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Owner / Driver: (19M . INC(
The state of the s	·	Tel:	
Policy No: () Period: (Confirmed by : (Cover Type: (
	Claire (UO). No 0	7/mer 0%; P: 21-79%. P: 80-10	0%1
Year of Registration: () Warranty		Ye, F: 21-1376. F: 80-10	V/19
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1) Apply for Transport Allowance ()/ Courtesy (Car()		
2) QC Check / Post Repair Inspection	(,)	<u> </u>	, , , , , , , , , , , , , , , , , , ,
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ditors comments if he was the second	No. DV / Coll	and Threess Coordination	\$3
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2/3:	Invalue dated	Fee Charged	MATERIA

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.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GtA 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

ASSESSMENT OF THE PROPERTY OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	13/09/2019 16:55
Date Of Accident	12/09/2019 17:10
Exact Location Of Accident	AT SENTOSA GATEWAY
Country/State of Loss	SINGAPORE
· · · · · · · · · · · · · · · · · · ·	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH635C
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD KAMARUL HAKIM BIN SUHERMAN
NRIC No	S9501732J
Email Address	AROLHAKIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87671220
Alternative Phone No	OTHERS-87671220
Vehicle Particulars	STATE OF STA
Manufacturer	YAMAHA
Model	AEROX
Exact Purpose for which vehicle was being utime of accident	
Are you claiming under your own insurance property for repair to your vehicle?	policy 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	5111732387
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD KAMARUL HAKIM BIN SUHERMAN
NRIC No	S9501732J
Date Of Birth	12/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2017
Oriving Experience	2 YEARS AND 3 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-87671220
ax Number	
Contact Number	OTHERS-87671220
Mail Address	AROLHAKIM@GMAIL.COM

BLK 117 JALAN BUKIT MERAH Address

#05-1659

Postcode 160117

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR

Road Surface

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

OWNER

DRY

Other Information

Was any body injured in the Accident?

YES

NO

YES

NO

1

YES

TEL NO: 65470000 - FAX NO:

SINGAPORE

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190913/2070 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

Details of Witness 1

Name

DANIEL

Phone Number

96969040

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA4079M Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SNG CHENG KIAT

NRIC/Passport Number

S1417887B

Page 2 of 26

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

88177721

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

MOHAMMAD KAMARUL HAKIM BIN SUHERMAN

SLIGHT INJURY

FBH635C

NO

SKETCH PLAN

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 withholding 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. 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.
- 7. 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:
 - (i) 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.
- 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.

Policyholder's Signature

13/9/2019 Date & Time: 1620

Driver's Signature

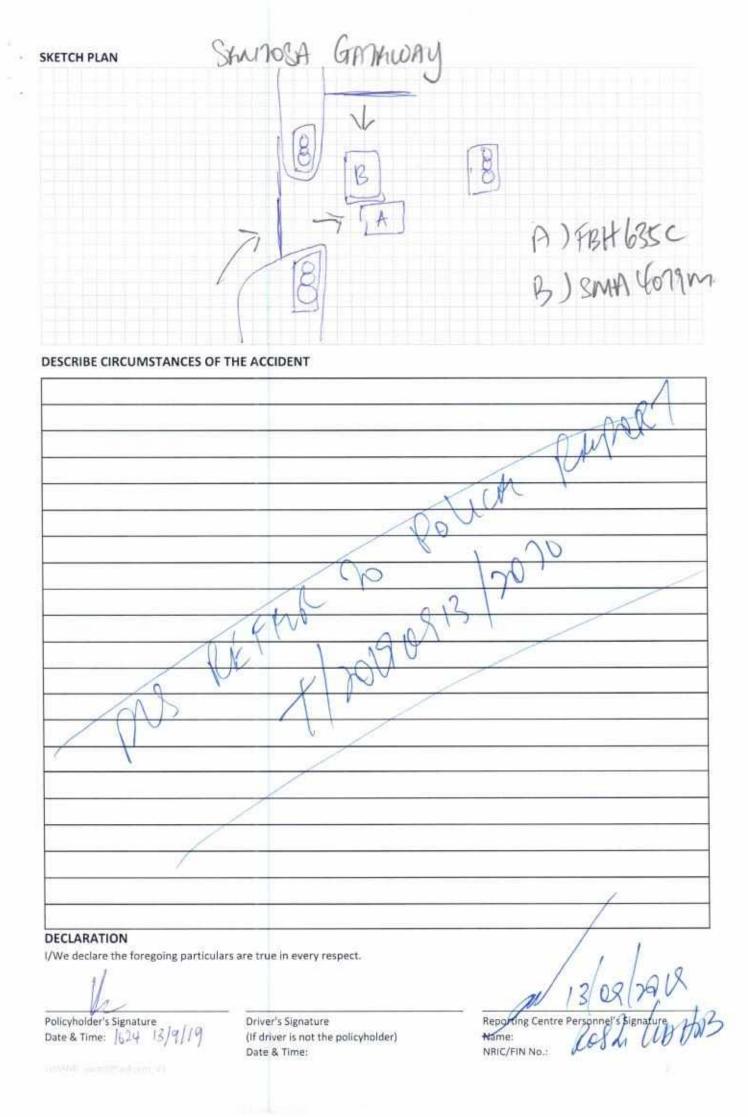
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

