Date In: 13/8/19-16:50	Jcb description	Date & Time Completed	Done b	<i>y</i> .
Ref No: wajincigolyos ofy	SAS e-filing			
Veh No: FBP88782	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 88 19-13:50	i-Motor Claim Form	M7/1057460 001	13/8/19 19:17	~
	i-Motor W/O (Within: OD 2hr	The state of the s		
OD : TP ! Reporting Only	i-Photo Uploaded	· · · · · · · · · · · · · · · · · · ·		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No-Ma	INC (	)/Non-INC( )	V	
Owner / Driver: (	100	Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	10
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1	,000()/\$2,000()			
General Remarks:			Mark Mark	
( ) Walk-In Customer: Customer's in	formation strictly Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.	5 mar 1 g		
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( ) / NO( ); T	'owing Co: (	7	)
			E745093801737	
Remarks: (INC hotline: 6788 6616)	4976 CO. CO. CO. CO. C. CO. C.	Date&Time Completed	Done b	у .
1) Apply for Transport Allowance ( )/				
2) QC Check / Post Repair Inspection	( )	· · · · · · · · · · · · · · · · · · ·		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )			-
Injury:		<del>, '4</del>		
Pate/Time Actions	1.00		START TO A	<del>conjusti i</del>
Oste/Time Actions	7.473	The section sales	Marios .	
Date/Time Actions			ese care	
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Date/Time Actions	4		ASS CANAL	
				Am.(3)
	4.0	paration Checklist	Anit (5)	Am.(\$) Add Bill
	l) AR : Accident	par ation Checklist: Reporting (\$30);	Ant (s)	St. 5 (5)
NAIທວາງ ຈ aimant's Particulars :-	1) AR : Accident 2) DA : Darrage 3) TF : Towing F	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$200);	Ant (5) 7/1 Bijl 80) 0/545	St. 5 (5)
NAIທວາງ ຈ aimant's Particulars :-	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$100)	Ant (S) Tit Bill	St. 5 (5)
NAIທວາງ ຈ aimant's Particulars :-	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$200);  Result (\$100); INC (\$200);  Result (\$100); INC (\$200);  Result (\$100); INC (\$200);  Result (\$100); INC (\$100);  Result (\$100); INC (\$100);  Result (\$100); INC (\$100);  Result (\$100);	Anit (\$) 1st Bill 80) 0/\$45 \$120 \$30	St. 5 (5)
NAIທວາງ ຈ aimant's Particulars :-	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec	Paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$200);  Ree \$400;  Assessment (\$100); INC (\$200);  Recough Survey (\$200);  Recough Survey (\$200);  Resinst INC Only (wef 10 Jan 200);  Retion	Anit (\$) (\$\text{15t Bill}\) 80) 0/\$45 \$120 \$30	St. 5 (5)
ntact No:	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-imper 7) N1 : Idac DA 8) NTUC Addition	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$200);  Ree \$400;  Assessment (\$100); INC (\$200);  Read (\$100); INC (\$200);  Read (\$100);  Re	Anit (\$) 15t Bill 80) 0/\$45 \$120 \$30 \$) \$75	St. 5 (5)
ntact No:	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idae DA 3) NTUC Addition	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$200);  Ree \$400;  Assessment (\$100); INC (\$200);  Read (\$100); INC (\$200);  Read (\$100);  Re	Anit (\$) 15t Bill 80) 0/\$45 \$120 \$30 \$) \$75	St. 5 (5)
nimant's Particulars:- iver/Owner: intact No: maged Portion:	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-insper 7) N1 : Idac DA 3) NTUC Addition OD* *N5: Courtesy *N6: Repeir C	Daration Checklist  Reporting (\$30); Assessment (\$100); INC (\$20); Ree S4 Arough Survey Arough Survey (Resurvey) Resinst INC Only (wef 10 Jan 200); Reiton  + SMRT Survey Resurvey Resu	\$m(C(\$))  7i(Bi)(  80) 0/\$45 \$120 \$30 \$5 \$160  \$5 \$160	St. 5 (5)
nimant's Particulars:- iver/Owner: intact No: maged Portion:	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-insper 7) N1 : Idae DA 3) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Daration Checklist  Reporting (\$30); Assessment (\$100); INC (\$20); Ree S4 Arough Survey Arough Survey (Resurvey) Resinst INC Only (wef 10 Jan 200); Reiton  + SMRT Survey Resurvey Resu	\$m(C(\$))  7st Bill  80) 0/\$45 \$120 \$30 \$5) \$75 \$160	St. 5 (5)
nimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idac DA 3) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$20); Research (\$100); INC (\$30); Research (\$400); INC (\$30); Research (\$400); Res	80) 0/\$45 \$120 \$30 \$1 \$75 \$160	St. 5 (5)

### 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 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.

- 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 STATEMENT	
13/08/2019 16:50	
08/08/2019 17:50	
COLLYER QUAY	
SINGAPORE	
	08/08/2019 17:50 COLLYER QUAY

