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D	Assessment/Survey Report		
TP Insurer:	Ass't Report by Pax / Hand	Owner/Wksp	THE PERSON NAMED IN
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	KAROWN (AF , INC)	.)/Non-INC( ).	
Owner / Driver: (		Tel:	
Policy No: ( ) P	eriod: (	Cover Type: (	
Confirmed by ; (	· Datei,	Timer	)
insured/Driver Liability: ( %)	[Note-Est Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES( )/NO(	)	
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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

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 fiability.
- 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 aforesaid.

A STATE OF SEVEN ASSESSMENT FOR INC.	ACCIDENT STATEMENT
Date Of Report	08/04/2019 18:54
Date Of Accident	07/04/2019 09:15
Exact Location Of Accident	ALONG HOLLAND ROAD BEFORE PIERCE ROAD
Country/State of Loss	SINGAPORE
Description of the party of the	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG5353M
Insured/Policyholder	
Name Of Registered Owner	MAURICE MICHAEL MANNING
Passport No/FIN	G5991681K
Email Address	MOMANNING@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81823837
Alternative Phone No	OTHERS-81823837
Vehicle Particulars	
Manufacturer	DUCATI
Model	MONSTER 400-398CC (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	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	5097974621-01
Cover Note Number	
Driver	
Name of Driver	MAURICE MICHAEL MANNING
Passport No/FIN	G5991681K
Date Of Birth	19/12/1964
Occupation	INDOOR
Date Of Driving Pass	24/01/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mabile Number	(LOCAL) +65-81823837
Fax Number	

OTHERS-81823837

MOMANNING@YAHOO.COM

Address

3 PANDAN VALLEY

#14-312

Postcode

597627

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

NO COLLISION

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

YES

Was any other material or property damaged? 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?

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

UNKNOWN

Vehicle Make/Model/Colour

PORCHE

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

## IMPORTANT NOTICE

- 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.
- 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
- (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.

olicyholder's signature

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

Date & Time:

A) F865353h

B) unturno Coo

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Holland Rd TA	
I pull over to give details.	
I pull over le give details.	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CINCOMSTANCES OF THE ACCIDENT
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(Halland Ra at Proce and said that I had, fit his car,
while moving past of an savier light on Holland Rd. I dold
the driver that I don't believe that I did. I proved my
moterijek to other side of car, where he say dumage
occurred, the was some dir but no camage that I saw
from a guige look. I again held the enter that I do
not believe that I hit his care, the He did not ask n
to pull over so when the light changed, I draw oft.
I did not take down his name or place number.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder Signature
Date & Time:
S April 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

REPORTING CENTRE PERSONNEL'S SIGNATURE
NAME:
NRIC/FIN No.: PCENTRE OF THE PERSONNEL'S SIGNATURE
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Styholder Name	MAURICE HOCHAEL MANNING				Pultzyholder NRIC	03991083K	
ndust Code	MOTORCYCLE INSURANCE	Cover Type	Thest Party, Fire &	Theft	Loading	4	
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doresis 4		Address Type	Singapore address		Post Code	\$97627	
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river tiame	MALARICE MICHAEL HANNING	Driver Type	Main Driver				
ntamest shiver Name		Driver WAIC	GS991681K		Driver DOB	79/13/1964	
spikter Date of Oriver License	03/01/10/01	Driver Age	54		Driving Expenence	33	
oncact No.(Mobile)	01023073	Contact No. (Office)	(50)		Ciertact No.(Incree)	37	
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Folder Date

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Action

# ACCIDENT STATEMENT

ACC	CIDENT DATE: 07 04 2019 (DD.	/MM/YYYY), TIME:( 09 : 15 )(HH:MM)
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	I. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: FB653	53M
	DINSURANCE COMPANY: THE	
390		
		671-01
	DIMAKE & MODEL: PKOTI NO	HIRD PARTY THIRD PARTY FIRE &THEFT)
	DIMAKE & MODEL: Draft Mo	7/5-6/-
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	g) VEHICLE CATEGORY: (PRIVATE / CO	OMMERCIAL AMOTORCYCLED
	h) PURPOSE OF USING AT ACCIDENT	IME: Trivale, lessone
	I ARE YOU CLAIMING UNDER YOUR C	DWN INSURANCE (YES (NO))
2	IF NO, PLEASE STATE (THIRD PARTY C INSURED / PQUCY HOLDER _ 1	LAIM REPORTING ONLY
50	100	i'v
	b) NRIC/FIN/PASSPORT 6599.16	Transce   Comment
	- Linnara - C	4 1 - 1 - 1
(8) (8)	CIADDRESS: Stanton Valley	1 =14-312 Singapore
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And of basson des-	DRIVER -	CHOTHOLDER
(Including driver)	d)NAME:	(1.1.1) = 1 = 1.1 = 1.1 = 1
anver,	b) NRIC/FIN/PASSPORT:	(MALE / FEMALE)
()	c) ADDRESS:	CONTACT
	( - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
30	*d) DATE OF BIRTH: (19/12/190	(4)(DD/MM/YYYY)
	eloccupation: (INDOOR) outdoo	OR)
9	DATE OF DRIVING PASS Z	4 Jon 2018
554.0	WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / NO)
5	IF NO, RELATIONSHIP OF THE DRIV	VER WITH INSURED: Sauce
0.	DIWEATHER CONDITION: CLEARY RA	NING / OTHERS
- K	WAS ANYBODY INJURED (YES / NO)	RS
7.	a REPORTED TO POLICE (YES (NO)	
1,450	IF YES, PLEASE STATE WHICH POLICE	NACHAT2
. 8.	THIRD PARTY VEHICLE	SIVIION:
He of passenger	a) VEHICLE NUMBER WALKALOWM	CAR MODEL: PORCES
(Including driver)	b) DRIVER'S NAME: Neme	moose Jordi X
(1)	c) NRIC/FIN/PASSPORT:	CONTACT:
9,	THIRD PARTY VEHICLE	
& luc of pessenger	d) VEHICLE NUMBER:	MODEL:
(Including driver)	e) DRIVER'S NAME:	
" Control	f) NRIC/FIN/PASSPORT:	CONTACT:
()	¥i	
Fig. 1. 1 (1977), 4		

email = momanning@ gahoo.com



# EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

NATIONAL UNIVERSITY OF SINGAPORE



Name MAURICE MICHAEL MANNING SENIOR ENGINEER

FIN G5991681K

Date of Application 29-11-2017



Date of Issue 04-01-2018 Date of Expoy



L8562488



#### VISIT PASS Immigration Regulations

MAURICE MICHAEL MANNING



Date of Birth See

19-12-1964 M

Nationanty AMERICAN

Date of leave Date of Expiry

G5991681K 04-01-2018 04-01-2023

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

Class 2B Class 2A Class 2 Class 3

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motorcycles > 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladert weight =< 2500kg



NP 426A

<b>eBao</b> Tech										Gener	alClaim
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	0	5097974621- 01		MAURICE MICHAEL MANNING	G5991681K	GMC	Third Party, Fire & Theft	FBG5353M	82-55-0000	27/02/2019	26/02/2020