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TP Particulars: Veh No: SN	10.63421K	INC(,)		,)	
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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.

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

foresaid.	DONES DONE DE LA LANGE 🚜 de Transporte de marie dans este de l'actionne (1915 de l'Arches de l'Arches de l'Arches (1915)
a the constitution of the control of	ACCIDENT STATEMENT
Date Of Report	31/01/2019 17:53
Date Of Accident	29/01/2019 20:45
Exact Location Of Accident	ALONG YUAN CHING ROAD
Country/State of Loss	SINGAPORE
n contemporary of the cont	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF7949L
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	UMAIRAHZAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93589912
Alternative Phone No	OFFICE-93589912
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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
Fleet Policy	NO
Policy Number	5100726122
Cover Note Number	
Driver	
Name of Driver	UMAIR BIN AHZAMSHAH

 Name of Driver
 UMAIR BIN AHZAMSHAH

 NRIC No
 T0005259G

 Date Of Birth
 11/02/2000

 Occupation
 INDOOR

 Date Of Driving Pass
 31/12/2018

Date Of Driving Pass 31/12/2018
Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-93589912

Fax Number

Contact Number OTHERS-93589912

EMail Address UMAIRAHZAM@GMAIL.COM

BLK 140A CORPORATION DRIVE Address

#15-24

611140 Postcode

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

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE CLEAR Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

DRY

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

YES

NO

2

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)

Passenger 1

NAME:

YES

: MUHAMMAD BIN AHZAMSHAH

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

JURONG NEIGHBOURHOOD POLICE POST

TEL NO: 1800-2659999 - FAX NO: 62664987

ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2019130/2088

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMD6345R

Vehicle Make/Model/Colour

NISSAN SYLPHY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SUGAWARA HIRO YUKI

NRIC/Passport Number

G3494521M

Contact Number

96435298

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UMAIR BIN AHZAMSHAH

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBF7949L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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:
 - 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: 31/1/2019

Reporting Centre Personnel's Signature

Name:

37 P.M NRIC/FIN No .:

GIATOME STATESPHARE BEIN VII

3





1 of 3

Report No. T/20190130/2088

Police Station Of Origin: Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

Tel No: 1800-2659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
30/01/2019 14:03	J/20190129/0126	29

30/01/2019 14.03			3/20130123/0120	23	
Informa	nt's Partice	ulars			
	Informant: BIN AHZAN		Address: APT BLK 140A CORPORATI 611140	ON DRIVE #15-24 SINGAPORE	
ID Type / ID No.: NRIC NO / T0005259G			Contact No.: Home/Office:	Mobile: 93589912	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 18 11/02/2000			Type of Informant: Rider		
Race: Boyanese			Language:	Institution / School Name:	
Occupat		*	Driving Licence Information: Class: 2B	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambula	ince [Orink Orive: Jo	Date/Time of Accident: 29/01/2019 20:45	5	Type of Location Straight Road
Location: Along Road 1 YUAN CHING	ROAD					
Weather: Clear		Road Su Dry	rface:		Roa	d Speed Limit:
			Traffic Control:			
Traffic Flow:		Traine C	ontroi.		1012000	fic Volume: erate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBF7949L	Motorcycle	YANMAR	FZ 16	Red	Seriously Damaged	17/7/
SMD6345R	Car	NISSAN	SYLPHY 1.6 CVT	White	Slightly Damaged	0 -

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





2 of 3.

Report No. T/20190130/2088

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No: 1800-2659999

CONTINUATION OF REPORT

Rider			H- Water Bridge	V-1		
Name	UMAIR BIN AHZAMSHAH			ID No.		T0005259G
Related Vehicle	NIL			Conta	ct No.	93589912
Hospital/Clinic	NIL			Class of Class: 2B Driving Date of Ex Licence & Expiry Date		Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	SUGAWARA HIROY	YUKI		ID No.		G3494521M
Related Vehicle	NIL			Contact No.		96435298
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
	ited Medical Leave	NIL	Degree o	f Injury	NIL	N

Brief Details.

On the 29/01/2019 at about 2045hrs, I was riding on my motorcycle (FBF7949L) with my brother sitting at the rear along Yuan Ching Road on the first lane. There was one vehicle (SMD6345R) travelling at the second lane and he signalled to the left. Suddenly, he made a right turn towards the U-turn point and collided onto my motorcycle.

Presence of both Traffic Police and Ambulance. I was conveyed by the ambulance to Ng Teng Fong Hospital and was given three days of MC. I was diagnosed with some abrasions on my right knee and right elbow. My brother was not injured.





3 of 3

Report No. T/20190130/2088

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999

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.