1 of 3

Tel No: 65470000

Report No. T/20190913/2070

REPORT	OF A TRAFF	IC ACCIDENT				
Date/Ti	me Report 019 15:34		Vide Report No.:	Station Diary No.		
Informa	int's Partic	ulars				
Name o MOHAN SUHER ID Type	f Informant IMAD KAM	ARUL HAKIM BIN	Address: APT BLK 117 JALAN BUKIT BAHRU ORCHID SINGAPOR Contact No.:	MERAH #05-1659 TIONG RE 160117		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 87671220 Email:			
Sex: Male	Age: 24	Date of Birth: 12/01/1995	Type of Informant: Rider			
Race: Malay Occupation: FREELANCE			Language;	Institution / School Name:		
			Driving Licence Information: Class: 2B,2A	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident:	Type of Location Bend	
Location: SENTOSA GATEWAY			No 12/09/2019 17:10		
Weather: Clear		Road Surface:	N	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Work		Traffic Volume: Heavy	
Type of Collisi	on: ng Vehicles - Head			Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	0. ""	
FBH635C	Motorcycle	VARALIA	STATE OF THE PARTY		Condition	No of Passenger
voorsen person terror		YAMAHA	AEROX GDR155 CVT	Grey		0
SMA4079M	Car	TOYOTA	VOXY HYBRID 1.8X CVT	Black		0

Details of V	ehicle Insurance	DATE DATE OF THE PARTY OF THE P		
11.11.1	Insurance Company	Incurance No.		TIME
		Insurance No	Effective	Expiry Date





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

2 of 3 Report No. T/20190913/2070

CONTINUATION OF REPORT

S. Anthonorman Continues of the	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
Limited NTUC Income Insurance Co-Oper	NTUC Income Insurance Co-Operative	5111732387		05/08/2020

Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		I lea of D) a de stala		75000 - 11700 A
Rider			Use of P	edestria	n Cross	sing: NA
Name	MOHAMMAD KAM SUHERMAN	ARUL HAK	IM BIN	ID No),	S9501732J
Related Vehicle	NIL			Conta	act No.	87671220
Hospital/Clinic	NIL			Class Drivin Licent	g	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL		Data Die			
No. of Days grant	ted Medical Leave	NIL	Date Dis Degree	of Injury	NIL	

Brief Details.

