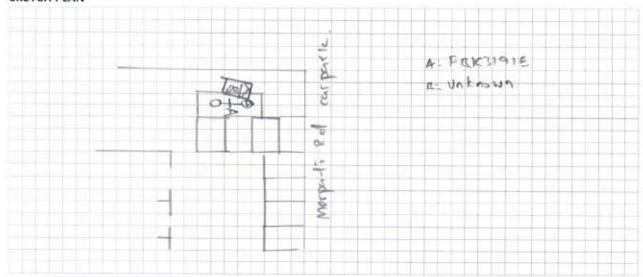
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

teld to	PATCE	report	- 4/20/8/11/4/7177	417	
			1		
					- 4

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.:





20101114/21//

1 of 3

Report No. T/20181114/2177

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 21:42		lade:	Vide Report No.:	Station Diary No.: 30	
Informa	nt's Partice	ulars			
SYED F	f Informant: AUZEE BIN IMAD ALSA	SYED	Address: APT BLK 14 MERPATI ROA	D #10-83 SINGAPORE 370014	
ID Type / ID No.: NRIC NO / S7433819D			Contact No.: Home/Office: Mobile: 91244101		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age:	Date of Birth: 09/10/1974	Type of Informant: Owner of motorbike		
Race: Arab			Language:	Institution / School Name:	
AND THE RESERVE OF THE PARTY OF	Occupation: Storekeeper		Driving Licence Information: Class: Date of Expiry:		

General Infor	mation of the Accide	ent			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2018 21:00	Type of Location	
Location: Along Road 1 MERPATI RO	DAD				
Weather:		Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vel		/ehicle	а	Anyone conveyed by ambulance:	

Details Of V	ehicle Involve	M. Company				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBK3191E	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20181114/2177

Report No. T/20181114/2177

2 of 3

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

Vehicle Owner Name	SYED FAUZEE BIN SYED MOHAMMAD ALSAGOFF					S7433819D
Related Vehicle	FBK3191E (Motorcycle)			Conta	ct No.	91244101
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 13/11/2018 at about 0200hrs, I parked my motorbike at the open carpark of Merpati road. It was parked in a single motorbike lot. The lot is nearby the entrance of the carpark. I then went home.

On 14/11/2018 at about 2100hrs, I went back to my motorbike and discovered that my left side mirror was broken off from my bike, and was found under my motorbike.

I suspect that someone might have driven a vehicle and hit onto my motorbike, and left the scene. There are CCTVs at the Mattar MRT nearby.





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999 3 of 3 Report No. T/20181114/2177

CONTINUATION OF REPORT

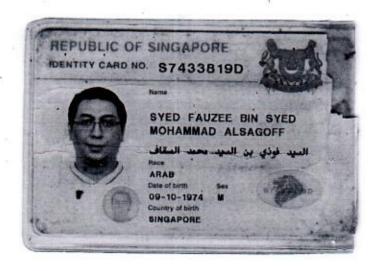
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

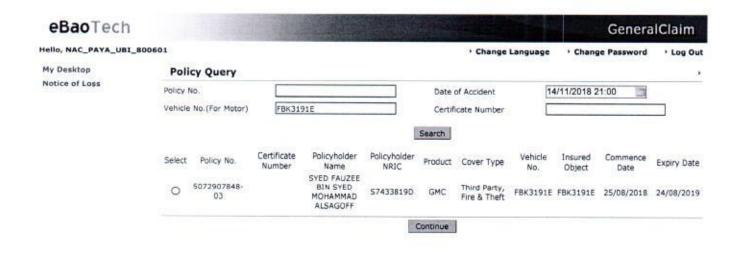
Date/Time: 14/11/2018 21:42
Classification Of Case:











Delley Ma	E032003848.02	Policyholder	75 To 1700 - 170	NUTRAL BARRETTE SOME	Policyholder	Managemen	
Policy No.	5072907848-03	Name	SYED FAUZ	EE BIN SYED MOHAM	NRIC	S7433819D	
Certificate No.							
Address	BLK 14 #10-83 MERPATI ROAD	SINGAPORE 3	70014				
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	23/08/2018	Effective Date	25/08/2018	3 00:00	Expiry Date	24/08/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	LQ INSURANCE AGENCY PTE LT	Agent Tel.	63340783		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	nolder Mailing Address						
Address 1	BLK 14 #10-83	Addre	ss 2	MERPATI ROAD		Address 3	SINGAPORE 370014
Address 4		Addre	ss Type	Singapore address		Post Code	370014
Jnit No.		Relate	ed Policy er	5072907848-03			
	d Object: FBK3191E						
) Insure							
□ Insure □ Endors □ Endors	sements						

