Date In: 03/0/0/500 (6)0	tre Services   post part	Date & Fine Completed	Done by	
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DOA 31/05/2017 17.	i-Motor W/O (Within:		16	41
OD (TP) Reporting Only	i-Photo Uploaded	1	†· 'o'	
	Assessment/Survey Re	port	1	
TP Insurer:	Ass't Report by Fax /			Shane S
Preferred Wksp / INC Assign Wksp / QW:	Arts description	Tel:	Fax:	
TP Particulars: Veh No:		INC( )/Non-INC( )	7	
Owner / Driver: (	2411412	Tel:	)	
Policy No: (	Period: (	) Cover Type: (		
Confirmed by : (	Date		)	
	(WO):		1-100%]	e a Mila de le Después cum
Year of Registration: (	) Wattanty, YES ( )/N			
Excess: (5 ) Loading:				
General Remarks:		A PRINCE LAND		
( ) Walk-In Customer's Customer's	information strictly Confidenti	al & Strictly NO refer of repairs	ır.	
( ) Total Loss Case : to e-mail In				
	voice: YES ( ) / NO (	); Towing Co. (		)
Remarks: (INC horline: 6788 661		Date&Time Completed	Done	
1) Apply for Transport Allowance (	) / Courtesy Car ( )		<del> </del>	
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost	( )			
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 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.
- 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.

ACTOR OF THE PARTY OF THE REAL PROPERTY.	ACCIDENT STATEMENT
Date Of Report	03/06/2019 16:09
Date Of Accident	31/05/2019 19:20
Exact Location Of Accident	CLEMENTI AVENUE 6 JUST ENTERING AYE
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PARTY OF THE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP6234U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SALIHIN BIN ISA
NRIC No	S8909129B
Email Address	XHARAFIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91817462
Alternative Phone No	OTHERS-91817462
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MT-09 ABS TRACER GT
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	5109439504
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SALIHIN BIN ISA
NRIC No	S8909129B
Date Of Birth	19/03/1989
Occupation	INDOOR
Date Of Driving Pass	12/09/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91817462
Fax Number	
Contact Number	OTHERS-91817462

XHARAFIN@GMAIL.COM

Address

BLK 453A BUKIT BATOK WEST AVENUE 6

#04-757

Postcode

651453

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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?

YES

If Yes Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190601/7017

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

SCH747B

Vehicle Make/Model/Colour

HONDA CIVIC

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LAU YE SOON, JUSTIN

NRIC/Passport Number

S9345825G

Contact Number

91700304

Address

Postcode

Insurance Company Name

Page 2 of 21

#### **DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD SALIHIN BIN ISA

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBP6234U

Were seat belts 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.
- 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.
- 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
- (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's Signature Date & Time:

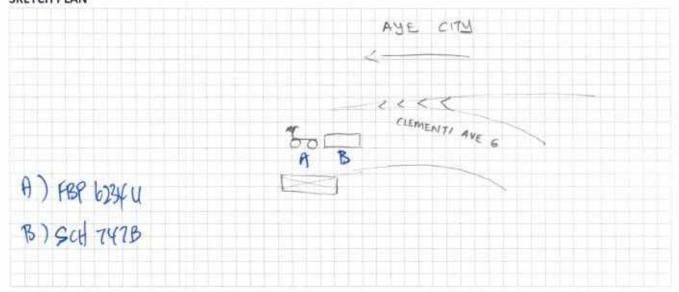
03 106 12019

1500

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre F

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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10 10 10 11 10 10	
A STAN A POLICE	

#### DECLARATION

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

Sof

Policyholder's Signature

Date & Time: 03/00/3-019 150 O Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signatur

Name: NRIC/FIN No.:





1 of 3 Report No. T/20190601/7017

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2019 18:13		fade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars		AND DESCRIPTION OF THE PARTY OF	
	Informant: MAD SALI	HIN BIN ISA	Address: APT BLK 453A BUKIT BATOR SINGAPORE 651453	K WEST AVENUE 6 #04-757	
ID Type NRIC NO	/ ID No.: D / S890912	29B	Contact No.: Home/Office:	Mobile: 91817462	
National SINGAP	ity: ORE CITIZ	EN	Email: reme033@gmail.com		
Sex: Male	Age: 30	Date of Birth: 19/03/1989	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Port/Shipping operations supervisor		tions supervisor	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/05/2019 19:20	Type of Location Straight Road
Location: CLEMENTI A Weather: Clear	VENUE 6	Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
One Way				

