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Date In: 5/9/4-18:01	Jeb descriptio	n	Date & Time Completed	Don	e pi.
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Veh No: FRISE 944	E-mail (withi	a Shrs, AIC 2hrs)			
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OD TP : Reporting Only	i-Motor W/	O (Within: OD 2hrs	, TP 4brs)		
J reporting only	i-Photo Upl	oaded			
TP Insurer:	Assessment/S	urvey Report			
11 Insurer.	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: Ju	WYJYZY .	. INC(	)/Non-INC( ).	-	
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
		WO): N: 0-20	%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
	1,000 ( )/\$2,000	)( )		100	
General Remarks:				2009 0 - 5	
( ) Walk-In Customer: Customer's in	nformation strictly Co	infidential & Stri	ctly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.	7/			
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( )/1	NO( ); To	wing Co: (		)
Remarks;- (INC hotline: 6788 6616)			Date&Turio Completed	77575	AL.
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2) QC Check / Post Repair Inspection	Courtesy Car (	,		-	
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Injury:  Onte/Time Actions  Actions  Aimant's Particulars:- iver/Owner:	\$3000] (	1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition OIL* *N5: Courtesy C	aration Checklist  eporting (\$30); ssessment (\$100); INC (\$8 ough Survey ough Survey (Resurvey) instINC Only (wef 10 Jan 2005 on SMRT Survey al Services:-	Amt (\$) Tit Bill 0) /545 5120 \$30 ) \$75	7
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Injury:  Date/Time Actions  Actions  Actions  Actions  Actions  Actions  Checked Portion:  Checked by (Engr-In-Charge):		1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition OIL*  *N5: Courtesy C  *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	eporting (530); ssessment (5100); INC (58 ough Survey ough Survey (Resurvey) instINC Only (wef 10 Jan 2005 on SMRT Survey al Services:- ar / Tpt Allowance ordination Inspection ct Excess Coordination Non INC) against INC	330 ) \$73 \$10 \$25 \$30 \$25 \$33 \$20 \$30 \$30	7

#### 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 aforesaid.

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28 M 20 C A C A C A C A C A C A C A C A C A C	ACCIDENT STATEMENT
Date Of Report	05/09/2019 18:01
Date Of Accident	04/09/2019 11:45
Exact Location Of Accident	JUNC SERANGOON RD & OWEN RD
Country/State of Loss	SINGAPORE
AND LOCAL PROPERTY OF THE PARTY	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN5894G
Insured/Policyholder	
Name Of Registered Owner	NOOR KHAIRUL BIN HARUN
NRIC No	S9118793J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97774617
Alternative Phone No	OFFICE-97774617
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400A
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5105392500
Cover Note Number	

D	-4		-	_
	п	w	е	

Name of Driver NOOR KHAIRUL BIN HARUN

 NRIC No
 S9118793J

 Date Of Birth
 27/05/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/10/2018

Driving Experience 0 YEAR AND 10 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97774617

Fax Number

Contact Number OFFICE-97774617

EMail Address NOEMAIL

Address BLK 787 CHOA CHU KANG NORTH 6

#11-204

Postcode 682787

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 - MAJOR/MINOR RD

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

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) 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/20190904/7012.

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

SKW4347Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

Name

NOOR KHAIRUL BIN HARUN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBN5894G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### SKETCH PLAN

## IMPORTANT NOTICE

- i. Please report correctly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyhalder and/or the Avitorised Delves.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wiful missepresentation or withtolding of material facts may allow insprance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any felse 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 hareby consent to the archiving of this report at the centre and to copies of the report being made available aforeseld.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (s) 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 Monatary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (!) processing, hendling and/or dealing with my daims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my dalme:
  - (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 low in administering, processing, fixedding and/or dealing with my dains.(collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Perposes; and
- (i) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or egents (including their lawyers/law firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to compile claims history for the purpose of freud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to 20 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.

