		4 1 par s	1 1 22
NATIONAL Assessment Cen	tre Services. wet 1 Jan	ros MHA11902689.	6
Date In: 16 1414 14:40	Jeb description	Date &Time Completed	Done by
RC(NO: N4/ INC 16303691/14	SAS e-filing		
Veh No: FOC 20519	E-mail (within Shrs, AIC	2hrs)	
D.O.A: 25/419-10:18	i-Motor Claim Form	m M7/1035725-001	26/2/19 15:0
5/2005 500 ±000 000 000 000 000 000 000 000	i-Motor W/O (Within:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
OD : Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Re	port	
Tr insurer:	Ass't Report by Fax /	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: XE	21625	INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date)
		N: 0-20%; P: 21-79%. P: 80	-100%]
Year of Registration: ()	Warranty: YES ()/No		
	1,000 ()/\$2,000 ()		
General Remarks:			<u>राष्ट्र ए</u>
Account of A new Account of the Contract of ACCOUNTS CONTRACT CONTRACT OF THE			
() Walk-In Customer : Customer's in		a & Strictly NO rater of repaire	•
	irer URGENTLY.		
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO (); Towing Co: (.)
Remarks: (INC hotline: 6788 6616)		Date&Timb Completed	Done by
		Datescrimic Completed	Donory
2) QC Check / Post Repair Inspection			
3) Upload Resurvey Photo [Repair Cost >	()		
	33000] ()		
Injury:			
Date/Time Actions		and the said	
			MARION LEGISTRATION OF THE PROPERTY OF THE PRO
	1		
	None contract of the Contract		Anit (\$) Ami
VAI GEIVGY:	Inveic	e Preparation Checklist	In Bill Add
umant's Particulars :-	\$200 CO. B. C.	ccident Reporting (\$30);	
11.		Darmage Assessment (\$100); INC (Dowing Fee S	\$80) 40/\$45
iver/Owner:	4) FT : F	ollow-Through Survey	\$120
ntact No:		ollow-Through Survey (Resurvey) iming against INC Only (wef 10 Jan 20)	\$30
maged Portion:		e-inspection	\$75
maged 1 ordon,	7) N1 : Id	ao DA + SMRT Survey	\$160
Charlest L. C. Y. C.	8) NTUC	Additional Services:-	
Checked by (Engr-In-Charge):	*N5: C	ourlesy Cor / Tpt Allowance	\$5
		epair Co-ordination ost Repair Inspection	\$10 \$25
ditors' Comments :-	*N8: D	V / Collect Excess Coordination	55
1:		1): TP (Non INC) against INC	30
2/3:	Invoice d	The same of the sa	
5000000000 400000	Involce d	nied Fee Charges	

SINGAPORE ACCIDENT STATEMENT

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 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.
- 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	26/02/2019 14:42
Date Of Accident	25/02/2019 20:25
Exact Location Of Accident	JUNC YISHUN IND PARK A & CANBERRA LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC2051A
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD HALID BIN SHALONG
NRIC No	S8323268D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93636036
Alternative Phone No	OFFICE-93636036
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5100719047
Cover Note Number	
Driver	
Name of Driver	MOHAMAD HALID BIN SHALONG
NRIC No	S8323268D
Date Of Birth	04/08/1983
Occupation	INDOOR
Date Of Driving Pass	28/07/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93636036
ax Number	
Contact Number	OFFICE-93636036
Mail Address	NOEMAIL

Address BLK 115D CANBERRA WALK #11-179

Postcode 754115

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190226/2068.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE2

Vehicle Make/Model/Colour

XE2162S

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

RENGASAMY ALAGU

NRIC/Passport Number

F8070751R

Contact Number

91013599

Address

Postcode

Page 2 of 35

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

MOHAMAD HALID BIN SHALONG

BODY

FBC2051A

NO

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:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

·			
2	9.6	A. FBC2011A B. XE21645	
-	4	S. X E 2164	
5	8		
5			
2			
c			
3			
127			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

417 H 31 50H				
refer to	Police	repri, 1/2	019026 2008.	

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.:





