NATIONAL Assessment Cer	ntre Services	fwel i Jamos M	1A1190J0661		
Date In: 18/1/19 - 14:22	Job description		Date & Time Completed	Do	ne by
ROFNO: NA) INC1920 6442/24	SAS e-filing	7			
Veh No: FRANKAGX	E-mail (with	a Shrs, AIC 2hrs)			
D.O.A: 191416 - N.O.D	i-Motor Cla	im Form	M71640209-000	184110	15:3
OD : (TP) ! Reporting Only	i-Motor W/	O (Within: OD 2hrs	· ·	MIL	14.2
(y 11,711,111,611,11)	i-Photo Upl	oaded	1		
TP Insurer:	Assessment/S	Survey Report		_90000000000000000000000000000000000000	
		by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel: F	ax:	
	BRUSO H.	, INC(	)/Non-INC()		
Owner / Driver: (		72° 2	Tel:	)	
Policy No: (	Period: (	)	Cover Type: (	)	Min. March 1970
Confirmed by : (		Date:	Time:	)	-
Insured/Driver Liability: (%)		WO): N: 0-20	%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ( )	Warranty: YES (	)/NO(			
C.O. A. V. V. V. C.	1,000 ( )/\$2,000				
General Remarks;					0 11
( ) Walk-In Customer: Customer's in	nformation strictly Co	onfidential & Stri	ctly NO refer of repairer.	-	-
( ) Total Loss Case : to e-mail Inst	urer URGENTLY.	12			
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / 1	NO(); To	wing Co: (	<del></del>	1
Remarks:- (INC hotline: 6788 6616)					
	THE STORE OF STREET, AND STREET, STREE		Date&Time Completed	Done	by
2) QC Check / Post Repair Inspection	/ Courtesy Car (	)	-		
3) Upload Resurvey Photo [Repair Cost >		)			
	23000] (	)	77		
Injury:			<del></del> -		
Date/Time Actions			· · · · · · · · · · · · · · · · · · ·	Was Fr Jre	
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NA MOZAOY		Invoice Prepa	ration Checklist	Anit (S)	1000000
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MA หวาคงน aimant's Particulars :- iver/Owner:		1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro	porting (\$30); sessment (\$100); INC (\$86 \$40/ ugh Survey \$	Гй Вій ) 545 120	1000000
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NA Horad		1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agoi 6) TR: Re-inspectio 7) N1: Idac DA + S 8) NTUC Additional OD* *N5: Courtesy Ca *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect	porting (\$30); sessment (\$100); INC (\$86 \$40/ ugh Survey \$ ugh Survey (Resurvey) nst INC Only (wef 10 Jan 2005) n MRT Survey \$ Services:- r/ Tpt Allowance rdination   1 Excess Coordination	16.Biji 545 120 530 575 160 55 510 525 55	10 (10 (A)
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### 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.
- 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.
- 6. 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.	COMMUNICATION CONTRACTOR CONTRACT
Threshold the second of the second	ACCIDENT STATEMENT
Date Of Report	18/04/2019 14:22
Date Of Accident	10/04/2019 07:45
Exact Location Of Accident	BUKIT BATOK RD TWDS HURONG TOWN HALL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ9879X
Insured/Policyholder	
Name Of Registered Owner	SHARULRIZAM BIN HASHIM
Work Permit No	S8432369A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85118455
Alternative Phone No	OFFICE-85118455
Vehicle Particulars	
Manufacturer	SYM
Model	JOYRIDE 2001 EVO CVT
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 5076795344-03

Cover Note Number

## Driver

Name of Driver SHARULRIZAM BIN HASHIM

Work Permit No S8432369A Date Of Birth 29/10/1984 Occupation OUTDOOR Date Of Driving Pass 25/04/2007

Driving Experience 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85118455

Fax Number

Contact Number OFFICE-85118455

EMail Address NOEMAIL

BLK 812B CHOA CHU KANG AVENUE 7 Address

#07-637

Postcode 682812

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

ambulance?

