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l Invoice Pro	paration Checklist	Anit (5)	Ami (3)
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	Jeb description SAS e-filing E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form i-Motor W/O (within: OD 2hr i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand INC (Date: Note-Est. Status (WO): N: 0-2 Warranty: YES () / NO (Doon () / \$2,000 () Demail of the strictly Confidential & Sirer URGENTLY.	Jeb description Date & Time Completed	Job description SAS e-filing E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax/Hand to Owner/Wksp Tal: Fax: VIII INC () / Non-INC () Tel:) priod: () Cover Type: () Date: Time:) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Warranty: YES () / NO () Domain Strictly Confidential & Strictly NO refer of repairer. Ter URGENTLY. Tourie: Date& Time Completed ()

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

ACCIDENT STATEM	

Date Of Report 17/06/2019 17:24 Date Of Accident 14/06/2019 21:35

JALAN BESAR STADIUM CARPARK Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

FBE3291G Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner MOHAMED NAZARDEEN

S9471704C NRIC No NOEMAIL Email Address

Mobile Phone No (LOCAL) +65-86735770 Alternative Phone No OFFICE-86735770

Vehicle Particulars

YAMAHA Manufacturer Model YZF-R1

Exact Purpose for which vehicle was being used at

time of accident

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

PRIVATE USE

If No, Please state action to be taken Vehicle Category MOTORCYCLE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy NO

Policy Number 5084102522-02

Cover Note Number

Driver

Name of Driver ABDUL KADER HAJA AINUDDIN

NRIC No S9575054J Date Of Birth 21/09/1995 INDOOR Occupation Date Of Driving Pass 24/11/2017

Driving Experience 1 YEAR AND 6 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-86735770

Fax Number

OFFICE-86735770 Contact Number

EMail Address NOEMAIL Address BLK 7 KING GEORGE'S AVENUE

#11-112

Postcode 201007

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

328

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

ambulance?

YES

Was any other material or property damaged?

NO

I have been approached by unknown person(s) 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

NO NO

YES

Was there any audio recorded?

Details of Witness 1

SHAHEER

Phone Number

Name

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJX4114J

Vehicle Make/Model/Colour HYUNDAI AVANTE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 23

DETAILS OF INJURED PERSON 1

ABDUL KADER HAJA AINUDDIN Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

LEG

FBE3291G

Were seat belts worm?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

' IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- 3) 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>.
- 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 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)

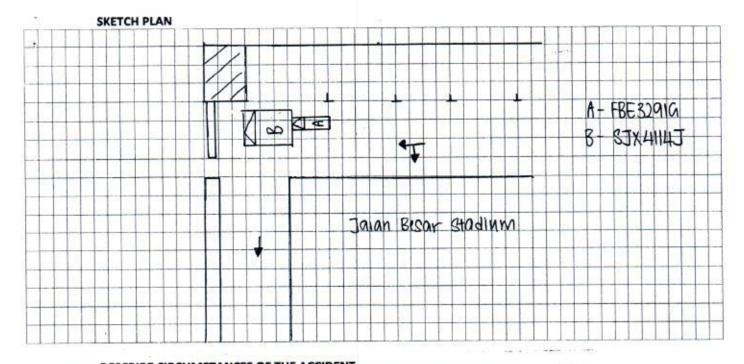
I understand, acknowledge, agree and consent that:

- (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:
 - (I) 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

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:



I was travelling to the exit of Jalan Besar Stadium and came to a stop walting for vehicle B to exit. As I was waiting, the gantry could not detect vehicle's B IU and he started to reverse. While he was reversing, I started honking to let him be aware that I was behind him. He did not stop and did not notice me and continued to reverse and I tried avoid him and I was too late. Hence, he collided onto the front portion of my vehicle. There was an eye witness at the moment which witnessed the whole incident.						
10.85						

DECLARATION

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

Policy holder's signature Date & time: Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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.
- This form must be filled up by the policy holder and/or authorised driver.
 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.

