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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

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A STANDARD PROPERTY OF THE PARTY OF THE PART	ACCIDENT STATEMENT
Date Of Report	09/09/2019 12:16
Date Of Accident	02/09/2019 20:10
Exact Location Of Accident	MARINA BLVD
Country/State of Loss	SINGAPORE
the state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL1611T
Insured/Policyholder	
Name Of Registered Owner	KAJAKAMAL KIYATHUL NASAR
NRIC No	S7868323F
Email Address	STSNASAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91698569
Alternative Phone No	OFFICE-91698569
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ150N
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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
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	5111122041
Cover Note Number	
Driver	
Name of Driver	KAJAKAMAL KIYATHUL NASAR
NRIC No	S7868323F
Date Of Birth	27/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91698569
Fax Number	
Contact Number	OFFICE-91698569

STSNASAR@GMAIL.COM

Address APT BLK 10 JALAN KUKOH #08-59 SINGAPORE Postcode 162010 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 - HEAD TO REAR 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 Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **Details of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station POLICE STATION NAME [OTHER] 391 NEW BRIDGE ROAD CANTONMENT COMPLEX Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO SKETCH PLAN. Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 1

SGV8826H

PRIVATE CAR

LIAW MUI FUE

S7572529I

96695367

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

KAJAKAMAL KIYATHUL NASAR

LEG AND HAND

FBL1611T

NO

Page 3 of 18

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:
 - 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

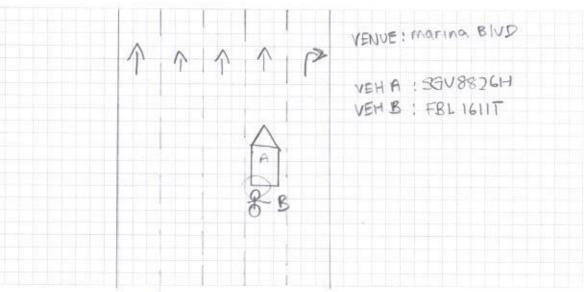
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

y cold tribute to the tribute developed and the process of the tribute and tri
I was 8 travelling along the mention Road. Suddenly well A
Stopped in front of me. I Tried my laud bost to stop on time.
but I couldn't and but into weh A Roar Left portion. I was injured
and went to SGH by me myself for consultation. I was given 5 days mc,
and made a police report.

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 .:





1 of 2

Report No. A/20190903/7023

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made 03/09/2019 15:02	Vide R	eport No.		Station Diary No.
Name Of Informant KAJAKAMAL KIYATHUL NASAR	Address APT BL 162010	K 10 JALAI	N KUKOH #08-59	SINGAPORE
ID Type / ID No. NRIC NO / S7868323F	Contact No. Home/Office: Mobile: 91698569 Email Address jnasar15@yahoo.co.in			
Nationality INDIAN				
Occupation Despatch worker	Sex Male	Age 41	Date of Birth 27/05/1978	Race Indian
Institution/School Name	Language English Location Of Incident marina blvd near by marina link mall			Illulaii
Date/Time Of Incident 02/09/2019 20:05 - 02/09/2019 20:25 Brief details.				

iam a food delivery rider.when i riding on my way hit the car.the car was damaged rear left side indicator and crashes in side.

Subjects Involve	ed	CONTRACTOR OF STREET	
Victim		100 Pt 1 100 State 1	
Person Name	KAJAKAMAL KIYATHUL NA	ASAR	
ID Type	NRIC NO	ID No	S7868323F
Signature Of Officer Recording The Report: Not applicable Signature Of Interpreter: Not applicable		repor	ature Of Informant: identity of the person making this it has been authenticated by Pass. No signature is required.
		Date/Time: 03/09/2019 15:02	
Officer In-Charge Of Case:		Class	sification Of Case:
Authentication S	tamp		