YES YES

Was any other material or property damaged?

I have been approached by unknown person(s) 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

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

TEL NO: 1800-6659999 - FAX NO: 66655793

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190410/2092.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

FBK4801Y

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

SHARULRIZAM BIN HASHIM

Approximate Age

Injuries Sustain

HAND & LEG

Injured person in which vehicle?

FBJ9879X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Driver's signature
(if driver is not policy holder)

reporting centre personnel's Signature

DESCRIBE (	IRCUMSTANCES	OF THE	ACCIDENT		
	Veter	to	Polite	veport	
			1		
		9.			 11-
		====			
			un is a		
ECLARATION					

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

Policy holder's signature

Driver's signature Date & time: (if driver is not noticy holder) reporting centre personnel's Signature

Name.

# SINGAPORE ACCIDENT STATEMENT

# MPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. 4
- This form must be filled up by the policy holder and/or authorised driver. ø.
- information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

MARKET CHARLES	ACCI	DENT DET	AILS !		<b>新疆别科</b>	
Date of accident	10 4 2019					(DD/MM/YY (HH:MM
Time of accident	7:45 AM					(HH:IVIIVI
Exact location of accident	Bukit Batok	DNOVNC	town	hall	Voad	

	DETAILS OF VEHICLE
Vehicle registration number Vehicle make and model	TOUNDE 2001 EVO CVT
Type of vehicle	Saloon   MPV   CRV   Van     Lorry   Bus   Motorcycle   Others:
Vehicle category	Private   Commercial   Motorcycle   Motorcyc
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTMC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

		ED / POLI	CY HOLI	DER	Star Phallows	ALC: NAME OF	MA GE	
Name	SHARULRIZA	AM BIN	HASH	IM		Male	Ø	Female
NRIC / Fin / Passport number	I 58482	369A	Col	0116	-			
Contact	7750	ages too		1845			-	4.22
Address	BIK 812B	choa	Chu	kang	muchu	e 7	566	8281

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	2911011984	
Occupation	Indoor  Outdoor  Outdoor	

	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	Non		N 3-01/
the insured's company?	If no, rela	ationship of the	driver and insured:	Bures
Accident captured by camera?	Yes	No Wit	n police	
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry 🗷	Wet □		
No of passenger	1			(Inclusive of driver)
		PASSENGI	CD 1	
Name		PASSENGI	IN I	The Marie Court of the Court of
Gender	Male 🗆	Female 🗆		
	of the same of the	DASSENCE		
Name		PASSENGI	-R 2	
Gender	Male 🗆	Female		
	1176.5	7. T. 1. T. T.		
	La contract	PASSENG	ER 3	
Name	The same of the sa			
Gender	Male 🗆	Female 🗆		
	-	/		
	2000	PASSENGE	ER 4	
Name				
Gender	Male 🗆	Female 🗆		
Market Market State of the Control o		PASSENGE	ER 5	
Name				
Gender	Male 🗆	Female 🗆		
	<b>学校</b>	PASSENGE	ER 6	2012年1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日
Name				
Gender	Male 🗆	Female □		
		OTHER INFOR	MATION	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
	W. W.		Contract Con	
		THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	ATION ACTION	
Reported to police?	Yes D	No □ If y	es, please state which	in police station.
Police station name				
WANTED THE THE TANK		WITNESS	121420114	
Name	West Chicago	WIIIVES		
	<b>建筑的</b>	WITNESS	52	
Name		William		AND ASSOCIATION OF THE PARTY OF

x .	
	THIRD PARTY VEHICLE 1
Vehicle registration number	FRKYROLY
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD TARK IT VEHICLES
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND THE PROPERTY OF THE PARTY O	THIRD PARTY VEHICLE 4
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A STATE OF THE PARTY OF	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTY VEHICLES
Vehicle make model	
Name /	<del>/</del>
NRIC / Fin / Passport number	
Contact	
Market and the state of the state of	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	THIND PARTY VEHICLE /
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