1 of 3 Report No. T/20190226/2068

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 12:45	Made:	Vide Report No.:	Station Diary No.: 76	
Informa	nt's Partic	ulars			
	f Informant: IAD HALID	BIN SHALONG	Address: APT BLK 115D CANBERR 754115	RA WALK #11-179 SINGAPORE	
Contract to the second	/ ID No.: O / S832320	68D	Contact No.: Home/Office: Mobile: 93636036		
	ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 04/08/1983	Type of Informant: Rider		
Race: Malay	<i>3</i>		Language:	Institution / School Name:	
Occupation: Resident technical officer		officer	Driving Licence Informatio Class: 2B,2A,2,3,4,5	n: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2019 20:25	Type of Location: T-Junction	
CANBERRA YISHUN IND	USTRIAL PARK A	un industrial park a and Road Surface:	Canberra link	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBC2051A	Motorcycle	HONDA	CB400 M	Blue	Seriously Damaged	0	
XE2162S	Lorry					0	

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC2051A	NTUC Income Insurance Co-Operative Limited	5100719047	14/05/2018	13/05/2019





T/20190226/2068

2 of 3

Report No. T/20190226/2068

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE

Tel No: 1800-5549999

CONTINUATION OF REPORT

Details of Perso					the last	
No. of Pedestriar	The state of the s		Use of Pe	destriar	Cross	sing: NA
Rider						
Name	MOHAMAD HALID BIN SHALONG			ID No		S8323268D
Related Vehicle	NIL			Conta	ict No.	93636036
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	25/02/2019		Date Disc	harge	25/02	/2019
No. of Days gran	ted Medical Leave	03	Degree of			
Driver		The letter the same				
Name	Rengasamy Alagu	711.711.712		ID No	18	F8070751R
Related Vehicle	NIL			Conta	ct No.	91013599
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Washell	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 25/02/2019 at about 2025hrs, I was riding my motorcycle bearing the registration plate number FBC2051A along Yishun industrial park A towards Canberra link. I approached a T- junction (yishun industrial park a turning right on to Canberra link). A lorry bearing registration plate number XE2162S was waiting at the traffic light. Then I stopped in front of the lorry and waited for the traffic light to turn green. Then only pedestrian light turned green and not the main traffic light. Then the lorry driver moved forward and hit on to my bike causing me and my bike to topple. The lorry continued moving forward and I quickly managed to move away and after which the lorry realise there was a bike in front of him. We then exchanged particulars. There is a cctv in my bike capturing the incident. I felt pain on my back and ankle area. As such visited the GP doctor at T medical clinic located at Blk 115 Canberra walk, and was given 3 days MC. I the cost of damage is around SGD\$3000/.





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

3 of 3 Report No. T/20190226/2068

CONTINUATION OF REPORT

Sketch Plan

NP168

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: L / Sgt 3 MUHAMMAD SHAHIR S/O DHULKARNAI	Signature Of Informant:
Signature Of Interpreter: Co Force Not applicable	Date/Time: 26/02/2019 12:45
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8323268D





MOHAMAD HALID BIN SHALONG

MALAY

04-08-1983

Country/Place of birth SINGAPORE



5208539



23-08-2013

APT BLK 115D CANBERRA WALK #11-179 SINGAPORE 754115

NRIC No: \$8323268D

Date: 08/01/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES). EFFECTIVE DATE Class 2B Motureycles =< 280 CC
Class 2 A Motorycles between 291 CQ and 400 CC
Class 3 Motorycles > 440 CC
Class 3 Motorycles > 440 CC
Class 3 Motorycles > 440 CC
Class 4 Heavy = 3000 kg with >< 7 passengers, exclusive driver, and motor tracturalychicles =< 2500 kg
Class 4 Heavy motor care and motor/tracture > 2500 kg
stance vehicles > 7250 kg not/constructed to carry ony 12 May 2008 28 Jul 2009 15 Feb 2013 02 Jun 2003 S/No. 9000177870 \$8323268D Licence No: \$33232650 NP 428A

eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop Notice of Loss	Policy Query					• Change	Language	• Chang	ge Password	• Log Ou
	Policy No. Vehicle No.(For Motor)	FBC205	51A			of Accident icate Number	2	5/02/2019 2	0:25	
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5100719047		MOHAMAD HALID BIN SHALONG	S8323268D	GMC	Third Party, Fire & Theft	FBC2051A	FBC2051A	14/05/2018	13/05/2019
				15	Continue					