Poticyholeters Signature Date & Times

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Contro Personnel's Signature

Name:

KRIC/FIN No.:

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ECLARATION		
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	Ordens's Stantistics	Reporting Contre Personnot's Signature
oficyholder's Signature	Orien's Signature	
ate & Turko:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Date of Accident	48ept 2319 Accident Time: 1145am (24-HR-Format)
Accident Place	: Serangoon Road Tower Road
Vehicle Reg. No. (Car Plate No.)	: FBN 5894 G
Vehicle Make/Model	: CB 400 R
Iлsurance Company	:_NTU(Policy No
Owner or Company Name /IC No.	: Noor Khairul Bin Harun 391187937
Owner or Company Contact No.	: 9777 4617 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Noor Khainel Bin Harun 59118793J
DRIVER'S Date Of Birth	: 27 May 1991 DRIVER'S License Pass Date 24 oct 2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 787 Choa chu kang North 6 #11-204 5 (682787
DRIVER'S Contact No./ Alt No.	:1) 977746(7 2)
DRIVER'S Occupation	: INDOOR LOUFBOOK (e.g. working inside or outside office)
Email Address	: Admin @ Mycar. 89
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Yarty \ Claim Own Insurance
Number of Passengers (Including D	river):
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES (NO) s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle Reg. No: 2KW 4347 Y	Vehicle Reg. No:
Vehicle MakeWodel:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	

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

1 of 3 Report No. T/20190904/7012

# REPORT OF A TRAFFIC ACCIDENT

04/09/20	ne Report N 019 15:09	Made:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars	The state of the s				
NOOR H	f Informant: (HAIRUL B	IN HARUN	Address: APT BLK 787 CHOA CHU KANG NORTH 6 #11-204				
ID Type NRIC N	/ ID No.: D / S911879	93J	SINGAPORE 682787 Contact No.: Home/Office: Mobile: 97774617				
National SINGAP	ity: ORE CITIZ	EN	Email: khairul_rul@hotmail.com				
Sex: Male	Age: 28	Date of Birth: 27/05/1991					
Race: Boyanes	2		Language: English	Institution / School Name:			
Occupat DRIVER	ion:	Same to Harris	Driving Licence Information: Class: 2B,2A	Date of Expiry:			

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/09/2019 11:45	Type of Location: T-Junction
Location: SERANGOOI	N ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance; No

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBN5894G	Motorcycle	HONDA	CB400A	White	Slightly Damaged	0	
SKW4347Y	Car		-			0	

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
FBN5894G	NTUC Income Insurance Co-Operative Limited	5105392500	THE RESERVE THE PARTY OF THE PA				





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

2 of 3 Report No. T/20190904/7012

### **CONTINUATION OF REPORT**

Any Pedestrian I	CONTRACTOR OF THE PARTY OF THE			A ARREST		
No. of Pedestrian			Use of Pe	destria	n Cross	ing: NA
Rider	P. OT SHIP STREET, SHIPE					
Name	NOOR KHAIRUL BI	N HARUN		ID No	).	S9118793J
Related Vehicle	FBN5894G (Motorcycle)			Conta	act No.	97774617
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	144	Date Disc	harge	NIL	
	ted Medical Leave	05	Degree of			

### Brief Details.

On the stated time and date, I was riding my bike FBN5894G on owen road turning left to serangoon road, I've check cleared of vehicle, so i filtered out, suddenly I felt a great impact from my side. I felt uncomfortable and consult a doctor and got 5days MC





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

3 of 3 Report No. T/20190904/7012

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

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: 04/09/2019 15:09
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:
Authentication Stamp	