A STATE OF THE STA		INJURED PER	SON 1	<b>35. 为民意,民意共享,</b>
Name	SHA	RULRIZAM	BIN	HASHIH
Injuries sustained	3,11,	eg and	hand	HINDIIII
Which vehicle person in?	E	8798797	1VVI.O	
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes	No 🗆		
hospital by ambulance?	1			
	-1			
INCOME SECTION AND PROPERTY.	6 United at	INILIDED DED	CNA	
Name		INJURED PERS	SUN 2	
Injuries sustained				
	1/1			
Which vehicle person in? Were seat belts worn?	Marana			
Was injured conveyed to	Yes □	No 🗆		
hospital by ambulance?	Yes 🗆	No 🗆		
nospital by ambulancer				
	and American		and the second	
No. 20		INJURED PERS	ON 3	New Castella School Sch
Name				
Injuries sustained				
Which vehicle person in?			/	
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆	/	
hospital by ambulance?			/	
		1		
		/		
Charles Services	The fig	INJURED PERS	ON 4	
Name	The Man	INJURED PERS	ON 4	
Name Injuries sustained	17. (6)	INJURED PERS	ON 4	
103090000		INJURED PERS	ON 4	
Injuries sustained	Yes 🗆	INJURED PERS	ON 4	
Injuries sustained Which vehicle person in?	Yes 🗆		ON 4	
Injuries sustained Which vehicle person in? Were seat belts worn?	Name of the last o	No 🗆	ON 4	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Name of the last o	No 🗆	ON 4	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Name of the last o	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Name of the last o	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Name of the last o	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Name of the last o	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Name of the last o	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗆	No 🗆  INJURED PERS		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆 No 🗆 INJURED PERS		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆  INJURED PERS		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆  INJURED PERS  No 🗆  No 🗆	ON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆  INJURED PERS	ON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes 🗆	No 🗆  INJURED PERS  No 🗆  No 🗆	ON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes 🗆	No 🗆  INJURED PERS  No 🗆  No 🗆	ON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes  Yes  Yes  Yes  Yes	No   INJURED PERS	ON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	No   INJURED PERS  No   INJURED PERS  No   INJURED PERS	ON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes  Yes  Yes  Yes  Yes	No   INJURED PERS	ON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	No   INJURED PERS  No   INJURED PERS  No   INJURED PERS	ON 5	





1 of 4

Report No. T/20190410/2092

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

659840 Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Ti 10/04/2	me Report 019 12:56	Made:	Vide Report No.: Station Dia				
Informa	ant's Partic	ulars	60				
Name of SHARU ID Type NRIC N National	of Informant ILRIZAM BI / ID No.: O / S84323	: N HASHIM 69A	Address: APT BLK 812B CHOA CHU I SINGAPORE 682812 Contact No.: Home/Office: Email:	KANG AVENUE 7 #07-637 Mobile: 85118455			
Sex: Male	Age:	Date of Birth: 29/10/1984	Type of Informant:				
Race: Malay			Language: English	Institution / School Name:			
Occupat ADMIN A	ion: ASSISTANT	-	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:			

General Infor	mation of the Accident		NAME AND ADDRESS OF THE OWNER, WHEN	W. All Control of the
Type of Accident:	ccident: Attended by Police		Date/Time of Accident:	Type of Location: Straight Road
BOKII BATO	Traveling Toward Road K ROAD WN HALL ROAD	Road Surface:	10/04/2019 07:45	Road Speed Limit:
Traffic Flow: One Way		Dry Traffic Control: Not Controlled	Т	raffic Volume:
Type of Collisi Between Movi	on: ng Vehicles - Head To Ro		A	ight nyone conveyed by mbulance: es

FBJ9879X Motorcycle SYM JOYRIDE Silver Slightly Damaged	N. September	
JOYRIDE Silver Slightly 0 Damaged	Passenge	
CVT	0	
FBK4801Y Motorcycle Blue Seriously 0		

