	e Services.	Tues a parage less	4419115074	Was all and the second second second
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D.O.A: 28) 6/19-08:20	i-Motor Cla	im Form	M11060355-001	31/0/19 1757
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OD / TP / Reporting Only	i-Photo Upl	oaded		
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IP insurer:	Ass't Report	by <u>Fax / Hand</u> t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:
TP Particulars: Veh Noime 4	by vo	. INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Per	riod: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]
Year of Registration: () V	Warranty: YES ()/NO()	
Excess: (\$) Loading: \$1,00	00 ()/\$2,000	0()		
General Remarks			BIRKKEL (I)	Con St.
() Walk-In Customer: Customer's infor	rmation strictly Co	onfidential & Str	ictly NO refer of repairer.	
() Total Loss Case : to e-mail Insure				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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.
- 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.

ACCIDENT STATEMENT

	ACCIDENT STATEMENT
Date Of Report	31/08/2019 11:02
Date Of Accident	28/06/2019 08:20
Exact Location Of Accident	SLE (BKE) BEFORE WOODLANDS AVE 2 EXIT
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FT5221U
Insured/Policyholder	
Name Of Registered Owner	HASMIN SIREGAR BIN HASBULLAH
NRIC No	S9533644B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91162095
Alternative Phone No	OFFICE-91162095
Vehicle Particulars	
Manufacturer	YAMAHA
Model	TZM150
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
Fleet Policy	NO
Policy Number	5066178153-05
Cover Note Number	
Driver	
Name of Driver	HASMIN SIREGAR BIN HASBULLAH
NRIC No	S9533644B
Date Of Birth	20/09/1995
Occupation	INDOOR
Date Of Driving Pass	18/06/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91162095
Fax Number	
0	055105 04400005

OFFICE-91162095

NOEMAIL

BLK 257C COMPASSVALE ROAD Address

#03-533

543257

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

Postcode

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)

2

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

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 SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE, POSTCODE: Police Station Address

545025 , COUNTRY: SINGAPORE

TEL NO: 1800 - 3438999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190629/2023.

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

SME4672D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 24

Name HASMIN SIREGAR BIN HASBULLAH Approximate Age Injuries Sustain BODY Injured person in which vehicle? FT5221U Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

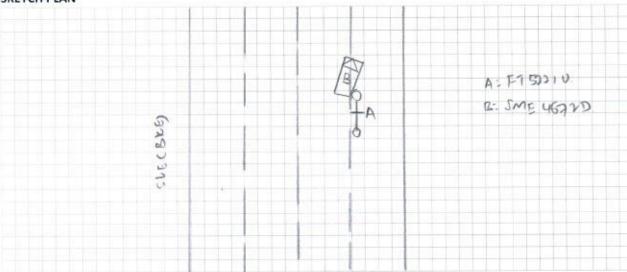
- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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;
 - 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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

zefer to	police	report	Thayou	629/202			
	7 === 327						

DECLARATION

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

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 .:

KEARASC SkirtchPlanEarth_363





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

1 of 3 Report No. T/20190629/2023

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 119 04:07	fade:	Vide Report No.:	Station Diary No.: 55	
Informa	nt's Partice	ulars		Supplemental Control of the Control	
	Informant: ISIREGAR	BIN HASBULLAH	Address: APT BLK 257C COMPAS 543257	SVALE ROAD #03-533 SINGAPORE	
	/ ID No.: O / S95336	44B	Contact No.: Home/Office:	Mobile: 91162095	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 23	Date of Birth: 20/09/1995	Type of Informant: Rider		
Race: Malay	0.07577.7.7.		Language: Institution / School Nam		
Occupat	tion:	ineers	Driving Licence Information Class: 2B,2A,2,3,4,5	on: Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 28/06/2019 08:3	0	Type of Location Straight Road
SELETAR EX BUKIT TIMAL	Traveling Toward CPRESSWAY EXPRESSWAY BKE before Woodl		2 Exit			
Weather: Clear			Surface:		Roa	d Speed Limit:
Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled			Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anu	one conveyed by	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FT5221U	Motorcycle	YAMAHA	TZM150	Blue	Slightly Damaged	0		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
FT5221U	NTUC Income Insurance Co-Operative Limited	5066178153-05	24/06/2019	23/06/2020			





/20190629/2023

2 of 3

Report No. T/20190629/2023

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Perso	n involved				and the same	
Any Pedestrian I	nvolved: No		200			
No. of Pedestrian	ns Injured: NIL		Use of P	edectria	n Cross	simm. ALA
Rider			030 011	euestria	Closs	sing: NA
Name	HASMIN SIREGAR	BIN HASB	ULLAH	ID No).	S9533644B
Related Vehicle	FT5221U (Motorcyc	FT5221U (Motorcycle)			ontact No. 91162095	
Hospital/Clinic	KHOO TECK PUAT	HOSPITAI		Class Drivin Licen Expin	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	28/06/2019		Date Dis			/2019
No. of Days gran	ted Medical Leave	14	Degree o		Slight	

Brief Details.