90903/7023

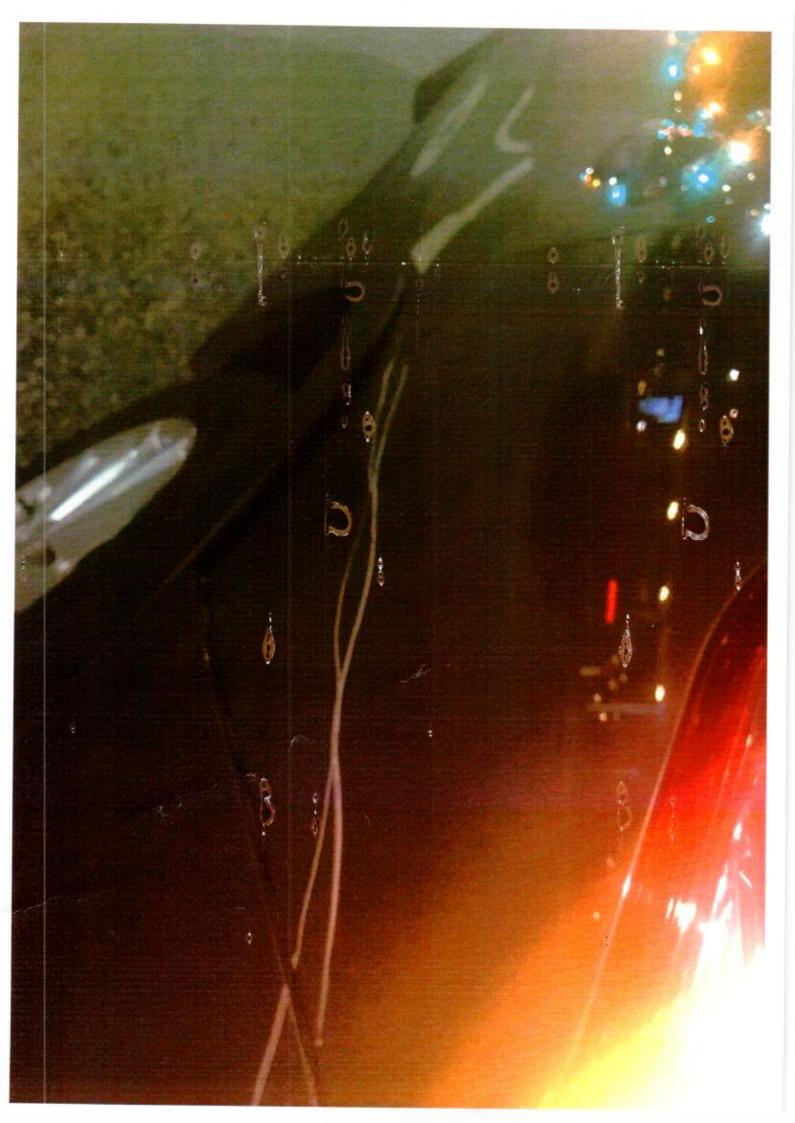
POLICE REPORT (NP299)

