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**************************************	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax/Hand	Owner/Wksp		
Proforred Wksp / INC Assign Wksp / QW: (Teli	Fax:	
TP Particulars: Veh No:	0.607F.	. INC(.)/Non-INC	().	
Owner / Driver: (Tel:)
Policy No: () Po	riod: ()	Cover Type: (
Confirmed by : ((6)	Dates.	Time	. 11	/1
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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 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

autogg.	THE STATE OF THE S
	ACCIDENT STATEMENT
Date Of Report	03/01/2019 18:43
Date Of Accident	01/01/2019 21:15
Exact Location Of Accident	ALONG YISHUN AVENUE 11
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK4583B
Insured/Policyholder	
Name Of Registered Owner	SAIFUN NAZIM BIN SAIFUL ALAM
NRIC No	S9700800J
Email Address	S_NAZIM97@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81233576
Alternative Phone No	OTHERS-81233576
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R1
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	THIRD PARTY
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	5106437302
Cover Note Number	
Driver	
Name of Driver	SAIFUN NAZIM BIN SAIFUL ALAM
NRIC No	S9700B00J
Date Of Birth	09/01/1997
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81233576
Fax Number	(*************************************
Contact Number	OTHERS-81233576
EMail Address	
and the contract of the contra	S_NAZIM97@YAHOO.COM,SG

Address

BLK 281 SENGKANG EAST AVENUE

#02-619

Postcode

541281

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

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?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190102/

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

SKQ607E

Vehicle Make/Model/Colour

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)

Name SAIFUN NAZIM BIN SAIFUL ALAM Approximate Age Injuries Sustain SLIGHT INJURY Injured person in which vehicle? FBK4583B Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Yighan YISHUM AVE II - CENTURY BIKE! FBK4583B CAR: SKQ 607 E YIShun Ave 11 + Augl

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION	

I/We declare the foregoing particulars are true in every magnetic

Policyholder's Signature Date & Time:

GIARAT SLetchPlanForm, V3





1 of 3

Report No. T/20190102/7003

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2019 11:33			Vide Report No.: L/20190101/0180	Station Diary No.:			
Informa	nt's Particu	ulars					
	Informant: NAZIM BIN	SAIFUL ALAM	Address: APT BLK 281A SENGKANG EAST AVENUE #02-619 SINGAPORE 541281				
ID Type / ID No.: NRIC NO / S9700800J			Contact No.: Home/Office: Mobile: 81233576				
Nationality: SINGAPORE CITIZEN		EN	Email: s_nazim97@yahoo.com.sg				
Sex: Male	Age: 21	Date of Birth: 09/01/1997	Type of Informant: Rider				
Race: Malay		10	Language: English	Institution / School Name:			
Occupation: Dispatch rider			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:				

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2019 21:15	Type of Location Straight Road	
Location: YISHUN AVE	NUE 11	Road Surface:	F	Road Speed Limit:	
Clear		Dry	5	50 Km/h	
Clear				Traffic Volume: Light	
Clear Traffic Flow: Two Way		Traffic Control: Not Controlled	111.	151118	

Details of Vehicle Involved							
Type	Make	Model	Color	Condition	No of Passenger		
Motorcycle	YAMAHA	YZF-R1	Red		0		
	Туре	Type Make	Type Make Model	Type Make Model Color	Type Make Model Color Condition		

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4583B	NTUC Income Insurance Co-Operative Limited	5106437302	17/12/2018	16/12/2019





T/20190102/7003

2 of 3

Report No. T/20190102/7003

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	n Involved			1000	3 1/4		
Any Pedestrian Ir	volved: No		IM.				
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA	
Rider					Miles B	Charles Street	
Name	SAIFUN NAZIM BIN SAIFUL ALAM					S9700800J	
Related Vehicle	FBK4583B (Motorcycle)				ct No.	81233576	
Hospital/Clinic	KHOO TECK PUAT	F)	Class Drivin Licene Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL		
Date Treatment	01/01/2019	Date Dis	Discharge 02/0		1/2019		
No. of Days gran	ted Medical Leave	05	Degree o	of Injury	Sligh	1	

Brief Details.

I, Saifun Nazim Bin Saiful Alam, S9700800J was riding vehicle, FBK4583B along yishun avenue 11 on my right of way when vehicle number, SKQ607E dashed out of the carpark causing me not to have enough time to react to the situation hence I crashed into the right side of the car. Footage of the vehicle behind me has already been submitted.