On the 28/06/2019 at about 0830hrs, I was riding my motorcycle, bearing the registration plate FT5221U, along SLE towards BKE between iane 1 and 2. There was a heavy traffic as such I was not travelling fast. Before Woodlands Avenue 2 exit, one maroon Subaru car was on lane 1 and abruptly changed to lane 2. However, I was too close to him and unable to stop my motorcycle. My motorcycle collided to the car's rear left side and I fell down. Shortly later, an ambulance arrived and made a check on me. I was then conveyed to Khoo Teck Puat Hospital. I was discharged on the same day. I received 14 days MC and I suffer abrasion on my right wrist, left elbow, left hand, left knee, both feet, bruise on my left leg and cut on my face. I also feels pain at my neck area when I turn my head and felt giddiness. Some of my teeth also chipped off. I received a call one TP officer, IO David, and was told that my motorcycle had been towed. He also advised me to lodge a traffic accident report. Before I was conveyed to the hospital, I managed to talk to the driver and he told me that he has an in-car camera facing the rear. After which I was conveyed to the hospital, I did not manage to take down any details of the said car and the driver.





0190629/2023

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. T/20190629/2023

3 of 3

Tel No: 1800-343 8999

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Staff Sgt NUR NADHIRAH BINTE HASHIM	· 144
Signature Of Interpreter: Not applicable	Date/Time: 29/06/2019 04:07
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	SN 085
Authentication Stamp NP168 Signature	e at

Chapapere Police Force





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9533644B





HASMIN SIREGAR BIN HASBULLAH

MALAY 20-09-1995 Country of birth SINGAPORE

4636184

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 28 Class 24 Class 2 Class 3

Mutercycles New 200 CC
Mutercycles between 201 CC and 200 CC
Mutercycles > 600 CC
Mutercycles > 600 CC
Mutercycles > 600 CC
Mutercycles > 6000 CE
Muter care = 2000 kg with =< 7 paramagers, exclusive of the
drawer, and monor transformine bioles == 2500 kg
Mutercycles = 2000 kg mutercycles > 2500 kg
Mutercycles > 7250 kg mutercycles (to carry arm head Class 5

FOR EKK/NAC USE 6

28-09-2010

APT BLK 257C COMPASSVALE ROAD #03-533 SINGAPORE 543257

595336448

S / No.9000322135



14P 42CA

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		10000		dil = 30%)		+ Change	Language	e • Chan	ge Password	→ Log Out
My Desktop	Polic	y Query				200					
Notice of Loss	Policy N	0.				Date o	of Accident		28/06/2019	08:30	
	Vehicle I	No.(For Motor)	FT5221	U		Certifi	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5066178153- 05		HASMIN SIREGAR BIN HASBULLAH	\$95336448	GMC	Third Party	FT5221U	FT5221U	24/06/2019	23/06/2020
					15	Continue	1				



Claim Handling					
ccident HT/1060355					
Policy No.	5066178153-05	Vehicle No.	FT5221U	GST Registration No.	
ertificate No.					
olicyholder Name	HASMIN SIREGAR BIN HASBULLAH			Policyholder NRIC	S9533644B
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
ontact No.(Mobile)	91162095	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. V
FK	No ○Yes	TCA	® No ○ Yes	eCode Reason	
ICD Protection	No	NCO Entitlement(%)	20	Private Hire	No
→ Accident Details					
eport Date	31/08/2019 13:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ate of Accident	58/06/3018	Time of Accident hh:mm	08:20	Country of Accident	Singapore
eporting Centre		Orange Force		TCM No.	
oddent Location	SLE (BKE) BEFORE WOODLANDS AVE 2 EXIT				
Total Excess Applicable					
voess Type	Per Accident	Windscreen Excess			
	65550	270000000000000000000000000000000000000			
D Standard Excess	0.00	TP Standard Excess	0.00		
IED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess		STORES - 1500000			
Total DD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
□ Benefits	982				
♥ GST Registered Informal IST Registered			GST Registration Date		
i51 Registered iST Registration No.	No		GST Registration Date GST Status Verified	Yes	
odification History				200	
Policyholder Mailing Ad	dress				
ddress 1	BUK 2570 #03-533	Address 2	COMPASSIVALE ROAD	Address 3	COMPASSVALE GARDEN
ddress 4	SINGAPORE 543257	Address Type	Singapore address	Post Code	543257
init No.		Related Policy Number	5066178153-05		
₩ DI Driver Info					
Iriver Name	HASMIN SIREGAR BIN HASBULLAH	Driver Type	Main Oriver	(\$10.00EEE)	
innamed driver Name		Driver NRIC	595336448	Driver DOB	20/09/1995
legister Date of Onver License		Driver Age	23	Driving Experience	5
Contact No. (Mobile)	91162095	Contact No.(Office)	0	Contact No.(Prome)	0
ddress 1	BLK 2570	Address 2	COMPASSVALE ROAD	Address 3	COMPASSVALE GARDEN
ddress 4	SINGAPORE 543257	Address Type	Singapore address	Post Code	543257
Unit No. Does he own a Singapore	03-533				
tegistered cart	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
Breathalyser or Blood Test	200	VOR SOCIONAL I			
keading?	0 mg	Any injury?	® Yes ○ No		
fedification History					
Claim 001 New					
Jam Type *	OD-MX	Insured Name	HASMIN SIREGAR BIN HASBULL	Insured NRIC	595336448
Contact No.(Mobile)	91162095	Contact No.(Home)	63843776	Contact No.(Office)	
mail Address	BLOW_BANDIT_DIABLOSHOTM	OI Vehicle Number	FT5221U	TP Vehicle Number	SME4672D
Darmant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Zaimant Name +	22	Clarmant NRIC +			
Jaimant Address				V - 100 - 10	
	FT5221U / SME4672D ON 28 Jun 2019		paragraph and a second	Name of Preferred Workshop	
			Not at Fault		
referred Workshop Contact o		Insured Liability •	1717 CN 1876 - 1166		produced to the same of the sa
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