DETAILS OF OWN VEHICLE		
Vehicle Registration Number	FBP8878Z	
Insured/Policyholder		
Name Of Registered Owner	MUHAMMAD IDAFIH BIN ZAINAL ABIDIN	
NRIC No	S9239594D	
Email Address	NOEMAIL	
M 13 - 61 - M	W 0.041 \ .05 00717710	

Vehicle Particulars	
Alternative Phone No	OFFICE-90717246
Mobile Phone No	(LOCAL) +65-90717246

Manufacturer	YAMAHA
A A STATE OF THE S	CALUDED TAKE

Model SNIPER T150 Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

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 NO

Fleet Policy Policy Number 5110802255

Cover Note Number

Driver Name of Driver MUHAMMAD IDAFIH BIN ZAINAL ABIDIN

NRIC No S9239594D Date Of Birth 14/10/1992 Occupation OUTDOOR Date Of Driving Pass 20/09/2011

Driving Experience 7 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90717246

Fax Number

Contact Number OFFICE-90717246

EMail Address NOEMAIL Address BLK 193 EDGEFIELD PLAINS

#04-222

Postcode 820193

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Type Of Accident

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?

. . . .

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)

ILS

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

**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?

NO

If Yes, against whom?

# Circumstances of Accident

REFER TO POLICE REPORT - T/20190810/7011.

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

TAM CHWEE GUAN

Phone Number

87865591

Email Address

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SMH6859D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Page 2 of 20

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD IDAFIH BIN ZAINAL ABIDIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBP8878Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

### SKETCH PLAN

# 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.
- Information provided must be as <u>truthful</u> and accurate as possible. 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 afchiving 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 works on 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:
  - 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 .:

Policyholder's Signature Date & Time:

2004; st. olar, programs

Driver's Signature

(II driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

Date of Accident	: 8   8   19 Accident Time: 17.50pm (24-HR-Format)
Accident Place	: Collyer Quay
Vehicle Reg. No. (Car Plate No.)	: FBP 8878Z
Vehicle Make/Model	: YAMAHA SNIPER 150
Insurance Company	NTUC Policy No. 51 080 22 55
Owner or Company Name /IC No.	64 - 6 - 6 - 6 - 6
Owner or Company Contact No.	90717246 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: MUHAMMAD IDAFIH BIN ZAINAL ABIDIN .
DRIVER'S Date Of Birth	: 14/10/1912 DRIVER'S License Pass Date 27/9/2011
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 193 EDGGETIELD PLAINS, # 04-222, (S) 820193
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin Engcar.sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party Claim Own Insurance
Number of Passengers (Including D	Driver): 1
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES \ NO as being used at the time of accident: Private use \ Work purpose
Other !	Party Driver's Particular (if any)
Vehiclo Reg. No: 8mH68590	Vehicle Reg. No:
Vehicle Make Wodel:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





1 of 3 Report No. T/20190810/7011

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

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2019 15:24		Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
MUHAM		IH BIN ZAINAL	Address: APT BLK 193 EDGEFIELD 820193	PLAINS #04-222 SINGAPORE
ID Type NRIC N	/ ID No.: O / S92395	94D	Contact No.: Home/Office: Mobile: 90717246	
National SINGAP	ity: ORE CITIZ	EN	Email: idafih.1410@yahoo.com.sg	
Sex: Male	Age: 26	Date of Birth: 14/10/1992	Type of Informant: Rider	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B,2A Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2019 17:50	Type of Location Straight Road
Location: COLLYER QU	JAY			
Weather:		Road Surface: Dry		Road Speed Limit: 60 Km/h
Clear				
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate

Details of V	ehicle involve	ď				<b>计算计算</b>
Vehicle No.	. Dype	Make	Model	Color	Condition	No of Passenger
FBP8878Z	Motorcycle	YAMAHA	SNIPER T150	Blue		0

Details of V	epicierinsurance	<b>建筑是一个大学工艺</b>	Santa Santa Santa	
Vehicle No.	Insurance Company	Insurance No	Effective	Explry Date
FBP8878Z	The second secon	5110802255	29/06/2019	28/06/2020





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190810/7011

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL	Use of Pe	destriar	Cross	sing: NA
Rider	THE PERSON NAMED IN COLUMN	As no little	e e e	S. 02 2 1	CHARLES AND
Name	MUHAMMAD IDAFIH BIN ZAINA	L ABIDIN	ID No		S9239594D
Related Vehicle	FBP8878Z (Motorcycle)		Conta	ct No.	90717246
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licent Expiry	g	Class: 2B,2A Date of Expiry: NIL
Date Treatment	09/08/2019	Date Disc	harge	09/08	/2019
No. of Days gran	ted Medical Leave 03	Degree of		A STATE OF THE PARTY OF THE PAR	

# Brief Details.

On the stated time and date. i was riding my bike (FBP8788Z). Suddenly vehicle (SMH6859D) TOYOTA CAMRY cut into my lane and hit onto my left side. i was injured and when to Tan Tock Seng hospital. I have a eye witness Tam Chwee Guan hp 87865591.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190810/7011

## CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

**Authentication Stamp** 

NP168

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: 10/08/2019 15:24
Officer In Charge Of Case: TP / TPHQ / MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:

