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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 wiful 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.

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 sodgement 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

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Acc	NDE		STAT	2000	
AU	<i>,</i> 106				

Date Of Report

11/06/2019 14:18

Date Of Accident

11/06/2019 07:20

Exact Location Of Accident

SLIP ROAD OF SENJA WAY INTO WOODLANDS ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBD3611Y

Insured/Policyholder

Name Of Registered Owner

MOHAMED ZULHAIRI BIN MOHAMED YATIM

S8003847Z NRIC No

Email Address

ZULHAIRIYATIM@GMAIL.COM

Mobile Phone No

(LOCAL) +65-98571077

Alternative Phone No

OTHERS-98571077

Vehicle Particulars

Manufacturer

YAMAHA

Model

RXZ135-133CC (M)

Exact Purpose for which vehicle was being used at

GOING TO WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

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

5083642741-02

Cover Note Number

Driver

Name of Driver

MOHAMED ZULHAIRI BIN MOHAMED YATIM

NRIC No

S8003847Z 18/02/1980

Date Of Birth Occupation

OUTDOOR

Date Of Driving Pass

07/06/1999

Driving Experience

20 YEARS AND 0 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-98571077

Fax Number

Contact Number

OTHERS-98571077

EMail Address

ZULHAIRIYATIM@GMAIL.COM

Address

BLK 636C SENJA ROAD

#10-343

Postcode

673636

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)

2

involved in the accident

NO

Was any body injured in the Accident?

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?

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

SLB5937L

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LAM HIEW SOON

NRIC/Passport Number

Contact Number

97891204

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.
- 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.
- 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)
 - (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:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

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I/We declare the foregoing partic	ulars are true in every respect.		/ 11
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Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting (Name:	Centre Personnel's Signature
Entre M. Tillings	Date & Time:	NR/C/FIN N	10:

6/12/2019 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1048647 Profess file. 1000042741-03 Vehicle No. PROMITY GET Registration No. Thirtholder Name PROFUNDED JUSTIANA BUR DECKARAGE PATEN Protectional Parkets SECTION America Code мотомогод эколимов Cover type third forty, Fre & their Luxung Contact No.: Human WHYSTIGTE Cortict NLIDRON Empt Address. Special Remark eCirtie No. * 274 - 90 Yes TCA TWO YES eliberic Resour NCD Principle NCO Entrainment No. Private Non - Accident Details Report Date: 12/04/2019 05:54 Accident Report William 24 to a Acodem Type Collision - Head to Bow Own of Accident 314/16/2003 Time of Academ hit; mm 107-20 Courtsy of Accident 5 грароч Registing Centre Orange Force ICH NICE Assistent sacation THE ROLD OF SERLIN WAS INTO WIDDEN AWAY AGAIN Excess Own damage Excess Administrati Excessive Whitemen facilities Driver Excess Outside Simperory OD Excess Dried Harty Europa. Outside Singapore 17 fixtent 0.00 Benefita - GST Registered Information OST Registered SST Registration Date SST Status Vertical Hadrication History - Policyheider Malling Address Address T. SECTION FIRST Rathins 2 THUS SOAT SENIA HANC USEW Address A BINGAPONE STREET Address Type Sepapora adminis Post Code 623638 Unit No Kelated Porcy Number 5053476360-07 Of Oriver Info Driver Species MOHRMED ZULHARRI BIN MOHAMED YATTM Brief Tyre man Driver Dreighted Oliver Name Driver NRID BHISCHWITT Driver DGB (0.022190) Regreter Clairs of Direct License. 07/06/1999 Drivet Asie Driving Experience 311 Cornert No (Motore) 980-710-77 Contact Nv.(Offer) Contact No.7Hone) Stitlers I BUY SONG #10-341 Address 2 **БЕНИА НОАО** Approas J STRUK PARE VIEW Address 6 RINGAPORE 5733,34 едірен Турк Singapore address Prof. Crick SHALL BOX Does he pan a Singapure. Registered car? Tee - 50 Direct Vehicle No. Stiver Shower Company Muc Branchalveer or 60000 Test. Reading? Arts injury? Yes - No Monthestion History Claim D01 Bew. Claim Type * Printed MONARCE STREET, BIR HONG THEFT PRINTED TO THE PRI hmpquenzz Corner No. (Mirpin) Contact Curtain 67644131 Design Laubthowner DULHERRYATING GWALL COM VENCE FROM [1] SUBSECT. Claim Descripture PRODUCEY / SLEEDITH ON 11 Jun 2019 Incured Listerity Stot at Fault # Repair | Preferred Workshop Av. Washing Range Final parties | Yes * GIA Received Preferrez Workshop, Name uminous. Date Begretered 12/01/2019 08:18 Date 12/06/2019 86 08 Report Taken By ROSES WARRE Trosp. All. letter Save | Submit Attachment Accident No. MT/SDAREAT Last Duc. Received * Yes O As Utation Care 12/08/2019 09:59 Category • tirgency = Векспроил т Choose File No No No choose * HD Clear * Sormal Chaose File No lie choses Cigar * NO Please Seizet T Normal Chasse File: No file chases Clear Piesse Seinit Chause File No lie chosen * NO Clen Please Select * Normal Choose File No No chosen Clear Pinese Seint! * NO Number of Chaose File: No Ne chasel Char Peace Select * NO * Norman . Message floar Sand Helpator Attachment Ust Antwickment.