Details of V	Jetails of Vehicle Insurance /ehicle No. Insurance Company	CHARLES MANAGED IN THE PARTY OF	OF THE PERSON NAMED IN COLUMN TO THE	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

2 of 4 Report No. T/20190410/2092

Tel No: 1800-6659999

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	1		
		Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	5076795344-03	26/01/2019	25/01/2020

Details of Pers Any Pedestrian	loughed by			1000		
No. of Pedestria	involved: No		1			
Rider	injured. ML	ALL AND ADDRESS OF THE PARTY OF	Use of F	Pedestria	n Cros	sing: NA
Name	SHARULRIZAM BII	N HASHIN	ID No	ID No. \$8432		
Related Vehicle	FBJ9879X (Motorcy	rcle)	Contact No.		85118455	
Hospital/Clinic	NG TENG FONG G	ENERALI	Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment			charge	-		
No. of Days gran	ited Medical Leave	07	Degree of	of Injune	NIL	
Rider	The second second	FIT SUPPLIES	Degree	of injury	Slight	
Name	MUHAMMAD FERO ZAMEI	ID No		S9914790C		
Related Vehicle	FBK4801Y (Motorcyc	cle)		Contact No.		90852274
Hospital/Clinic	NG TENG FONG GE	NERAL H	Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: NIL	
	NIL	M. Transier	Date Disc	harge	NIL	
vo. or Days grant	ed Medical Leave	NIL	Degree o	Linium	NIL	

#### Brief Details.

On 10/04/2019 at about 0745hrs, I was riding my motorbike, FBJ9879X, along Bt Batok Road towards Jurong Town Hall Road. I was travelling on the middle lane. After riding past the junction of Bt Batok Road and Bt Batok West Ave 7, I felt an impact coming from the rear of my motorbike which caused me to fall on my right together with my bike. As a result, my right leg got stuck under the right side of the bike. I then discovered that another motorbike, FBK4801Y, had collided with my motorbike. He stopped his bike and assisted me to the side of the road.

Shortly after, ambulance came shortly and attended to me and the other rider. I was conveyed to Ng Teng Feng General Hospital due to a sprained right ankle and abrasions on the right hand and leg. The other rider was also conveyed to the same hospital, but I am not sure what was his injuries. I was discharged on the same day and given 7 days of MC.

I do not know the extent of damages to my bike as I was conveyed.





3 of 4

Report No. T/20190410/2092

Police Station Of Origin: Bukit Batok N.P.C. 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6659999

4 of 4 Report No. T/20190410/2092

CONTINUATION OF REPORT

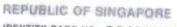
Sketch Plan

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 Informant:
Date/Time: 10/04/2019 12:56
Classification Of Case:





IDENTITY CARD NO. \$8432369A





Maine

SHARULRIZAM BIN HASHIM

MALAY
Duls of birth 8:
29-10-1984 M
Country of birth

SINGAPORE

8×x M

38432369A

CI Clas 28 Monorcycles = 300 CC
C Clas 28 Monorcycles between 201 CC and 400 CC
C Clas 24 Monorcycles between 201 CC and 400 CC
C Clas 2 Monorcycles between 201 CC and 400 CC
C Clas 2 Monorcycles between 201 CC and 400 CC
C Clas 3 Monorcycles > 400 CC
C Clas 3 Monorcycles between 201 CC and 400 CC
C Clas 3 Monorcycles are 300 kg not 200 cc 20 May 2004
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99 May 2004
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28 Apr 2007

SEC1234521

S / No. 9000061531



<b>eBao</b> Tech								Genera	alClaim		
Hello, NAC_PAYA_UBI_80	00601			CONTRACTOR OF THE PARTY OF THE			+ Change	Language	• Chan	ge Password	estribution of Addition
My Desktop	Polic	y Query									
Notice of Loss	Policy No	0.				Date	of Accident	[1	0/04/2019	07:45	
	Vehicle I	No.(For Motor)	FBJ98	79X		Certif	icate Number			10,100	7
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence	Expiry Date
	0	5076795344- 03		SHARULRIZAM BIN HASHIM	S8432369A	GMC	Third Party, Fire & Theft	FBJ9879X	FB)9879X	26/01/2019	25/01/2020
						Continue					

