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Owner / Driver: (Tel)	
Policy No: () Peri	:() Cove	r Type: ()_	
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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,
- 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.

- 8. 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.

ACC	IDEN	ит ст	ATER	ALM T
ACC			411	11-11

Date Of Report

06/03/2019 09:46

Date Of Accident

04/03/2019 06:40

Exact Location Of Accident

ALONG TOH TUCK ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBG484B

Insured/Policyholder

Name Of Registered Owner

RANJIT SINGH

NRIC No.

S7485635G

Email Address

RANAJMP77@YAHOO.COM.SG

Mobile Phone No

(LOCAL) +65-93827549

Alternative Phone No.

OTHERS-93827549

Vehicle Particulars

Manufacturer

HONDA

Model

CBR150R-150CC

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

olicy

Policy Number

5064553907-04

Cover Note Number

Driver

Name of Driver

RANJIT SINGH

NRIC No

S7485635G

Date Of Birth

06/10/1974

Occupation

INDOOR

Date Of Driving Pass

04/03/2008

Driving Experience

11 YEARS AND 0 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-93827549

Fax Number

Contact Number

OTHERS-93827549

EMail Address

RANAJMP77@YAHOO.COM.SG

Address

BLK 11 TOH YI DRIVE

#06-367

Postcode

590011

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?

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?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: KAMALPREET KAUR

GENDER:

: FEMALE

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

SFJ9896Z

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR

NRIC/Passport Number

CHAO

Contact Number

97912325

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KAMALPREET KAUR

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG484B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name

RANJIT SINGH

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG484B

Were seat beits worn?

Was this injured conveyed to hospital by ambulance?

NO

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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.
- 7. 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:
 - (i) 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
- 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:

06/03/2019 Reporting Centre Personnell's Signature Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	ex oxlo3/2018 A7 ABOUT 06:40 HBS I ass A7
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9/	my Doughthan few on WAR ROOD
-11	

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.:

Claim Handling Accident HT/1034775 P0000-00. 30040323001-04 Website No. THIS4040 GST Registrature No. Centificate No. RANDIT SINGH Policyholder Name Butcomme NACC 974838350 Promitt Code MOTORISCLE SYSTEMATIC Cover Three Torot Rarty, Fee B. Toots LIMITED 4 Contact No. (Humbe) 43827546 Committ Residence Contact tio Drume! Email Scorens. Special Numero AlCoste. No. T. 4.04 ho tes TITAL No. Yes eCode Reason NCO Protortion NETI EHISIOMANI(%) - Accident Details Account Report William 24 fire College - Hape Hiss Road Report State MODEOUS ARCHIT 100 Acceptors From Calls of Accident 04/03/2010 Time of Accident bitomin Country of Accident Reporting Centre Grange Finds Hill No. Accident Lecution WALLEST TOWN TOWN WHICH - farmer Adobania Excess Own damage Excess ditta Writtenson Excess Unemed Driver Excess Gutaide Singapore GD Excess Their Party Excess 0.53 Dunior Singepey TV Excess · Benefite GST Registered Information CRY Samples of UST Repoleston Date (m) Augustratum for SST Status Variety Humbianus History Policyholder Mailing Address Appropria DEK. 11, 406-367 Appress 2 The violative. Address 3 BINGHPORT 550011 Address 4 Sequence adminis Address Type Park Cells 390001 tost No. Balahad Palics Number 5004553907-05 TOT Driver Info Deliver Name. BARRIT STADA Device Type Main Drives Ultramed drives flame Driver NATC 97405035 Seventroe 06/10/1974 Regress Date of Down License 04/93/2009 Driver Age Diving Expension Contact No.: Mustle) Comart Na (ramos) 93817549 Comput Nationals Addition 1 BLK 43 406-363 dateur 2 FERR \$1 DRIVE Address 1 TIPOGRAPHIE 590011 names a Address Type Requires allifetes Sun Esge AMBRILL Line No. Dives he year a Singapore Registered san? Yes ho Driver Vehicle No. Dear Inquier Company PROMINE 100 Datherston Breathelyser or Book Tool. Reading? Ann Hilary? Ten. - No. Modification Hotory Claim DO1 httm . District MARKET SINGS Com Type 1 COHMS 874656750 Content No. (Home) Contact No. (Motale) 33827549 CH Vende Footsen Number Email Address. 57791942 Circo Description FIGHTH / SEZHIOSZ ON 5 HUT 2013 Preferred Warkshop Badraet No. | Yes # USA Received Preferred Workshop, Name unknown Date: 0/03/2019 00:00 64/03/2004 12:25 Date Registered Report Taken the BOSS WHITE Front Nr. latter Save Submit HTCHURSTER Hill Last Occ. Received Time No. United State 06/08/2008 10/25 Parm. * Category 7 dependent Description : * W3 Choose File: No his choses Cent Choose File : No life charges Ckit Plane Seiert * N0 Chaose File. No file chosen 9 90 Cent Ringse Select # Normal Choose File - No file chosen CRIE Printe Select + ND Choose File : No file chosen * Hurmal Char Passe Select Choose File: No file chosen Y NO * Normal Citor Please Sewit Hestoyy Head Sens Wesnige · Attachment List introducted By/Date Description Calmary Crosico BAC_MORIT_MERAM_SUBSTRU BATIONAL ASSESSMENT CENTRE BERVICE S (BURIT MERAH); on 08 Mar 2015 10:35 Philips Photo: 31(13-3-6) MAC_BURIT_MERAH_RODERS MATIONAL ASSESSMENT CERTAE SERVICE IS (BURIT MERAH)) to DE May 2019 10:08 Hume Mormal Philip. J019-3-6 NAC, BUNIT JABARY BODG PEL NATIONAL AGGEOGRAPH CENTRE SERVICE 5 280KIT MERANIT NO DE MAY 2018 10: 35 PRODUCE normal Photos 00114-3-6