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NAC_RURIT_PRINAH_REGGTS NATIONAL ASSESSMENT CENTRE SERVICE IS (BLRIT M(RAH)) on 13 Jun Julie Brise	PHELOS		Normal	Protest 2019-6-12	

Claim Handling(accident reporting Claim Task)

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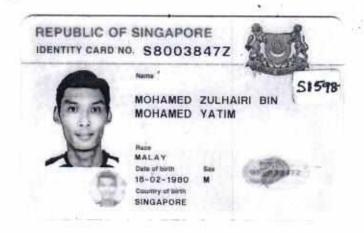
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ACCIDENT STATEMENT

b)NRIC/FIN/PASSPORT: \$80078477 CONTACT: 98571077 c)ADDRESS: Mr. 6362 Senga a.0 # 10-743 *d)DATE OF BIRTH: (18 / 02 / 1980)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUIDOOR) f)DAYE OF DRIVING PASS / 949 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO). IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE	ACCID	ENT DATE: (11 1.6) 201	?)(DD/MM/YYY),	TIME: (07 : 20	2_1(HH:MM)
OIVEHICLE NUMBER: FOD 36 // V DINISURANCE COMPANY: NTUL OIPOLICY NUMBER: OIPOLICY NUMBER: OIPOLICY NUMBER: OIPOLICY YIPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE &THEFT] OIMAKE & MODEL: YAPAHA	LOCATI	ON: Sensa way	20 AUG 20	0	
B)MAKE & MODEL: YAMAHA AX2 (TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: 10 WOT i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: MOHO ZULHATAT (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 580078 472 CONTACT: 1857(02) () ADDRESS: BLK 6764 \$ENJA AD # 10 - 343 "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER () NAME: MOHO ZULHATAT CONTACT: 1857(02) "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER () NAME: MOHO ZULHATAT CONTACT: 1857(02) "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER () NAME: MOHO ZULHATAT CONTACT: 1857(02) "CONTACT: 1857(02) "CONT	F-1 (2)	a) VEHICLE NUMBER: FO b) INSURANCE COMPANY:		Ťi	KC 80
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: MOHO 2 LL HAZIT C) ADDRESS: BLL 6762 \$6038 472 CONTACT: 98576277 C) ADDRESS: BLL 6762 \$6034 RD #10-343 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (1) NAME: MOHO 2 LL HAZIT C) NECTOR AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO). IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 6. WAS ANYBODY INJURED (YES! NO) 7. D) REPORTED TO POLICE (YES! NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: \$6577 L MODEL: £200 INCHINTPASSPORT: \$7300 485 L CONTACT: 9789 (204 PORTIVER NAME: MODEL: NO of PASSWAGE O) VEHICLE NUMBER: MODEL:	1. • 7	e)MAKE & MODEL: YAMA ()TYPE:(SALOON / COUPE / g)VEHICLE CATEGORY:(PRI h)PURPOSE OF USING AT AC	MPV /VAN / LORRY VATE / COMMERCIA CCIDENT TIME: TO	/ MOTORCYCLE,	OTHERS)