# IDENTITY CARD NO. \$9239594D REPUBLIC OF SINGAPORE





MUHAMMAD IDAFIH BIN ZAINAL

ABIDIN



BOYANESE

14-10-1992 Date of birth

Country/Place of birth SINGAPORE



25-06-2019

APT BLK 193 EDGEFIELD PLAINS #04-222 BINGAPONE 820193

REPUBLIC OF SINGAPORE



Class 28 Motorcycles =< 200 oc Class 2A Motorcycles between 201 oc and 400 oo

For LKK NAC Use Only

NP 428A

<b>eBao</b> Tech										GeneralClaim	
Hello, NAC_PAYA_UBI_80	0601						› Change	Language	• Chang	e Password	→ Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	0	8/08/2019 1	7:50	
	Vehicle	No.(For Mator)	FBP8878Z			Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5110802255		MUHAMMAD IDAFIH BIN ZAINAL ABIDIN	S9239594D	GMC	Third Party, Fire & Theft	FBP88782	FBP8878Z	29/06/2019	28/06/2020
						Continue	1				

Policy No.	5110802255	Policyholder Name	минаммас	DIDAFIH BIN ZAINAI	Policyholder NRIC	S9239594D	
Certificate No.		24.00.112.					
Address	BLK 193 #04-222 EDGEFIELD PI	AINS SINGA	ORE 820193				
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	29/06/2019	Effective Date	29/06/2019	00:00	Expiry Date	28/06/2020 23:	59
Excess Type	Per Accident	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/I	nexperience Driver Excess
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133		GST Flag	Υ	
Co- insurance Flag	No.						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 193 #04-222	Addre	ess 2	EDGEFIELD PLAINS		Address 3	SINGAPORE 820193
1001633.2		Addre	ess Type	Singapore address		Post Code	820193
Address 4 Unit No.	04-222	Relat	ed Policy per	5110802255			
Address 4 Unit No.	04-222 ed Object: FBP8878Z			5110802255			
Address 4 Unit No.	ed Object: FBP8878Z			5110802255	I I E II .		

ccident MT/1057460						
AV.					220000000000000000000000000000000000000	
roficate No.	5110802255		Vehicle No.	PBP8876Z	GST Registration No.	
kicyholder Name	MUHAMMAD IDAFIH B	DETERMENT AND IN			Marine State Company	
	MOTORCYCLE INSURA				Policyholder NRIC	59219594D
oduct Code ntact No.(Mobile)	90717246	ONCE	Cover Type Contact No. (Office)	Third Party, Fire & Theft	Contact No.(Home)	0
nari Address	2012/190		Special Remark	*	eCode	THE VI
K.	® No ○ Yes		TCA	No ○ Yes	eCode Reason	1
D Protection	No.		NCD Entitlement(%)	0		No
Accident Details	177		ALL LINCONSIL(W)	7	Private Hine	tee
port Date	13/06/2019 19:50		Accident Report Within 24 hrs	Vad	Acodem Type	Collision - Change / Cross lane
te of Accident	08/08/2019					22.7
porting Centre	90/00/2022		Time of Accident hh:mm Orange Force	17:50	Country of Accident	Singapore
odent Location	COLLYER QUAY		San San Mari		Total State of the	
Total Excess Applicable						
реза Туре	Per Acodem		Windscreen Excess			
DESCRIPTION OF THE PERSON OF T			1644112C-12012A-1464			
Standard Excess		0.00	TP Standard Excess	0.00		
D OD Excess		0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
ditional Excess						
tal DO Excess Applicable		0.00	Total TP Excess Applicable	0.00		
Benefits						
GST Registered Informa	ition					
T Registered	No			GST Registration Date		
T Registration No. dification History				GST Status Venfied	Yes	
ancation made y						
Policyholder Mailing Add	dress					
dress 1	BLK 193 #04-222		Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 820193
oress 4			Address Type	Singapore address	Post Code	820193
n No.	04-222		Related Policy Number	5110802255	,	-
OI Driver Info			Number of the state of the stat			
vior Name	MUHAMMAD IDAFIH BI	IN ZAINAL ABIDIN	Driver Type	Main Driver		
named driver Name			Driver NR3C	592395940	Driver DOB	14/10/1992
gister Date of Driver License	20/09/2011		Driver Age	26	Driving Expenence	7
ntact No.(Mobile)	90717246		Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 193		Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE \$20193
dress 4			Address Type	Singapore address	Post Code	820193
iff.No.	04-222					
ies he dwn a Singapore	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
gistered car?						
gistered car?						
gistered car?						
pistered car? danation sathalyser or Blood Test	Omg		Any injury?	® Yes ○ No		
gistered car? Claration eakhalyser or Blood Test ading?			Any injury?	® yes ○ No	11 3	
gistered car? Claration eakhalyser or Blood Test ading?			Any injury?	® Yes ○ No		
distance (ar)  distance setholyser or Blood Fest ading?  Sheation History			Any injury?	® yes ○ No		
Jaration Jaration Histoalyser or Blood Fest ading? Sheation History			Any injury?	Yes ○ No		
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