T/20190102/7003

3 of 3

Report No. T/20190102/7003

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2019 11:33
Officer In Charge Of Case: TP / TPHQ / MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131	Classification Of Case:

Authentication Stamp

NP168

Claim Handling Accident MT/1026260 Policy No. 5106437302 Vetticle No. FBK45B3B GST Registration No. Certificate No Policyholder Name SAIPUN NAZIM BIN SAIPUL ALAM Policyholder lukto 597006003 Pruduct Code MOTORCYCLE INSURANCE Cover Type Third Party, Fire & Theft Loading Contact No.(Mobile) #1233576 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No + KEK e No Yes tca. - No Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire · Accident Details Report Date 83/01/2019 18:58 Accident Report Within 24 hrs Yes Accident Type Cotision - Major Minor Road Date of Acodem 01/01/2019 Time of Accident thurses 23:15 Country of Accident Singapore Reporting Centre Orange Force JCH No. Accident Location ALONG VISHUN AVENUE 11 · Tocuse Own damage Excess 0.08 Additional Excess Windsower Expens Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0:00 Outside Singapore TP Excess W. Benefits GST Registered **GST Registration Date** GST Registration NA **GST Status Verthed** Yes Hodification History BLK 281A #02-619 Address 2 BENGKANG EAST AVENUE Autoress 3 COMPASSIVALE ANCILLA Address 4 SINGAPORE 541261 Address Type Singapore address Post Code 541281 Unit No. 112-619 Related Policy Number 5106437302 ₩ OI Driver Info Oriver Name SAIPUN NAZIM BIN SAIFUL ALAM Driver Type Major Delaw Unnamed driver Name Oriver NRTC 697008803 Driver DOE 09/01/1997 Register Date of Driver License 07/02/2516 Driver Age 21 Driving Expenence Contact No.(Hebite) 81273576 Contact twi/Office) Contact No.(Home) Address 1 BLK 2918 #02-619 Address 7 SENGKANG EAST AVENUE Address 3 COMPASSVALE AMCULA Address 4 SINGAPORE SALZEL Address Type Singapore address 541201 02-619 Does he own a Singapore Registered car? Yes: w No. Driver Vehicle No. PRESENT Driver Insurer Company NTUC Declaration Breathalyser or Bluot Tast Reading? Any injury? THE IN NO Modification History Claim 001 frem Claim Type * DO-MX Name SAIPUN NAZIM BIN SAIPUL ALA NEIC NEIC 59700 Contact No. (Mobile) 81293576 TP Vehicle Number Email Address FIRMAS83B SWQ60 Claim Description FBK45838 / 5KQ607E DN 1 Jan 2019 Postarered Lisoibty Not at Fault Hepair Option Preferred Wood Workshop flawwet No. Yes GIA Preferred Workshop, Ner Received. Date Registered Date 03/01/ 03/01/2019 19:03 Report Taken By **BOSLI WAHAR** * Print AK letter Save Submit Attachment Accident No. MT/1926280 Claim No. Last Duc. Received # Yes P No Upload Date 03/01/2019 19:13 Category * Urgency * Desc Choose File No file chosen Clear Please Select * NO Normal Chacse File No file chasen CMar Please Select * NO Normal ٠ Chaose File No file chasen Cleur Please Select * NO * Hirms . Choose File: No file chosen Gear w NO Please Select . • Normal Choose File No file chosen Deir Please Select * NO * Normal ٠ Choose File No file chosen Clear Please Select. * NO * Normal .* Missage Read Attachment List. Attachment Uptraded By/Date Ŷ Category

Urgency

Numa)

NAC_BURIT_HERAH_BODEPA| NATIONAL ASSESSMENT CENTRE SERVICE NRIC/ Driving License 5 (BURIT MERAH)) on 03 Jan 2019 19:13

NRIC/ Driving License 2019-1-1

27

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Display in New Window | Scan and upleading



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9700800J





SAIFUN NAZIM BIN SAIFUL ALAM

MALAY Date of bifth

09-01-1997 SINGAPORE

5273600

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

UFFECTIVE DATE

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delicer and materry country being to 2500 EQ

S / No 9000279264

Date of Issue 10-02-2014

APT BLK 281A SENGKANG EAST AVENUE #02-819 SINGAPORE 541281

NRIC No: \$8700800J

Date: 01/03/2018

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	Vehicle	No.(For Motor)	FBK45	83B		Certi	ficate Numbe	et)			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5106437302		SAIFUN NAZIM BIN SAIFUL ALAM	S9700800)	GMC	Third Party, Fire & Theft	FOUAFORE	110000000000000000000000000000000000000	17/12/2018	16/12/2019
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