Claim Handling Accident MT/1025599	6				- Jask Tran	SAL SE
Policy No.	5072907848-03	Vehicle No.	FBK319LE	GST Registration No.		-
Certificate No.		Armawii.	10000000	10.77 - 77 S. A. C.		
Folicyholder Name	SYED PAUZEE BIN SYED MOHAMMAD ALSA-	COPP		Policyholder NRIC	574338190	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0	
Comect No.(Mobile)	91244101	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address	ON THE REPORT OF THE PARTY OF T	Special Remark		eCode	ni V	
KFK.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	F10.4.7	
NCD Protection	No.	NCD Entitlement(%)	20	Private Hire	Ng	
S Accident Details	25	Act of the second of		0.0000000000000000000000000000000000000	100	
Report Date	29/12/2018 10:25	Accident Report Within 24 hrs	Yes	Acodent Type	Hit and run III	
Date of Accident	14/11/2018	Time of Accident th:mm	21:00			
Reporting Centre				Country of Accident	Singapore	
	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.		
Accident Location	MERPATI RD CAPPARK					
♥ Excuss						
Dwn damage Excess	0.00	Additional Excess		Windscreen Excess		
Unnamed Oriver Excess		Outside Singapore OD Excess				
Third Party Excess	0.00	Outside Singapore TP Excess				
♥ Benefits						
GST Registered Inform	mation					
SST Registered	No		GST Registration Date			
SST Registration No.			GST Status Verified	Yes		
Modification History						
Policyholder Mailing A	Address					
Address 1	BLK 14 #10-83	Address 2	MERPATI ROAD	Address 3	SINGAPORE 370014	
Address 4	201,14 9 20 40	Address Type	Singapore address	Post Code	370014	
Unit No.		Related Policy Number	5072907848-03	Plot Cide	370014	
♥ OI Driver Info		Redies raick number	3072307840-03			
	SYED FAUZEE BIN SYED MOHAMMAD	(1000000000)	#25021000 O			
Driver Name	ALSAGOFF	Driver Type	Main Driver			
Unnamed driver Name		Driver NR3C	574338190	Driver DOB	09/10/1974	
Register Date of Driver License	21/03/2000	Driver Age	44	Driving Experience	18	
Contact No.(Mobile)	91244101	Contact No.(Office)	0	Contact No.(Home)	0	
Address I	BLK 14	Address 2	MERPATI ROAD	Address 3	SINGAPORE 370014	
Address 4		Address Type	Singapore address	Post Code	370014	
Unit No.	10-83		Wall Charles Strain		A01001	
Does he own a Singapore	OYes ® No	Driver Vehicle No.		Driver Insurer Company		
Registered car?	0.20.0	Differ Patrice res.		orive made company		
□ Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No.			
Reading?	03/01/2019 09:23 s018254 Modify Date of					
Modification History	DWATE STATE OF EN SOTOCOM LINGUIS DRICE OF		107			8
♥ Investigation						
Claim 001 00-MX No	ew					
□ Claim Case Officer	A STATE OF THE STA				106	SAL SUB
Claim Type	DD-MX	Insured Name	SYED FAUZEE BIN SYED MOHAF	Insured NR3C	S7433819D	Manager Manager
					574336190	
Contact No.(Mobile)	91244101	Contact No.(Home)	NIL	Contact No.(Office)	out and the second seco	
Email Address Claimant Type		OI Vehicle Number	FBK3191E	TP Vehicle Number	UNKNOWN	
Claimant Name		Type of Benefit Claimant NRIC				
		Camaninic				
Claimant Address Claim Description	FBK3191E / UNKNOWN ON 14 Dec 2018			Name of Preferred Workshop		
Preferred Workshop Contact	PROTESTE / UNKNOWN DIS 14 DEC 2018		The second second	Name of Preferred Workshop		
No.		Insured Lieblity	Not at Fault			
Require Finalisation	Yes 20010 10.31	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	29/12/2018 10:31	Claim Close Date		Date Received	29/12/2018 00:00	
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired		
Print AK letter						
Modification History						ं
	Account					
Special Claim Creation	n Approval	William I				
Approval		Reason				100
temarks						0
						100
Attachment						
9						
ccident No.	MT/1025596	Claim No.	001			
ast Doc. Received	● Yes □ No	Upload Date	29/12/2018 00:00			
TRISL DOC! MEDICAGE						

 $https://giclaim.income.com.sg/gcs/icm/eclaim/reserveSearch.do?tabCode=Reserve\&caseId=...\ \ 3/1/2019$