A DISTRIBUTE OF A POST OF	ACCIDENT DETAILS	net with the district that
Date of accident	14 Juny 2019	(DD/MM/YY)
Time of accident	9:35PM	(HH:MM)
Exact location of accident	Carpark of Jaian Bisar Stadium	

White the state of the state of	DET	AILS OF	VEHICLE	Con Min	teles in particular
Vehicle registration number Vehicle make and model	FBE 32910 Yamana	RI			
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆	CRV Motor	Van o	Others:
Vehicle category	Private	Comme	rcial 🗆	Motorcyc	le 🗹
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes Third part clai	No e	if no, plea Reporting		

	INSURANCE IN	FORMATION	Mary Charles
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

Name	Monamed Nozardeun	Male 🗆	Female =
NRIC / Fin / Passport number	S9471704C		
Contact	86735770.		
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO	D.O.B)	A TOTAL
Name	Abdul Kadur Haja Ainuddin	Male	Female 🗆
NRIC / Fin / Passport number	895750547		
Contact	86735770 / 87509020		
Address	BIK 7 King Gorge's Avenue		
Email address			
Date of birth	21 Supt 1995		
Occupation	Indoor Outdoor		
Driving date pass	24 NOV 2017		

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No 🗹
the insured's company?	If no, relationship of the driver and insured: Friend
Accident captured by camera?	Yes 🗆 No 🗹
Weather condition	Clear Raining Others:
Road surface	Dry D Wet a
No of passenger	(Inclusive of driver)
MATERIAL PARTIES	PASSENGER 1
Name	Abdul Kadur Haja Ainuddin
Gender	Male Female D
	PASSENGER 2
Name	
Gender	Male Female
	PASSENGER 3
Name	
Gender	Male D Female D
ociide.	
	PASSENGER 4
Name	
Gender	Male D Female D
	PASSENGER 5
Name	
Gender	Male Female
Gender	
in the second of	PASSENGER 6
Name	TASSENSE NO.
Gender	Male D Female D
Gender	
HALL STATE OF THE	OTHER INFORMATION
Was anybody injured?	Yes No 🗆
Was other vehicle damaged?	Yes D/ No D
was other venicle damaged.	Tready the E
THE MAN PARTY OF THE PARTY OF T	DETAILS OF POLICE STATION ACTION
Described to relice?	Yes No If yes, please state which police station.
Reported to police? Police station name	Tes Li No Zi ii yes, piease state which police station.
Police Station name	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	
AND SHEET WAS ASSESSED.	WITNESS 1
Name	Shahur
	WINCES AND THE PROPERTY OF THE PARTY OF THE
主教和的外发生的工作的对象的影響	WITNESS 2
Name	X

And the second second second	THIRD PARTY VEHICLE 1
Vehicle registration number	SJX4114J
Vehicle make model	HYUNDAI AYANTU
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 2
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
of the secretary of the second	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Makista analytical number	THIRD FART VEHICLE
Vehicle registration number	\(\tag{\tau} \)
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
movement of the control of the contr	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model /	
Name	
NRIC / Fin / Passport number	
Contact	
· 图记	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Telephone and the second secon	

	INJURED PERSON 1	
Name	Abdul Kadur Haja Ainuddin	
Injuries sustained	HER LU	
Which vehicle person in?	F8E32979	1
Were seat belts worn?	Yes Z No 🗆	
Was injured conveyed to	Yes D No.	
hospital by ambulance?	for the second s	
	INJURED PERSON 2	
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to	Yes D No D	
hospital by ambulance?		
THE REPORT OF THE PARTY OF THE	INJURED PERSON 3	September 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes A No D	
Was injured conveyed to	Yes No D	
hospital by ambulance?	1655 165	
nospital by ambalance.		
	INJURED PERSON 4	
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to	Yes No	
hospital by ambulance?		
	INJURED PERSON 5	丛 热 有温度
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes No No	
Mealwhard servered to	Yes D No D	
was injured conveyed to	1000	
Was injured conveyed to hospital by ambulance?	1655 1165	
	Test No.5	
hospital by ambulance?	INJURED PERSON 6	
hospital by ambulance? Name		
Name Injuries sustained		
hospital by ambulance? Name		
Name Injuries sustained Which vehicle person in?	INJURED PERSON 6	

REPUBLIC OF SINGAPORE IDENTIFY CARD NO S9575054J



ABDUL KADER HAJA AINUDDIN

INDIAN 21-09-1995

INDIA

For LKK/NAC Us 9397585-13

S9575054J

ABDUL KADER HAJA AINUDDIN

News Date: 16 Nov 2018

9502396

For LKK/NAC Use Only INDIAN

APT BLK 7 KING GEORGE'S AVENUE #11-112 SINGAPORE 201007

18-09-2016

EFFECTIVE DATE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

eBao Tech								GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	• Log Out
	Poli	cy Query									3
	Policy N	ło.				Date	of Accident	14	/06/2019 2	1:35	
	Vehicle No.(For Motor)		FBE3291G		Certificate Number						
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084102522- 02		MOHAMED NAZARDEEN	S9471704C	GMC	Third Party, Fire & Theft	FBE3291G	FBE3291G	13/11/2018	12/11/2019
					1	Continue	1				

Policy No.	5084102522-02	Policyholder Name	MOHAMED N	IAZARDEEN	Policyholder NRIC	S9471704C	
Certificate		Name			Wile		
Address	BLK 24 #03-118 BALAM ROAD	SINGAPORE 3	70024				
roduct Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	12/11/2018	Effective Date	13/11/2018	00:00	Expiry Date	12/11/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	YEW HENG CREDIT ENTERPRI	SE Agent Tel.	67437030		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 24 #03-118	Add	ress 2	BALAM ROAD		Address 3	SINGAPORE 370024
Address 4		Add	ress Type	Singapore address		Post Code	370024
Unit No.	03-118		ted Policy	5084102522-02			
D Insure	ed Object: FBE3291G						
	sements						

ocident MT/1049404						
icy No.	5084102522-02		Vehicle No.	FBE3291G	GST Registration No.	
rtificate No.						
Ricyholder Name	MOHAMED NAZARDEEN				Policyholder NR3C	59471704C
oduct Code	MOTORCYCLE INSURANCE		Cover Type	Third Party, Fire & Theft	Loading	0
ritact No (Mobile)	86735770		Comact No.(Office)	0	Contact No.(Home)	0
nail Address			Special Remark		eCode	tur V
K	® No ○ Yes:		TCA	® No ⊜Yes	eCode Reason	1
D Protection	No		NCD Entitlement(%)	15	Private Hire	No
Accident Details	100		Ace consensus of		rinate nee	NO.
	1212242310321321			18808	790003092000	2275800 W.C287500
port Date	17/06/2019 19:17		Acodent Report Within 24 hrs	Yes	Accident Type	Damaged while parked
te of Accident	14/06/2019		Time of Acodem thomm	21:35	Country of Academ	Singapore
porting Centre			Orange Force		IOM No.	
ident Location	JALAN BESAR STADIUM CARP	PARK				
Excess						
n damage Excess	0.	.00	Additional Excess		Windscreen Excess	
named Driver Excess			Outside Singapore OD Excess			
nd Party Excess	0.	00	Outside Singapore TP Excess			
Benefits						
GST Registered Informa	tion					
T Registered	No			GST Registration Date		
T Registration No.				GST Status Verified	Yes	
diffication History						
Policyholder Mailing Add	dress					
dress I	BLK 24 #03-118		Address 2	BALAM ROAD	Address 3	SINGAPORE 370024
dress 4			Address Type	Singapore address	Post Code	370024
it No.	03-118		Related Policy Number	5084102522-02		
OI Driver Info						
ver Name	HAJA AINUDDIN ABOUL KADE	ER	Oriver Type	Named Driver		
named driver Name			Onver NRIC	595750543	Driver DOB	21/09/1995
gister Date of Driver License	24/11/2017		Driver Age	23	Driving Experience	1
ntact No.(Mobile)	86735770		Contact No.(Office)	o o	Contact No. (Home)	0
dress 1	8LK 7		Address 2	KING GEORGE'S AVENUE	Address 3	SINGAPORE 201007
dress 4						
E No.	11-112		Address Type	Singapore address	Post Code	201007
ses he own a Singapore	O Yes ® No		Driver Vehicle No.		Driver Insurer Company	
es he own a Singapore gistered car?			Driver Vehicle No.		Driver Insurer Company	
ses he own a Singapore gistered car? claration			Driver Vehicle No.	S. S. VOLV 9	Driver Insurer Company	
ses he own a Singapore agistered car? claration wathalyser or Blood Test			Oriver Vehicle No. Any injury?	® Yes ○ No	Driver Insurer Company	
ses he own a Singapore sgistered car? claration wathisyser or Blood Test adding?	○ Yes ® No			® Yes ○ No	Driver Insurer Company	
des he own a Singapore egistered car? claration wathelyser or Blood Test	○ Yes ® No			® Yes ○ No	Driver Insurer Company	
es he own a Singapore gistered car? daration eathelyser or Blood Test 30 ng?	○ Yes ® No			® Yes ○ No	Driver Insurer Company	
es he own a Singapore gistered car? daration sathwiyaar or Blood Test 30/ng?	○ Yes ® No			® Yes ○ No	Driver Insurer Company	
es he own a Singapore josered car? iaration lathalyzer or Blood Test asing?	○ Yes ® No			® Yes ○ No	Driver Insurer Company	
es he own a Singapore gistered car? daration sathalyser or Blood Test soing? affication History Claim 901 Next	○ Yes ® No O mg			® Yes ○ No MDHAMED NAZARDEEN	Driver Insurer Company Insured NRJC	\$9471704C
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