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBP6234U	Motorcycle	YAMAHA	MT-09 ABS TRACER GT	Blue		0	
SCH747B	Car					0	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBP6234U	NTUC Income Insurance Co-Operative Limited	5109439504	08/05/2019	07/05/2020		





T/20190601/7017

2 of 3

Report No. T/20190601/7017

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved	Value of the same	SATE TO		THE PARTY OF THE STATE
Any Pedestrian Ir	rvolved: No				
No. of Pedestrian	s Injured: NIL	Use of P	edestriar	Cross	ing: NA
Rider		Maria Maria			WILLIAM BORES
Name	MUHAMMAD SALIHIN BIN IS	SA	ID No	kei	S8909129B
Related Vehicle	FBP6234U (Motorcycle)		Conta	ct No.	91817462
Hospital/Clinic	NG TENG FONG GENERAL	HOSPITAL	Class Drivin Licend Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree		Slight	

#### Brief Details.

On 31 May 2019 at about 1920hrs, I was riding my motorcycle (FBP6234U) along AYE towards city. Suddenly I felt an huge impact from the rear of my bike, a vehicle (SCH747B) collided onto the rear of my motorcycle. As a result of the accident, my motor bike was damaged and I am injured.

I sustained injuries, severe back pain from the above accident and was admitted in the Hospital currently .





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190601/7017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2019 18:13
Officer In Charge Of Case:	Classification Of Case:

ccident MT/1047393 TRY No.	\$109439504	Vetticki No.	PBP6234II	Order Management and	
artificate No.	1000 Carstalin	7,000,000	Libre 53 wff	GST Kegistration No.	
Scyholaer Name	MUHAMMAD SALIHIN BIN ISA			Policyholder NAIC	589091298
iduct Code	MOYORCYCLE INSURANCE	Cover Type	Thrond Party, Fire & Thirly.	Loading	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ritact ho.(Mutile)	95817962	Contact No. (Office)		Contact No.(Home)	79
nali Address		Special Semanie		eCode	(accent
N.	e bio Yes.	TEA	00122110222		No *
ID Protection	No		= Nu Yes	eCode Reason	
Y Accident Details	199	NCD Entitlement(%)	0	Private Hire	No
port Date	23/06/2019 16:51	Accident Report Within 24 hrs	706	(28/20/20/20)	SELECTION AND DESIGN
nte of Adoptions	31/05/2019	Time of Accident to me		Acodent Type	Collaun - Mead to Rear
epirting Carros	31/00/2009		19(20)	Courtry of Account	Singapore
	2501	Orange Ferce		ICM 86.	
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ditional Excess					
Tall CO Extess Applicable	0.00	Your Tir Excess Applicable	0.00		
F Senefits					
GST Registered Informati	on				
? Registered	No		GS7 Regulation Date		
Registration for			GST Status Verified	Yes	
Bleamon History				****	
Policyholder Malling Addr	***				
Dress 1	ISK 453A 404-757	Adoresa 2	BUNIT BATOK WEST AVENUE 6	Address 3	WEST TERRA & BUKIT BATOR
Direct 4	SINGAPORE 651453	Address Type	Singapore address	Post Code	
K Wo.	14-737	Related Pokcy Number	5199439504	5.000.0000	651453
OI Driver Info		A THE LIBER			
ver Name	HUHANIKAD SALIHIN BIN ISA	Driver Type	Main Sirvey		
named driver Name	The state of the s	Driver MRIC		54555 - M 2554 - 4 TI	
gister Date of Driver Germe	22/04/2007		369091298	Driver DOS	19/02/1989
mant his (Hoppin)	\$181746Z	Distrier Ages	30	Driving Experience	13
dress 1		Contact No.(Office)		Cornect No.(Home)	
	BLK 453A #04-757	Address 2	BUNIT BATCK WEST AVENUE S	Adaltesa 3	WEST TIRRA & GUAST BATCH.
dress 4	SINGAPORE 651453	Address Type	Singapura address	Post Cede	651453
it No.	14-757				
es he own a Singapore gistered car?	Yes + No	Driver Vehicle No.	FRF6234U	Driver Insurer Company	NTUC
stanation eathers or Book Test	0 mg	Arry Triany?	Yes - No	500.70019 50.5000 2 + + 4000AV	
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403	NAC_BURIT_MERAH_800678( N S 190KIT MERAH	ATTIONAL ASSESSMENT CENTRE SERVICE (1) on 03 Jun 2019 16 Se	SAS	Normal	SAS 2019-6-3
4-1-20	NAC_BUKIT_HERAH_BUU676( N B (BUKIT HERA)	ATIONAL ASSESSMENT CENTRE SERVICE (1) on UX Jun 2019 16:54	NRIC/ Driving License	Normal	NRIC/ brising License 2019-4-3
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1	NAC_BOKIT_MBARH_800676( / \$ (BLATT MERA	IATIONAL ASSESSHENT CENTRE SERVICE H)) un 03 Jun 2010 16:54	Photos	Normal	Photos 3019-6-3
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3	NAC_BUKIT_MERAH_BIOS76; S (BUKIT HER	NATIONAL ASSESSMENT CENTRE SERVICE H)) on US Jun 2019 16:54	Photos	hormal	Protos 2019-6-3
1	MAG_BUKET_MERAN_BOGG761 S (BUKET MERA	NATIONAL ASSESSMENT CENTRE SERVICE 9911-99-83-34m-2019-16-35	Photos	Normal	Photos 3019-6-3