Signature Of Officer Recording The Report: J / Sgt 1 LIM JUNJIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2019 14:03
Officer In Charge Of Case:	Classification Of Case:
SI THABAGESH JEYATHESH Contact No.: 65476232	52
Authentication Stamp	

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mit No.		Related Pulicy Number	5100725122							
* Of Driver Info										
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Legislar Date of Driver License	31/12/2018				Contact N					
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troit No.	15-24									
Does he own a Singapore	Yes in No.	Driver Venicle No.	PRE79491		Orner Inc	urer Compan)		NTIAC		
Registered car?										
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	NAC_BUNIT_MERAN_ND0676/ NATIO S (BUNIT MERAN) p	MAL ASSESSMENT CENTRE SERVICE 6-31 Jan 2019 17:32	Protos	Normal.	Photos 2019-1-31
9	NAC_BLICTY_HERAH_B00676(NATIO E (BURIT MERAH)) o		Photos	Normal	Photos 2019-1-31
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05	NAC_BURIT_MERAH_BOOK?N/ NATIO S (BURIT MERAH)) o		Protes	Normal	Photos 2019-1-11
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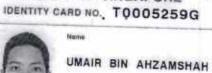
NBA/TMC19002082./7

ACCIDENT STATEMENT

A discount of the second of th	D/MM/YYY), TIME:(20 :45)(HH:MM)
	Ching Road
1. DETAILS OF VEHICLE	IIC
a) VEHICLE NUMBER: FBF 794	E9L
b) INSURANCE COMPANY: NTUC	
CIPOLICY NUMBER: 5 1 00 726	122
d)POLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
B)MAKE & MODEL: Yamaha FZ	6 16
g) VEHICLE CATEGORY: (PRIVATE / C	AN / LORRY / MOTORCYCLE / OTHERS)
h) PURPOSE OF USING AT ACCIDEN	IT TIME: Personal use
I) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY 2. INSURED / POLICY HOLDER	CLAIM / REPORTING ONLY)
A) NAME: Southern Mofor	VOVO HENOLOGIA DA SANCIA - EL NACIONO
	(MALE / FEMALE)
MUHAMMAD AN DINRIC/FIN/PASSPORT:	CONTACT:
PHZPMSHOW CIADDRESS:	The state of the s
	POLICY HOLDER
The of passange DRIVER	. CHOT HOLDER
(Including driver) DINAME: Umain Biri Khaan	MS heels (MANE / EENANE)
b) NRIC/FIN/PASSPORT: T000525	
C) CIADDRESS: BIX 140 A Corpor	
\$(61140)	7 3 3
*d)DATE OF BIRTH: (1 /02 / 20	290 J(DD/MM/YYYY)
e OCCUPATION: (INDOOR / OUTDO	DOB!
DATE OF DRIVING PASS 1	51/12/2 pt 6
4. WAS DRIVER AN EMPLOYER OF THE	HE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DR	TVER WITH THE LINE
5. a)WEATHER CONDITION: (CLEAR / R	ANING (OTHERS
b)ROAD SURFACE: [DRY / WET / OTH	HEPS
6. WAS ANYBODY INJURED (YES / NO)	TUNO
7. a) REPORTED TO POLICE (YES / NO)	o in the second
IF YES, PLEASE STATE WHICH POLICE	ESTATION TUCOTO NPP
TLUOD DADTY MENTON	ESIATION. DOLONY TELL
HNO of passenger a) VEHICLE NUMBER: SMD 634	5 R MODEL: NISSAN SYLPHY
(Including driver) b) DRIVER'S NAME: SUGAWARD (CLED ANK! WODER: WASHING SIFE HI
() NRIC/FIN/PASSPORT: 6349 45	21 M CONTACT: 9643 5298
9. THIRD PARTY VEHICLE	CONTACT: 4043 9240
Ho of passanger d) VEHICLE NUMBER:	MODEL:
1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MODEL: ~
(Including driver) f) DRIVER'S NAME:	CONTRACT
()	CONTACT:
!	2277
14 m	X

email = Umairahzam@gmail.com

REPUBLIC OF SINGAPORE



عمير بن احزامشاه

BOYANESE

11-02-2000 SINGAPORE







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 26 Motorcycles =< 200 cc

31 Dec 2018



NF 428A

Policy Information

Policy No. Certificate No.	5100726122	Policyholder Name	SOUTHERN MOTOR	Policyholder NRI	C 23414700L
Address	BLK 1006 #01-10 BUK	IT MERAH LANE 2 SINGAPORE	159762		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	ı N
Policy Issue Date	14/05/2018	Effective Date	15/05/2018 00:00	Expiry Date	06/05/2019 23:59
Third Party Excess	1500	Own damage Exces	s 0	Windscreen Exce	58
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore 1 Excess	TP		
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119	G5T Flag	Υ:
De-insurance Flag Open Policy Info Certificate Info	No				
Policyholder	Mailing Address				
ddress 1	BLK 1006 #01-10	Address 2	BUKTT MERAH LANE 2	Address 3	SINGAPORE 159762
ddress 4		Address Type	Singapore address	Post Code	159762
Init No.		Related Policy Number	5100726122		
Insured Obje	ct: FBF7949L	114111441			
	5				
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
i	15/05/2018 00:00	Basic Information o Endorsement	00001286819831	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FBM8969K 105-2018 \$550.01 in view of this amendment, an additional premium of \$550.01 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have alone made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in layour of "NTUC Income" with your name and policy number indicated or the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	25/05/2018 00:00	Basic Information 0 Endorsement 0	00001286824870	Endorsement Take Effective	that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FBE1765U 2-55-2018 \$540.69 In view of this amendment, an additional premium of \$540.69 (inclusive of GST) is payable under your policy, Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter, For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
	28/05/2018 00:00	Basic Information 0 Endorsement 0	00001286826495	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover that this policy is extended to cover that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FBM7893B 2 205-2018 \$534.47 in view of this amendment, an additional premium of \$34.47 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make ayment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque payment are "NTUC Income" with your name and policy number indicated on
					the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.