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Owner / Driver: (		Tel:			
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 fiability 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.

	ACCIDENT STATEMENT
Date Of Report	26/04/2019 14:19
Date Of Accident	31/03/2019 14:55
Exact Location Of Accident	ALONG YISHUN DAM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE4159A
Insured/Policyholder	
Name Of Registered Owner	NOR AZMI BIN MOHAMAD AZLAN
NRIC No	S9005855Z
Email Address	NORAZMI1252@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87002881
Alternative Phone No	OTHERS-87002881
Vehicle Particulars	
Manufacturer	SUZUKI
Model	DRZ-398CC 400SM (M)
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5056791608-06
Cover Note Number	
Driver	
Name of Driver	NOR AZMI BIN MOHAMAD AZLAN
NRIC No	S9005855Z
Date Of Birth	25/02/1990
Occupation	INDOOR
Date Of Driving Pass	13/09/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87002881
4VV	· 항 · · · · · · · · · · · · · · · · · ·

OTHERS-87002881

NORAZMI1252@GMAIL.COM

Address

BLK 191 BOON LAY DRIVE

#07-208

Postcode

640191

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

AFTER RAIN

Road Surface

WET

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?

NO

Was any injured conveyed to hospital by ambulance?

NO

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)

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

SMJ2763L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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 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.
- 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:
  - (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 Signature

Date & Time: 25.04.10

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

Name:

NRIC/FIN No.

#### DECLARATION

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

Policyholder's Signature Date & Time: 26-04-19

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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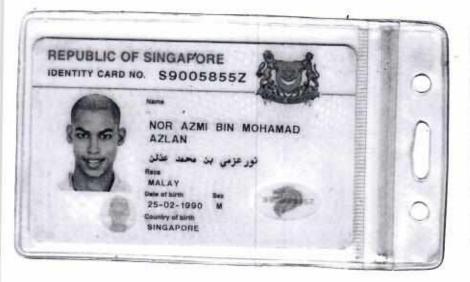
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Policy No.	5036793508-06	Vehicle No.	PROFITO		100000000000000		
ertificate No.		(3.371-37.270)	P864159A		GST Repairation No.		
dicyholder Name	NOR AZHE BUY MOHAMAD AZLAN				Policyholder NRSC	\$90059532	
roduct Code	HOTORCYCLE INSURANCE	Cover Type	Third Party		Lusding	0	
orkect No (Mobile)	NA.	Contact No.(Office)			Corract No.(Home)	1.7	
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-	Figure Mental Association						
NA.	C_BURTT_MERAH_BODGTH; NATIONAL ASSESSMENT OB S (BURTT MERAH); on 26 Apr 2019 14:35	NTRE SERVICE SAS		Normal	SAS 2019-4-28		
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- 30	C_MINIT_MERAM_BIDDLTN; NATIONAL ASSESSMENT CE S (BUNIT MERAM)) on 26 Apr 2019 14:30	NTRE SERVICE Photos		Normal	Photos 2019-4-26	i	
100	during youth a protest taken in the case of						
NAC	SURIT_MERAH_BIDDIDE ( NATIONAL ASSESSMENT CE S (BURIT MERAH)) on 26 Apr 2019 14:30	NTRE SERVICE Photos		Normal	Photos 2019-4-26		

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27	MAC_BURIT_MERAM_BOOGPS NATIONAL ASSESSMENT CENTRY SERVICE 3 (BURIT HERAM) on 25 Apr 2019 14:29	Photos	Normal	Photos 2019-4-28	
1	NAC_BLAST_MERAH_BOGE76; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) UN 25 Apr 2019 14:29	Photos	Nome	Photos 2019-4-26	
35	NAC_SURIT_MERAH_BODS76/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUXIT MERAH)) Un 26 Apr 2019 14:29	Photos	Normal	Photoe 2019-4-26	
	NAC_BUNIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (SUKIT MERAH)) on 36 Apr 2019 14:29	Photoe	Normal	Photos 2019-4-76	
	NAC_BURIT_MERAH_BOOGTG( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 28 Apr 2019 14 29	Photos	Normal	Photos 2019-4-29	
10	NAC_BUXIT_HERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUXIT MERAH)) on 26 Apr 2019 34030	Photos	Normal	Protes 2019-4-26	
	NAC_BURIT_MEXAN, \$506/81 NATIONAL ASSESSMENT CENTRE SERVICES (BUNIT MERAH)) on 26 Apr 2019 14:30	E Photos	Normal	Photos 2018-4-24	
	NAC_BURIT_HERAM_SCREZM NATIONAL ASSESSMENT CENTRE SERVIC 3 (BURIT HERAM)) on 26 Apr 2019 14:30		Normal	Photos 2019-4-26	
4/26/2019		Claim Ha	ndling( Claim Task )		