Policy No.	5100719047	Policyholder	MOULENIA		Policyholder	6	
	200.0000000	Name	MOHAMAD	HALID BIN SHALONG	NRIC	S8323268D	
Certificate No							
Address	BLK 115D #11-179 CANBERR	A WALK EASTLA	CE @ CANBE	ERRA SINGAPORE 754	4115		
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/05/2018	Effective Date	14/05/2018	3 00:00	ORGANISMAN	13/05/2019 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	TEH TZU HAO	Agent Tel.	93813910		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
ddress 1	BLK 115D #11-179	Addre	ss 2	CANBERRA WALK		Address 3	EASTLACE @ CANBERRA
ddress 4	SINGAPORE 754115	Addres	ss Type	Singapore address	51	Post Code	754115
Jnit No.		Relate Number	d Policy er	5100719047			COLOR SECTION
	d Object: FBC2051A						
) Insure	CONTRACTOR CONTRACTOR						
♪ Insure ② Endors							

Accident MT/1033723					
Hick No.	5100719047	Vehicle No.	FBC2051A	GST Registration No.	
rtificate No.					
licyholder Name	MOHAMAD HALID BIN SHALONG			Policyholder NRIC	S8323268D
oduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	ō.
ntact No.(Mobile)	93636036	Contact No.(Office)	0	Contact No.(Home)	0
tail Address		Special Remark		eCode	No. of
K.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	#14.000°
ID Protection	Yés	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	26/02/2019 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
de of Accident	25/02/2019	Time of Accident Intomin	20:25	Country of Academi	
porting Centre		Orange Force		JCM No.	Singapore
cident Location	JUNC YISHUN IND PARK A & CANBERRA L	INK		3001.000	
7 Excess					
vn damage Excess	0.00	Additional Excess		Windscreen Excess	
named Driver Excess		Outside Singapore OD Excess		Wirkscreen excess	
ind Party Excess	0.00	Outside Singapore TP Excess			
Senetits		Corner angabore in Excess			
GST Registered Inform	ation				
T Registered	No		*122°2745°0708°0008°		
Registration No.	ND.		GST Registration Date GST Status Ventiled	, was	
dification History			our shalls verified	Yes	
Policyholder Mailing Ad	ldress				
dress 3	BLK 115D #11-179	Address 2	CANBERRA WALK	Address 3	EASTLACE @ CANBERRA
dress 4	SINGAPORE 754115	Address Type	Singapore address	Post Code	
nt Na.		Related Policy Number	5100719047	Post Cook	754115
OI Driver Info			3100/19047		
ver Name	MOHAMAD HALID BIN SHALDING	Driver Type	Main Driver		
named driver Name		Driver NRIC	583232680	Driver DDB	200,000,00
gister Date of Driver License	28/07/2009	Driver Age	35		04/08/1983
ntact No.(Mobile)	93636036	Contact No. (Office)		Oriving Experience	9
dress 1	BUX 1150		0	Contact No.(Home)	•
		Address 2	CANBERRA WALK	Address 3	EASTLACE @ CANBERRA
dress 4	SINGAPORE 754115	Address Type	Singapore address	Post Code	754115
Nt No. ses he own a Singapore	11-179				
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
deration					
athalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No.		
diffication History					
10.00					
Claim 001 New					
im Type 4	00-MX	*20022400		80.000.000	PERSONNEL
ntact No.(Mobile)	10001	Insured Name	MOHAMAD HALID BIN SHALONG	Insured NRIC	\$8323268D
ail Address		Contact No.(Home)	MIL	Contact No.(Office)	
	-	01 Vehicle Number	FBC2051A	TP Vehicle Number	XE21629
	Please Select	Type of Benefit *	Please Select		
mant Name +	22	Claimant NRIC *		<u>r</u> e	
im Description ferred Workshop Contact	FBC2051A / XE2162S DN 25 Feb 2019			Name of Preferred Workshop	
circo moreanop contact		Insured Liability *	Not at Fault		
uire Finalisation	Yes 💟	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	26/02/2019 15:06	Claim Close Date		Date Received	26/02/2019 00:00
ort Taken By	Jackson				
Print AK letter					
			Save Submit		
tachment					
dent No.	MT/1033723	Claim No.	001		
Doc. Received	® Yes ○ No	Upload Date	26/02/2019 15:09		
	Patn +		Category *	Confidential	anger transcription
	3777/01	Browse	I promise programme and the second	Confidential Urgent	
					<u> </u>
		Browse		No V Normal	¥
		Browse	Gear Please Select	Normal V Normal	∨



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