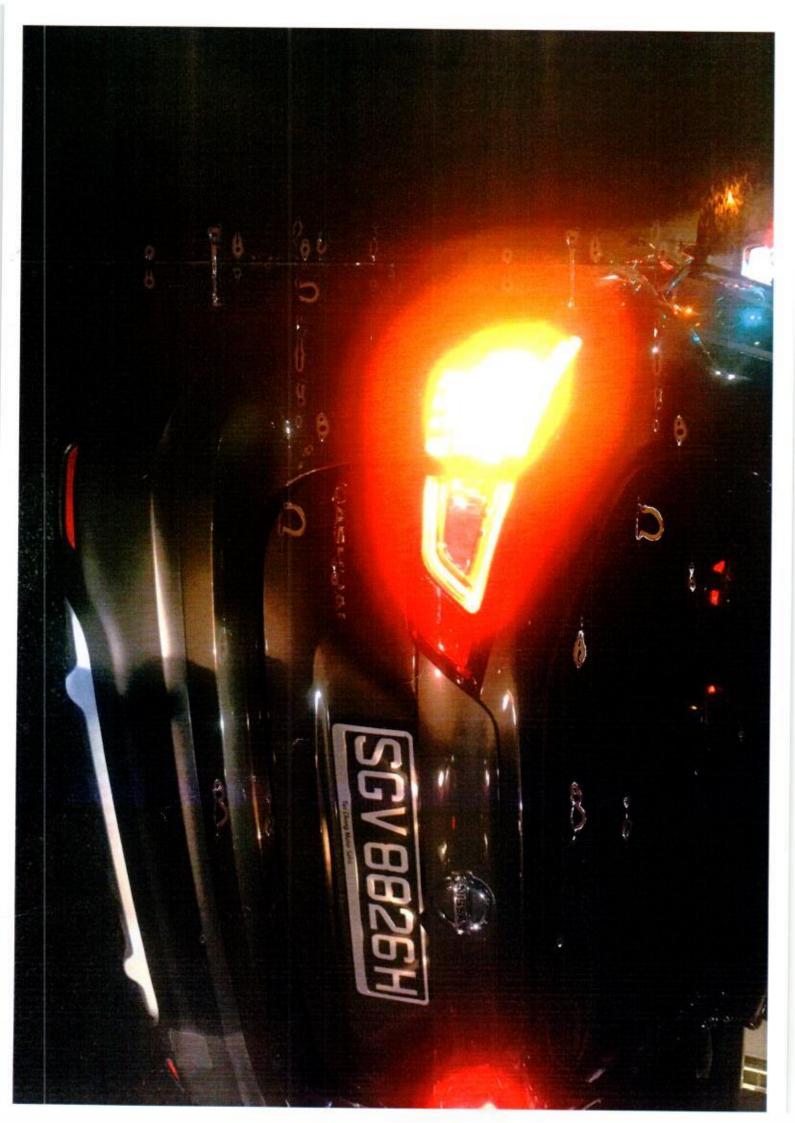
CONTINUATION OF REPORT

Report No. A/20190903/7023

Gender	Male	Age	41
Race	Indian	Language	English
Occupation	Despatch worker	Address Type	
Address	APT BLK 10 JALAN KUKOH #08-59 SINGAPORE 162010	Mobile No	91698569
Is Informant A Victim?	Yes		
Victim? Person Name	KAJAKAMAL KIYATHUL NASA	AR (Informant)	

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: 03/09/2019 15:02
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





Claim Handling

Claim Description

Accident	MT/1	060	829

	0,00
Policyholder Name KAJAKAMAL KIYATHUL NASAR Product Code MOTORCYCLE INSURANCE Cover Type Third Party Contact No. (Mobile) NIL Contact No. (Office) Email Address Special Remark KEK	0,00
Product Code MOTORCYCLE INSURANCE Cover Type Third Party Contact No. (Mobile) NIL Contact No. (Office) Email Address KFK	0,00
Contact No. (Mobile) NIL Contact No. (Office) Email Address KFK * No Yes TCA * No Yes NCD Protection No NCD Entitlement(%) 20 Accident Details Report Date 03/09/2019 16:09 Accident Report Within 24 hrs Yes Date of Accident 02/09/2019 Time of Accident hh:mm 20:00 Reporting Centre Orange Force Accident Location MARINA BOULEVARD Total Excess Applicable Excess Type Per Accident Windscreen Excess OD Standard Excess YIED TP Excess Additional Excess Total OD Excess Applicable Total Contact Information SST Registered Information SST Registered No GST Modification History Policyholder Mailing Address Address 1 BLK 10 #08-59 Address 2 JALAN KUKOle Accident No. GST Registered Special Standard Excess Address 2 JALAN KUKOle Accident No. GAT Special Remark TCA * No Yes TCA * No Yes TCA * No Yes No Yes TCA * No Yes TCA	0,00
Email Address Special Remark KFK * No. Yes TCA * No. Yes NCD Protection No NCD Entitlement(%) 20 Accident Details Report Date 03/09/2019 16:09 Accident Report Within 24 hrs Yes Date of Accident 02/09/2019 Time of Accident hh:mm 20:00 Reporting Centre Orange Force Accident Location MARINA BOULEVARD Total Excess Applicable Excess Type Per Accident Windscreen Excess VIED OD Excess YIED TP Excess Additional Excess Total OD Excess Applicable Benefits GST Registered Information GST Registered Information GST Registered No. GST Modification History Policyholder Mailing Address Address 1 BLK 10 #08-59 Address 2 JALAN KUKOR	0,00
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GST Registration No. Modification History Policyholder Mailing Address Address 1 BLK 10 #08-59 Address 2 JALAN KUKOH	Registration Date
	Status Verified
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	Iress
Unit No. Related Policy Number 5111122041	
♥ OI Driver Info	
Driver Name Driver Type	
Unnamed driver Name Driver NRIC	
Register Date of Driver License Driver Age	
Contact No.(Mobile) Contact No.(Office)	
Address 1 Address 2	
Address 4 Address Type Foreign addre	55
Unit No.	
Does he own a Singapore Registered car? Yes No Driver Vehicle No.	
Modification History	
Claim 002 New	
Claim Type *	
	OD-MX
Contact No.(Mobile)	OD-MX 91698569