# ACCIDENT STATEMENT

	1. DETAILS OF VEHICLE	1,507	-371	2
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	DINSUPANCE COALS	FEE 41597		9. 18
	DINSURANCE COMPA	NY: NTUC		
	C)POLICY NUMBER:	1086791608-06		
	d)POLICY TYPE: (COMP	REHENSIVE / THIRD P	RTY / THIRD	PARTY FIRE &THEF
	fitype:/saloon	TVEL 400		
	f)TYPE:(SALOON / COU	PE / MPV /VAN / LOR	RY / MOTOR	CYCLE / OTHERS)
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	A SALICO TO THE WAY	LACCIDENT TIME	CHIAD. I	
	I) ARE YOU CLAIMING UN	NDER YOUR OWN INSI	JRANCE (YES	(NO)
2	IF NO, PLEASE STATE (THE 2. INSURED / POLICY HOLD	TIKU PARTY CLAIM / D	EP. ORTING O	NLY)
	A)NAME: NOL ADMI	O tal Banyo a		_
	b)NRIC/FIN/PASSPORT:_	COOK COLLEGE		(ALE) FEMALE
	c)ADDRESS: 281 7	101000000	CONTAC	T: 87007-867
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No of passanga	, DRIVER	AEK ALZO POLICA HO	LDER	17
Including driver	DINAME: AC ABOVE			
Chaing driver	b)NRIC/FIN/PASSPORT:			ALE / FEMALE)
(_)	c)ADDRESS:		CONTACT	;
				St
	*d)DATE OF BIRTH- /	/ 1/00//		
			M/YYYYI	
751	*d) DATE OF BIRTH: (	S / OTITO ODD		5 12
251	DATE OF DRIVING DA	R/OUTDOOR)		1 g.
4.	1) DATE OF DRIVING PA	R / OUTDOOR) SS YEE OF THE INCURE		
	DATE OF DRIVING PA WAS DRIVER AN EMPLO IF NO, RELATIONSHIP OF	R / OUTDOOR) SS YEE OF THE INSURE	D'S COMPAI	
	1) DATE OF DRIVING PA WAS DRIVER AN EMPLO IF NO, RELATIONSHIP O a) WEATHER CONDITION: (	R / OUTDOOR) SS YEE OF THE INSURE F THE DRIVER WITH	D'S COMPAI	
5.	1) DATE OF DRIVING PA WAS DRIVER AN EMPLO IF NO, RELATIONSHIP O D) WEATHER CONDITION: ( b) ROAD SURFACE: (DRY /	R / OUTDOOR)  SS YEE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O	D'S COMPAI	owner rust after r
5. 6.	TO DETERMINE (INDOOR  TO DETERMINE PA  WAS DRIVER AN EMPLO  IF NO, RELATIONSHIP OF  A) WEATHER CONDITION: (  b) ROAD SURFACE: (DRY /  WAS ANYBODY IN HIRED ()	R/OUTDOOR)  SC YEE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O WET / OTHERS	D'S COMPAI	
5. 6.	TO DETERMINE (INDOOR  TO DETERMINE PA  WAS DRIVER AN EMPLO  IF NO, RELATIONSHIP OF  A) WEATHER CONDITION: (  b) ROAD SURFACE: (DRY /  WAS ANYBODY INJURED ()  C) REPORTED TO POLICE (Y)	R/OUTDOOR) SS YEE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O WET / OTHERS PES / NO	D'S COMPAI	owner rust after r
5. 6.	TO DETERMINE (INDOOR  TO DETERMINE PA  WAS DRIVER AN EMPLO  IF NO, RELATIONSHIP OF  A) WEATHER CONDITION: (  b) ROAD SURFACE: (DRY /  WAS ANYBODY INJURED ()  C) REPORTED TO POLICE (Y)	R/OUTDOOR) SS YEE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O WET / OTHERS PES / NO	D'S COMPAI	owner rust after r
5. 6. 7. 8.	THE PARTY VEHICLE	R/OUTDOOR)  SC YEE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O WET / OTHERS (ES / NO) CH POLICE STATION:	D'S COMPAI	owner rust after r
5. 6. 7. 8. 04 passonaer	THE PARTY VEHICLE	R/OUTDOOR)  SC YEE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O WET / OTHERS YES / NO ES / NO CH POLICE STATION:	D'S COMPAI INSURED: THERS 5	owner just after r wet and d