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Action

# ACCIDENT STATEMENT

ACCIDENT DATE: 31 105 10019 (DD/MM/YY	YY), TIME:( 19 : 20 )(HH:MM
LOCATION: CLEMENTI AVE 6 JUST ENTERIN	IG AYE
I. DETAILS OF VEHICLE	Andrew Sandritan albeiter Gura
a) VEHICLE NUMBER: FBP 6234 U	* 2 2
DINSURANCE COMPANY: NTUE INCOME	
C)POLICY NUMBER: 5109 43 9504	
	In the second second second
d)POLICYTYPE: (COMPREHENSIVE / THIRD PA	ARTY ATHIRD PARTY FIRE &THEFTI
f)TYPE:(SALOON / COUPE / MPV /VAN / LOR g)VEHICLE CATEGORY:(PRIVATE / COMMERC	CIAL /MOTORCYCLEI
h)PURPOSE OF USING AT ACCIDENT TIME: P	ERSONAL
I) ARE YOU CLAIMING UNDER YOUR OWN INS	URANCE (YESINO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) F	REPORTING ONLY)
A)NAME: MUHAMMAD SALIHIN BIN WA	
b)NRIC/FIN/PASSPORT: S89091298	(MALE) FEMALE
CIADDRESS: BUEIT BATOK WEST AVENUE	CONTACT: 91817462
CINDENCESS THE WEST HVENUE	6 BIK 453A # 04 -757
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HE	OIDER
HO of passongs. DRIVER	OLDER
(Including driver) SINAME: AS ABOVE .	MAALE CERVALE
b)NRIC/FIN/PASSPORT:	(MALE / FEMALE) CONTACT:
c)ADDRESS:	
"CIDATE OF SIPTUL 1 19 1 03 1 1999 1100	www.commonwealth
*d)DATE OF BIRTH: ( 19 / 03 / 1989 ) (DD/	MM/YYYY)
e)OCCUPATION: (NDOOR) OUTDOOR)	~17
DATE OF DRIVING PAGE 12 09 2	<u>-13</u>
4. WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT	ED'S COMPANY? (YES /NO)
5. a) WEATHER CONDITION: (CLEAR / RAINING /	H INSURED: DWA EX
DIROAD SURFACE: DRY WET OTHERS	JIHERS
6. WAS ANYBODY INJURED (YES) NO)	
7. a) REPORTED TO POLICE (YES) NO)	100
IF YES, PLEASE STATE WHICH POLICE STATION:	TRAFFIC POLICE .
R THIRD BARTY VEHICLE	
the of passinger a) VEHICLE NUMBER: SCH 7478	MODEL: HONOR CIVIC .
. Including driver) b) DRIVER'S NAME: LAU YE SOON , JUSTIN	
(   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CONTACT: 9170 0304
9. THIRD PARTY VEHICLE	
the of passanger of VEHICLE NUMBER:	_MODEL:
Inche Alexander of City City City City City City City City	=
Including driver) 1) NRIC/FIN/PASSPORT:	_CONTACT::-
(_)	