FBL1611T / S



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 13:16

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ACCIDENT STATEMENT

ĄCO	IDENT DATE: (02 109 12019) (DD/MM/YYY), TIME: (20: 10)(HH:MM)
Loc	ATION: MARINA BLUD
	DETAILS OF VEHICLE GIVEHICLE NUMBER: FBL 1611T DINSURANCE COMPANY: NTUC CIPOLICY NUMBER: 511112204
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
6	9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE WERE LOOK
2.	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER A) NAME: KAJA KAMAL KLYATHUL NASA (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S 7868323 F CONTACT: 91698169 c) ADDRESS: BIK 10 JALAN KUKOH
	# 08-59 (S) 162-01D.
WHO of passanger	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER
(Including driver)	d)NAME:(MALE / FEMALE) b)NRIC/FIN/PASSPORT:CONTACT: c)ADDRESS:
	*d) DATE OF BIRTH: () (DD/MM/YYYY) :
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? CYES VNOY
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DWNCO
0,	WAS ANYBODY INJURED (YES/NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
Including driver)	O) VEHICLE NUMBER: SGV 8826 H MODEL: NISSAN B) DRIVER'S NAME: LIAW MUL FUE
(,) 9, 1	HIRO PARTY VEHICLE
No of passinger Including driver)	e) DRIVER'S NAME: LIAW MU. 1 PUE f) NRIC/FIN/PASSPORT: \$7572529 CONTACT: 9669 5367
(NRIC/FIN/PASSPORT: \$4572529 CONTACT:: 9669 5367
jnasar 15 (' Vinda

sts nasar @ gmas l. wing;



		Certifica	te of Insurance
MOTOR VEHICLES (THIRD PARTY RI	SKS AND	COMPENSATI	ON) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RI	SKS AND	COMPENSATI	ON) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MAL	AYSIA)		
MOTOR VEHICLES (THIRD PARTY RI	SKS) RUL	ES, 1959 (MAI	AYS/A)
Certificate Number : 511112204	1		Cover : Third Party
1. Index mark and Registration Nu	mber of	Vehicle	: FBL1611T
Chassis Number			: ME1RG1617G2001946
Name of Policyholder			: KAJAKAMAL KIYATHUL NASAR
Effective Date of Insurance			: 15 Jul 2019
Expiry Date of Insurance			: 14 Jul 2020
Persons or Classes of Persons er	titled to	drive#	
(a) Named Driver(s) Only.			
	CIT SO DE	rimicued and is	cordance with the licensing or other laws or regulations to drive not disqualified by order of a Court of Law or by reason of any
enactment or regulation in t 6. Limitations as to Use#	nat bene	all from driving	the Motor Vehicle.
	nleasure	nurnoses and	in connection of the same
This Policy does not cover	picasaie	purposes and	in connection with the Policyholder's business or profession.
(a) Use for hire or reward.			
(b) Use for racing, pace-making	. reliabili	ty trial or snee	ditection
(c) Use for the carriage of good	s (other t	than samples)	in connection with any trade or business.
(d) Use for any purpose in conn	ection w	ith the Motor	Trade
# Limitations rendered inoper: (Chapter 189) and Section 95 headings.	ative by S S of the R	Section 8 of the Road Transport	e Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)		N/A	
EXCESS (SECTION 2)	(2	N/A	
INSURE WITH COE		N/A	
NAMED DRIVER (1)		Marine 1800 Every Company	KIYATHUL NASAR
NAMED DRIVER (2)		N/A	MINITIOL NASAK
HIRE PURCHASE COMPANY	12	N/A	
SUM INSURED		N/A	
	S-DIRECT	T MARKETING	relates is issued in accordance with the provisions of the Motor 189) and Part IV of the Road Transport Act, 1987 (Malaysia) (00000601661) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Ore	H		1

Countersigned By:

Authorised Officer

Chief Executive