Certificate No.						
Policyholder Name Product Code		SHARULRIZAM BIN HASHIM			Policyholder NR3C	58432369A
ornact No.(Mobile)		MOTORCYCLE INSURANCE	Cover Type	Third Party, Rice & Theft	Loading	0
mail Address		NA	Contact No.(Office)		Contact No.(Home)	III ASSESSED
rx		® No ○ Yes	Special Remark	TO MADE TO A POST OF THE PARTY	eCode	No. V
CD Protection		No.	TCA	® No ○Yes	eCode Reason	
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port Date		16/04/2019 09:09	Accident Report Within 24 hrs	Yes	toolog v	100000
ite of Accident		10/04/2019	Time of Accident hh:mm	07:45	Accident Type	Side Swipe
porting Centre			Orange Force	07.45	Country of Academs ICM No.	Singapore
cident Location		ALONG BUKIT BATOK ROAD	5.500 T. 105 T. 4		ICP NO.	
Excess						
in damage Excess		0.00	Additional Excess		Windscreen Excess	
named Driver Exces	16.		Outside Singapore OO Excess			
rd Party Excess		0.00	Outside Singapore TP Excess			
Benefits						
GST Registered	Inform					
T Registered T Registration No.		No		GST Registration Date		
diffication History				GST Status Verified	Yes	
Policyholder Ma	iling Ad	dress				
idress 1		BLK 8128 #07-637	Address 2	CHOA CHU KANG AVENUE 7	Address 3	KEAT HONG COLOURS
idress 4		SINGAPORE 662617	Address Type	Singapore address	Post Code	682812
Vt No.			Related Policy Number	5076795344-03		
OI Oriver Info				0.000		
riamed driver Name			Driver Type Driver NR3C			
gister Date of Driver	License		Driver Age		Driver DOS	
ntact No.(Mobile)			Contact No.(Office)		Driving Experience	
dress 1			Address 2		Contact No.(Home) Address 3	
dress 4			Address Type	Foreign address	Post Code	
it No.					PVX CODE	
es he own a Singapo gistered car?	re	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Offication History						
and the country						
TOTAL CONTRACTOR	b					
100 May						
Name 002 Name	h	ОО-МХ	Insured Name	SHARULRIZAM BIN HASHIM	Insured NRIC	584379601
Maim 002 New	h	ОD-MX У	Insured Name Contact No.(Home)	SHARULRIZAM BIN HASHIM		58432369A
m Type * ntack No.(Mobile)		85118455 sharufrizamh@gmail.com			Insured NRIC Contact No.(Office) TP Vehicle Number	
m Type • stact No. (Mobile) sil Address mant Type Claimant		85118455 sharufrizamh@gmail.com	Contact No.(Home)	65631045	Contact No. (Office)	\$8432359A FBK4801Y
m Type * nact No.(Mobile) sil Address mant Type Claiment mant Name *		85)18455 sharufrizamh@gmail.com Please Select	Contact No.(Home) Of Vehicle Number	65631045 7819679X	Contact No. (Office)	
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3	NAC_PAYA_UBI_800601( NAT CES) on 18	TONAL ASSESSMENT CENTRE SERVE 8 Apr 2019 15:37	SAS		Normal	SAS 2019	9-4-18		
74	NAC_PAYA_UBI_BOOSO1[ NAT CES) on 11	TIONAL ASSESSMENT CENTRE SERVI 6 Apr 2019 15:38	NRIC/ Driving License		Normal	NRIC/ Driving Lice	nse 2019-4-18	(00)	
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https://giclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2598164&objectId... 18/4/2019