email = come x harafin@gmail.com

### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8909129B

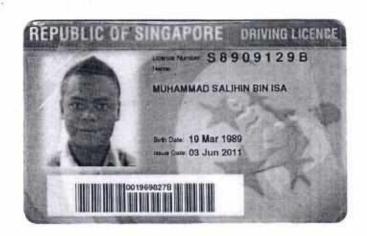


MUHAMMAD SALIHIN BIN ISA

MALAY 19-03-1989 SINGAPORE



3774003



# For LKK/NAC Use Only



09-09-2005

APT BLK 453A BUKIT BATOK WEST AVENUE 6 #04-757 SINGAPORE 851453

NRIC No: \$89091298

Date: 08/09/2018

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

37 Avg 2007

· EFFECTIVE DATE

Class ZA Mutorepoles between 281, CC and 480 CC Class 2 Matureprine > 410 CC

25 Nov 2016 12 den 2013

Motor years =< 2000 kg with =< 7 passengers, estilising of the driver; and motor trachers/whiche =< 2000 kg

29 Jun 2009

S89991298

S/No. 9000180615

Licence No: \$89091298



## Certificate of Insurance

	Continuente	of madrance
MOTOR VEHICLES (THIRD PARTY RISKS A	ND COMPENSATION	ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS A		
ROAD TRANSPORT ACT, 1987 (MALAYSIA		, , , , , , , , , , , , , , , , , , , ,
MOTOR VEHICLES (THIRD PARTY RISKS) F		SIA)
Certificate Number : 5109439504	Committee to the committee of	Cover : Third Party, Fire & Theft
1. Index mark and Registration Number	of Vehicle	: FBP6234U
Chassis Number	or venicle	: JYARN575000010502
Name of Policyholder		: MUHAMMAD SALIHIN BIN ISA
Effective Date of Insurance		: 08 May 2019
4. Expiry Date of Insurance		: 07 May 2020
5. Persons or Classes of Persons entitled	to drive#	. 07 May 2020
(a) Named Driver(s) Only.	r to driver	
	is permitted in accor	rdance with the licensing or other laws or regulations to drive
the Motor Vehicle or has been so	permitted and is no	ot disqualified by order of a Court of Law or by reason of any
enactment or regulation in that I	ehalf from driving th	ne Motor Vehicle.
6. Limitations as to Use#		
(a) Use for social domestic and pleas	sure purposes and in	connection with the Policyholder's business or profession.
This Policy does not cover		and the control of th
<ul><li>(a) Use for hire or reward.</li></ul>		
(b) Use for racing, pace-making, relia		
(c) Use for the carriage of goods (ot	her than samples) in	connection with any trade or business.
(d) Use for any purpose in connection	n with the Motor Tra	ade.
(Chapter 189) and Section 95 of the headings.	by Section 8 of the I the Road Transport A	Motor Vehicle (Third Party Risks and Compensation) Act 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 REFER	OVERLEAF
INSURE WITH COE	: YES	
NAMED DRIVER (1)	: MUHAMMAD	SALIHIN BIN ISA
NAMED DRIVER (2)	: N/A	
HIRE PURCHASE COMPANY	: SOUTHERN W	IND MOTOR CREDIT & TRADING PTE LTD
SUM INSURED	I INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS	
Vehicles (Third Party Risks and Compensa	ation) Act (Chapter 1 LTD. (00000572842)	Plates is issued in accordance with the provisions of the Motor 89) and Part IV of the Road Transport Act, 1987 (Malaysia)  For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	orised Officer	Chief Executive