DINRIC/FIN/PASSPORT: 580078472 CONTACT: 18571077 CIADDRESS: BLK 6366 \$6N3A RD # 10-343 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DINRIC/FIN/PASSPORT: 580078472 CONTACT: 98571077 c)ADDRESS: BLK 6366 \$6N3A RD # 10-343 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINRIC/FIN/PASSPORT: 580078472 CONTACT: 98571077 c)ADDRESS: BLK 6366 \$6N3A RD # 10-343 *CONTINUE TO 3.d IF DRIVER ALE DINRIC/FIN/PASSPORT: 580078472 CONTACT: 98571077 c)ADDRESS: BLK 6366 \$6N3A RD # 10-343 *CONTINUE TO 3.d IF DRIVER ALE DINRIC/FIN/PASSPORT: 580078472 CONTACT: 98571077 c)ADDRESS: BLK 6366 \$6N3A RD # 10-343 *CONTINUE TO 3.d IF DRIVER WITH INSURED BINGALE BIN	2., 1	IF NO, PLEASE STATE (THIRD NSURED / POLICY HOLDER	PARTY CLAIM / REP	ORTING ONLY)	
CINCLUDING DRIVER (Including driver) (Includ	t	DINRIC/FIN/PASSPORT: 588	0038472	CONTACT: 485	
e)OCCUPATION: (INDOOR / OUTDOOR) f)DAYE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO). IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET OTHERS 6. WAS ANYBODY INJURED PYES / NO) 7. a)REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE WICHIGH NUMBER: 5 - 6 5937 L MODEL: 6 DRIVER'S NAME: LAM HIEW SOON C) NRIC/FIN/PASSPORT: 57300 485 L CONTACT: 9789 1204 We of passenger of VEHICLE NUMBER: 6 DRIVER'S NAME: MODEL: No of passenger of VEHICLE NUMBER: 6 DRIVER'S NAME: MODEL: ON VEHICLE NUMBER: MODEL: ON VEHICLE NUMBER: MODEL: ON VEHICLE NUMBER: MODEL:	(Including driver)	DRIVER	A2. 038472	(MALE)	E32177793 D538
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6. WAS ANYBODY INJURED (YES/NO) 7. a) REPORTED TO POLICE (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE No of passenger a) VEHICLE NUMBER: 5-6 5937 L MODEL: 6 200 Including driver) b) DRIVER'S NAME: 1-AM HIEW 3000 C) NRIC/FIN/PASSPORT: 57300485 C CONTACT: 97891204 9. THIRD PARTY VEHICLE No of passenger a) VEHICLE NUMBER: MODEL: 1 Page 1 DRIVER'S NAME: MODEL:	5. a	WEATHER CONDITION: (CL	EAR / RAINING / OT		
Model: 6200 Including driver) b) DRIVER'S NAME: LAM HIEW SOON () O NRIC/FIN/PASSPORT: 57300485 C CONTACT: 97891204 () O THIRD PARTY VEHICLE () VEHICLE NUMBER: . MODEL:	6. W 7. a,	AS ANYBODY INJURED (YES	5/NO) -/NO)	18.	u .
() RRIC/HN/PASSPORT: 37750485 Z CONTACT: 4/84/124	He of passenger o) VEHICLE NUMBER: 54	B 5937 L HIEW SOON	MODEL: E 200	
Indudice delicate e) DRIVER'S NAME:	() 9. TH	NRIC/FIN/PASSPORT: 5			91204
(ten at harrounder.	DRIVER'S NAME:			
	(_)	NRIC/FIN/PASSPORT:		CONTACT::-	

email = Zulhaini yatim @gmail .com





For LKK/NAC Use Only





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