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Poli	cy Query									
Policy N	No.				Date	e of Accident	-	04/09/2019	11:45	
Vehicle	No.(For Motor)	FBN58	394G		Cert	ificate Number	- [			
					Search	I				
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5105392500		NOOR KHAIRUL BIN HARUN	59118793)	GMC	Third Party, Fire & Theft	FBN5894G	315 ALC: 15	09/11/2018	08/11/2019
	Policy I Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query  Policy No.  Vehicle No.(For Motor)  FBN58  Select Policy No. Certificate Number	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number Name NOOR KHAIRUL BIN	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number Name NRIC NOOR KHAIRUL BIN S9118793)	Policy Query  Policy No. Date Vehicle No.(For Motor) FBN5894G Cert  Search  Select Policy No. Certificate Number Name NOOR NOOR KHAIRUL BIN S9118793) GMC	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number Name Name NRIC  NOOR  KHAIRUL BIN S9118793)  Chang  Date of Accident Certificate Number NRIC Product Cover Type NOOR KHAIRUL BIN S9118793)  GMC Third Party,	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  Policyholder Name Name Name NOR  KHAIRUL BIN S9118793)  Change Language  Certificate Number  Vehicle No.  Third Party, FBN5894G	Policy Query  Policy No. Date of Accident D4/09/2019  Vehicle No.(For Motor) FBN5894G Certificate Number  Search  Select Policy No. Certificate Number Name NRIC NRIC NRIC No. Object No. ODR  Select Policy No. KHAIRUL BIN S9118793J GMC Third Party, FBN5894G FBN5894G	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  Name Name NRIC  NOOR  Change Language Change Password  Policy Accident O4/09/2019 11:45  Certificate Number  Search  Search  Select Policy No.  Certificate Number NRIC  NoDOR  KHAIRUL BIN S91187933 GMC  Third Party, FBN5894G FBN5894G 09/11/2018

ccident MT/1061147					
olicy No.	5105392500				
ertificate No.	0100392300	Vehicle No.	FBN5894G	GST Registration No.	
Policyholder Name	NAME OF THE OWNER OW				
	NOOR KHAIRUL BIN HARUN			Policyholder NR3C	591187933
Yoduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Rise & Theft	Loading	0
Contact No. (Mobile)	NIL	Contact No. (Office)		Contact No.(Home)	
mail Address		Special Remark		eCode	No. V
PK	® No ○ Yes	TCA	No ○ Yes	eCode Reason	1
ICO Protection	No	NCO Entitlement(%)	10	Private Hire	Not available
Accident Details					77.3.3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
eport Date	05/09/2019 16:08	Acadent Report Within 24 hrs.	Yes	Acadent Type	
ate of Accident	04/09/2019	Time of Accident hh:mm		Maria Maria de Composito de la Composito de	Collision - Major Minor Road
sporting Centre		Orange Force	11:45	Country of Accident	Singapore
codent Location	JUNC SERANGOON RD & OWEN RD	Grange Force		ICM No.	
P Excess	The second state of the state				
An damage Excess					
	0.00	Additional Excess		Windscreen Excess	
nnamed Driver Excess		Outside Singapore OD Excess			
ind Party Excess	0.00	Outside Singapore TP Excess			
F Benefits					
GST Registered Inform	etion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing A					
tdress t	BLK 787 #11-204	Address 2	CHOA CHU KANG NORTH 6	Address 3	SINGAPORE 682787
loress 4		Address Type	Singapore address	Post Code	682787
ift No.	11-204	Related Policy Number	EL05392500	07 10 COM	6000000
OI Driver Info			The state of the s		
ver Name		Driver Type			
named driver Name		Driver NRIC		Driver DOB	
gister Date of Driver License	17	Driver Age			
mtect No.(Moose)		Contact No.(Office)		Driving Experience	
dress 1		Address 2		Contact No.(Home)	
dress 4			w. 1000 1024 1000	Address 3	
it No.		Address Type	Foreign address	Post Code	
es he own a Singapore	52235-002-0-03				
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
dification History					
Claim 002 New					
- 60 - 60					
Delicore		00004/300/000ES	Anna 1 ann 1 a		
m Type *	0D-MX	Insured Name	NOOR KHAIRUL BIN HARUN	Insured NRIC	\$9118793)
ntact No.(Mobile)	97774617	Contact No.(Home)		Contact No.(Office)	
ail Address	KHAIRUL_RUL@HOTMAIL.COM	OI Vehicle Number	FBN5894G	TP Vehicle Number	SKW4347Y
smant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name *	>>	Claimant NR3C *			
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