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CONTRACT BY THE

Filliam Date

ACCIDENT STATEMENT

	LOCATION: TOHTUK RO	
	1. DETAILS OF VEHICLE	1. C. A. D.
	a) VEHICLE NUMBER: FBG, 4	48413
	b)INSURANCE COMPANY: 4 1 V	ncome
	CIPOLICY NUMBER: 5064553	
	d) POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)
	BIMAKE & MODEL:	
	f)TYPE: (SALOON / COUPE / MPV /VA	AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / CO	OMMERCIAL / MOTORCYCLEI
1 0 3ch 100	O THE OF USING AT ACCIDENT	TIME: PRIVATE 1180C
IALPREE KAN	I) ARE YOU CLAIMING UNDER YOUR C	OWN INSURANCE IVES AND
	IF NO, PLEASE STATE (THIRD PARTY C	CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	The south of other
	A)NAME: Pansit singl	(MALE / PEMALE)
S 45-2 A	b) NRIC/FIN/PASSPORT: S 74856	
DAUGHTAN	C)ADDRESS: DIK II JOH YI	DRIVE
Will good of the	0=10-11-1-11	VRM/8
	* CONTINUE TO 3.d IF DRIVER ALSO PE	OUCY HOLDER
ANO of bases	na3. DRIVER	
Clincluding de	iver DINAME: ASABOBE	(NA ALE / EENA LE)
Co X	b) NRIC/FIN/PASSPORT:	(MALE / FEMALE)
(2)	c)ADDRESS:	CONTACT:
	At the second se	
	d) DATE OF BIRTH: (06 /10 /197	A HODIMMOYYYI
i.	e OCCUPATION: YINDOOR / OUTDOO	ORI
	DATE OF DRIVING DACE	2000
	4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANYS (VES / NO)
	IT NO, RECATIONSHIP OF THE DRIV	ER WITH INSURED.
	O. DIWEATHER CONDITION: (CLEAR / RAI	INING / OTHERS
(3)	b)ROAD SURFACE: (DRY) WET / OTHER	INING / OTHERS
ger	b)ROAD SURFACE: (DRY) WET / OTHER	INING / OTHERS
(get	b)ROAD SURFACE: (DRY) WET / OTHER	INING / OTHERS
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email = Tanasmp 77 @ Yahoo. Com. So

REPUBLIC OF SINGAPORE



Name

RANJIT SINGH

Race SIKH Date of birth 5 05-10-1974 I Country of birth INDIA











	Certificat	te of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS MOTOR VEHICLES (THIRD PARTY RISKS ROAD TRANSPORT ACT, 1987 (MALAYS MOTOR VEHICLES (THIRD PARTY RISKS	AND COMPENSATIONS	ON) RULES, 1960
Certificate Number : 5064553907-0-) HULES, 1959 (MAL	
Index mark and Registration Numb		Cover : Third Party, Fire & Theft
Chassis Number	er of Vehicle	: FBG4848
Name of Policyholder		: CS150R0010979
Effective Date of Insurance		: RANJIT SINGH
4. Expiry Date of Insurance		: 08 Mar 2018
5. Persons or Classes of Persons entiti	ed to delivet	: 07 Mar 2019
(a) Named Driver(s) Only.	CO TO MITOEM	
Provided that the person driving	so permitted and is	cordance with the licensing or other laws or regulations to drive not disqualified by order of a Court of Law or by reason of any
6. Limitations as to Use#		strewidth venice.
(a) Use for social domestic and ple	asure purposes and	in connection with the Policyholder's business or profession.
This Policy does not cover	2.2	and the supplication and the supplication.
(a) Use for hire or reward.		
(b) Use for racing, pace-making, re	liability trial or spee	d-testing.
(c) Use for the carriage of goods (c	ther than samples)	in connection with any trade or business.
(d) Use for any purpose in connect	ion with the Motor	Trade.
Beautigs.	the Road Transport	t Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: N/A	
EXCESS (SECTION 2)	: N/A	
EXCESS (THEFT OUTSIDE SINGAPORE)	PLEASE REFE	ER OVERLEAF
INSURE WITH COE	: YES	
NAMED DRIVER (1)	RANJITSING	äH
NAMED DRIVER (2)	: N/A	
HIRE PURCHASE COMPANY SUM INSURED	T MAX	
30M INSURED	: MARKET VAL	LUE OF INSURED VEHICLE AT TIME OF LOSS
range finance raity maks and compens	INESS DEPT (000006	relates is issued in accordance with the provisions of the Motor 189) and Part IV of the Road Transport Act, 1987 (Malaysia) 500280)
Reprint 27 Jan 2018		
Countersigned By:	4	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
CONTROL OF SERVICE AND ADDRESS OF SERVICE AND		
Auth	orised Officer	Chief Executive