5. 6. 7. 8. 04 passonaer	THE PARTY VEHICLE	R/OUTDOOR)  SC YEE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O WET / OTHERS YES / NO ES / NO CH POLICE STATION:	D'S COMPAI INSURED: THERS 5	owner rust after r
5. 6. 7. 8. of passenger luding driver)	THIRD PARTY VEHICLE  O) DRIVER'S NAME:	R/OUTDOOR)  SC YEE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O WET / OTHERS (ES / NO) CH POLICE STATION:	D'S COMPAI INSURED: THERS 5	owner just after r wet and d
5. 6. 7. 01 passenger luding driver) 9.	THIRD PARTY VEHICLE  1) DRIVER OF DRIVING PA WAS DRIVER AN EMPLO'  IF NO, RELATIONSHIP OF  CONDITION: (1)  DROAD SURFACE: (DRY /  WAS ANYBODY INJURED (NO  IF YES, PLEASE STATE WHICE  CONDITION: (1)  DRIVER'S NAME:  CONDITION: (1)  DRIVER'S NAME:  CONDITION: (1)  THIRD PARTY VEHICLE  CONDITION: (1)  THIRD PARTY VEHICLE	R/OUTDOOR)  SC YEE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O WET / OTHERS (ES / NO) CH POLICE STATION:	D'S COMPAI INSURED: IHERS 5 INTIALLY MODEL:	owner just after r wet and d
5. 6. 7. 01 passenger luding driver) 9.	THIRD PARTY VEHICLE  1) DRIVER OF DRIVING PA WAS DRIVER AN EMPLO'  IF NO, RELATIONSHIP OF  CONDITION: (1)  DROAD SURFACE: (DRY /  WAS ANYBODY INJURED (NO  IF YES, PLEASE STATE WHICE  CONDITION: (1)  DRIVER'S NAME:  CONDITION: (1)  DRIVER'S NAME:  CONDITION: (1)  THIRD PARTY VEHICLE  CONDITION: (1)  THIRD PARTY VEHICLE	R/OUTDOOR)  SC YEE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O WET / OTHERS (ES / NO) CH POLICE STATION:	D'S COMPAI INSURED: IHERS 5 INTIALLY MODEL:	owner just after r wet and d
of passenger luding driver)	THIRD PARTY VEHICLE  O) DRIVER'S NAME:	R/OUTDOOR)  SC YEE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O WET / OTHERS PES / NO CH POLICE STATION:	D'S COMPAI INSURED: IHERS 5 INTIALLY MODEL:	owner just after r wet and d

email = norazm1252@ gmail.com







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

EFFECTIVE DATE

Class 28 Class 2A Class 2 Class 3

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

16 Nov 2009 30 Dec 2010 21 Jan 2016 13 Sep 2016

NP 428A





#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATI	ON ACT ICHARTER 1801
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATI	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	ON/ NOLES, 1900
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MA	LAYSIA)
Certificate Number : 5056791608-06	Cover : Third Party
1. Index mark and Registration Number of Vehicle	: FBE4159A
Chassis Number	: JS1B8111300100903

2. Name of Policyholder

3. Effective Date of Insurance 4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: 09 Oct 2018

: 08 Oct 2019

: NOR AZMI BIN MOHAMAD AZLAN

- 6. Limitations as to Use#
- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) N/A EXCESS (SECTION 2) N/A INSURE WITH COE N/A : NOR AZMI BIN MOHAMAD AZLAN NAMED DRIVER (1) NAMED DRIVER (2) : MOHAMAD SUFIAN BIN MOHAMAD SOM HIRE PURCHASE COMPANY : M.1 MOTORING

SUM INSURED : N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: TELESALES (00000094288) Agency : 17 Sep 2018 21:12 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive