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Assessmen	t/Survey Report		
TP Insurer:	rt by Fax / Hand to Owner/Wks		
Preferred Wksp /-INC Assign Wksp / QW: (Tol:	Fax:)
TP Paraiculars: Veh No: SMZ 72	MC()/Non-IN	IC()	
Owner / Driver: (Tel:)
Policy No: () Period: () Cover Type	:()
Confirmed by : (Date: To	me:)
	is (WO): N: 0-20%; P: 21-7	9%. F: 80-100%]	
Year of Registration: () Warranty: YES	S()/NO()		
Excess: (\$) Londing: \$1,000 () / \$2,			
General Remarks	Herian in the	::	
() Walk-In Contoniar : Customer's information strictly	Confidential & Strictly NO rafe	r of repairer.	
() Total Loss Case : to e-mail Insurer URGENTL	Υ		
Drive-In () / Towed-In (); Invoice: YES ()	/ NO (); Towing Co: (
Remarks - (INC horling: 6788 (6616)	Dite&Tim	Completed :	Done by
1) Apply for Transport Allowance ()/ Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] (
2) Opiode Resultoy Chicagon Cost Costs, C			
Injury:		The second second	
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Chumanta Barticulars:		(30); (100); INC (\$80)	
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Driver/Owner:	4) FT : Fallow-Through Survey 5) FT : Fallow-Through Survey	(Resurvey) 530	
Contact No:	Enrelaiming against INC On	y (we[10]m12005)	
Damaged Portion:	7) N1: Idau DA + SMRT Surve	\$75 y . \$160	
	6) NTUC Additional Services:		
QC Checked by (Engr-In-Charge):	* N3: Courtesy Car / Tpt Allo	wante \$5	
	* N6: Repair Co-ordination	\$10 \$25	
Additors Comments :	*N/: Fost Repair Inspection *N8: DV / Collect Excess Co	ordination \$5	
Cal. J.:	1P (N11): TP (Non INC) og 1) N12: Idno Mobile		Same of the last o
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AND THE STATE OF		6:39	1 810S-YAM-TO

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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.

- 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	ENT

Date Of Report

30/07/2019 10:38

Date Of Accident

10/06/2019 17:30

Exact Location Of Accident

ALONG BALESTIER ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBP1012B

Insured/Policyholder

Name Of Registered Owner

FARIZ BIN MOHD FEROZ

NRIC No

S9118881C

Email Address

TEAMOVERKILL990@OUTLOOK.COM

Mobile Phone No

(LOCAL) +65-87671247

Alternative Phone No.

OTHERS-87671247

Vehicle Particulars

Manufacturer

YAMAHA

Model

AEROX

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

REPORTING ONLY MOTORCYCLE

Vehicle Category

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

5107332039

Cover Note Number

Driver

Name of Driver

FARIZ BIN MOHD FEROZ

NRIC No Date Of Birth

S9118881C

Occupation

07/06/1991

Date Of Driving Pass

OUTDOOR 04/07/2017

Driving Experience

1 YEAR AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-87671247

Fax Number

Contact Number

OTHERS-87671247

EMail Address

TEAMOVERKILL990@OUTLOOK.COM

BLK 211 BUKIT BATOK STREET 21 Address

#02-256

Postcode 650211

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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

YES

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

YES

Was the accident reported to the police? If Yes, Please state which Police Station

Police Station Name

TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)

Police Station Address

ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-3910000 - FAX NO: 63964900

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20190613/7014

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 Witness 1

Name

HANAFI

Phone Number

91801752

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMJ7249Y

Vehicle Make/Model/Colour

AUDI A4

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HE ZEMIAO

NRIC/Passport Number

S8862213H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

FARIZ BIN MOHD FEROZ

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBP1012B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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.

y

Policyholder's Signature Date & Time: 30 /7/15

1059 HR

Driver's Signature

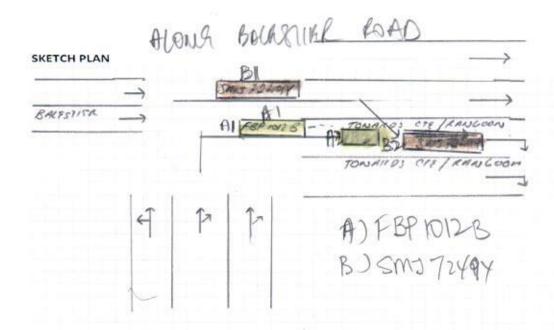
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PUKASK	RAFFIR TO POLICE RAPORT E/2019 0613/7014 7
LABATION	

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

Policyholder's Signature

Date & Time: 36/ 1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:





E/20190613/7014

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000 Report No. E/20190613/7014

Date/Time Report Made 13/06/2019 14:08	Vide Report No.		Station Diary No.	
Name Of Informant FARIZ BIN MOHD FEROZ	Address APT BLK 211 BUKIT BATOK STREET 21 #03-256 SINGAPORE 650211			
ID Type / ID No. NRIC NO / S9118881C	Contact Home/C		Mobile: 87671247	
Nationality SINGAPORE CITIZEN	Email Address teamoverkill990@outlook.com			
Occupation	Sex	Age	Date of Birth	Race
PROCESS TECHNICIAN	Male	28	07/06/1991	Indian
Institution/School Name	Language English			
Date/Time Of Incident 10/06/2019 17:00 - 10/06/2019 18:30	Location Of Incident BALESTIER ROAD			
Drief details	C=1, 20,000 - 10,000 - 10			

Brief details.

At approximately 1730hrs i was at Moulmein Road traffic light cross-juntion. At about 1732hrs traffic light turned green, I move off and picked up speed to about 40km/hr - 45km/hr with the intention of turning right to Balestier Road with the intention of going to Rangoon Road. There are 2 lanes [lane 1 lane 2] going towards Rangoon Road and CTE. I was in the 2nd lane then suddenly a Audi car bearing plate number SMJ7249Y approaching from Balestier Road from the 5th lane swerved into my lane recklessly and brake hard because the traffic light heading towards CTE turned red. Due to his reckless driving I was forced to apply hard brake which cause my motorcycle handlebar lock which resulted in my bike to

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Not applicable	Date/Time: 13/06/2019 14:08
	*
Officer In-Charge Of Case:	Classification Of Case;
Authentication Stamp	



E/20190613/7014

2 of 2

POLÍCE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190613/7014

skid. If I had not applied hard brake I would have hit the rear end of his car and would be worst

I suffered abrasions on my left ankle, right palm and left elbow.

Witness name : Hanafi

Contact number: 9180 1752

Subjects Involve	d				
Victim	The state of the s	Language Spine	La Hunter School and School and School		
Person Name	FARIZ DIN MOLID FEROZ				
ID Type	NRIC NO	ID No	S9118881C		
Gender	Male	Age	28		
Race	Indian	Language	English		
Occupation	PROCESS TECHNICIAN	Address Type			
Address	APT BLK 211 BUKIT BATOK STREET 21 #03-256 SINGAPORE 650211	Mobile No	87671247		
Is Informant A	Yes	Î	İ		
Victim?					
Daniel M	1-1-1-1				
Person Name	FARIZ BIN MOHD FEROZ (Informant)				

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/06/2019 14:08
Officer In-Charge Of Case:	Classification Of Case;
Authentication Stamo	And an analysis of the second

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Description Photos 2019-7-30

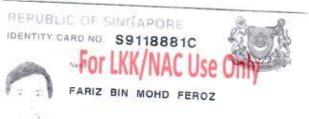
Photos 2019-7-30

Msg Sent? (CO)

Claim Handling(accident reporting Claim Task)

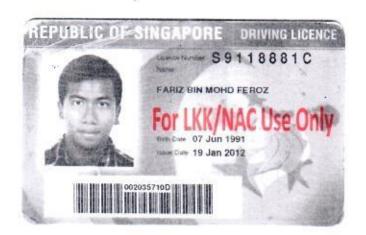
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SINGAPORE



5599597



For LKK/NAC Use Only

27-04-2016

APT BLK 211 BUKIT BATOK STREET 21 #03-256 SINGAPORE 650211

NOW ARE LICENSED TO DRIVE CEMICLES IN THE FOLLOWING CLASSIES!

For LKK/NAC Use Only

59118881C

S / No.9000268953

eBao Tech		General			
Hello, NAC_BUKIT_MER	AH_800676		Change Language	c , Change Password	Log Out
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Notice of Loss Policy No.			Date of Accident	10/06/2019 11:28	
	Vehicle No.(For Motor)	FBP1012B	Certificate Number		
			Search		
	Select Policy No.	Certificate Policyholder Policyhol Number Name NRIC		Insured Commence Object Date	Expiry Date
	5107332039	FARIZ BIN MOHD FEROZ S911888	GMC Third Party, FBP1012B	FBP1012B 30/01/2019	29/01/2020
			Continue		