ON THE MENTIONED DATE TIME AND LOCATION,

I WAS ABOUT TO GO TO DESIGNATED SENTOSA GATEWAY DELEVERY LOT. THEN SUDDENLY A CAR OUT OF NOWHERE HIT ME. HE DID NOT STOP ON TIME AND IT WAS MY RIGHT OF PASSAGE. IT WAS ON GREEN LIGHT ON MY FAVOUR, WHEREAS FOR THE DRIVER RED. I GAVE A WITNESS TO BACK MY CLAIMS. AFTER EXCHANGING PARTICULARS, HE STRAIGHTAWAY LEFT AS HE HAD A PASSENGER TO SEND. AT THAT POINT OF TIME I FORGOT TO ASK THE PLATE NUMBER AS I SAW A SENTOSA RANGER TOOK A PIC OF THE INCIDENT AND RELATED VEHICLES. THE RANGER WAS THERE TO USHER TRAFFIC AND RENDER VEHICLE. AFTER EVERYTHING SIMMER DOWN, I WENT BACK TO THE RANGER JUST TO OBTAIN THE OTHER VEHICLE NUMBER.THATS ALL





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

3 of 3 Report No. T/20190913/2070

CONTINUATION OF REPORT

Sketch Plan

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: TP /	Signature Of Informant:
NURSADIY ZULFIKAR BIN SHAWAL	
Signature Of Interpreter:	
Not applicable	Date/Time: 13/09/2019 15:34
Officer In Charge Of Case:	
TP / AEIT /	Classification Of Case:
SSI 2 YEO GEAK ENG CECILIA	
Contact No.: 65476404	
Authentication Stamp	
NP168	

ddent MT/1062735						
ilica feo.	7211712969	Venice Ne.	PB-W35C		GST Reportation No.	
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Scyholder Name	HOHAMMAD KAMARIA, HAKIM BIR SUHEHMAN				Folicytrology NAJIC	595017323
adust Carle	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire &	Thett	Lawring	0
ntet No.(Motrie)	87671220	Contact No.(Office)			Contact No.(Horne)	
nal Aptress		Special Remark			±Corde	No *
× ·	= No Yes	TCA	- No. Yes		eCode Resserr	
St Protection	No.	MCD Entitlement(%)	10		Private Hirs	Ne
Accident Datalis						
port Date	17/09/2019 11:34	Acddern Report Within 14 hrs	746		Accident Type	Others
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T Registration No.	(1778)			us Vertied	760	
dification History						
Policyholder Malling Add	ress					
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Idines #	SINGAPORE 160117	Address Type	Singapore address		Post Code	160117
ie No.	05-1439	Author Policy Number	5111732367			
Of Oriver Info						
tver frame	MOHAMMAD KAMAKUL HAKIM BIN SUHERMAN	Driver Type	Man Driver			
nearned driver Name		Driver NR3C	699017327		Driver DOS	12/01/1995
egister Date of Driver License	05/09/2013 P	Driver Age	24		Driving Experience	2
enact No.(Mutrie)	87671220	Contact No.(Office)			Contact No.(Home)	
idress 1	BUX 117 #05-1658	Address Z	JALAN BURTT MEI		Address 3	TIONG BAHRLI CRICHID
titruos 4	SSMGAPGRE 160117	Address Type	Singapore address	•	Foot Code	180117
ric No.	414.64					
nes file nivin a Syngaptime egisternili cor?	184 × 146	Driver Vehicle No.	FRHE35C		Driver Insurer Company	NTUC
eclaration yeathstyser or Blood Test						
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meil Address					Of Vehicle FEHICISC	TP Vertice SMA4079H
ATT LATER TO					Number	Number
Jaim Description				F8H635C / SMAILD79H 0	IN 12 Sept 2019	Name of Preferred
				== 100000000000000000000000000000000000		Workshoal
referred Variation	Prostarent Labridge Neet at Fault	giA (rene:		
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1,000	5 (BURIT MERAH)) on 17 Sep 2019 11:46					

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100 for \$60				glaccident reporting	Charles y

Drapley in New Window Scan and upmacing

AGCIDENT'STATEMENT

AC	CIDENT DATE: 18 9 100/MM/	WY TIME! IF . ID INNIN
lo	CATION: Sentosa Godgo Chotquay	(HA:MN
	1. DETAILS OF VEHICLE	- Charles Const. Const.
	a) VEHICLE NUMBER: 16H 63T	70 G G
	DINSURANCE COMPANY: NTUC	1907 - 19
	CIPOLICY NUMBER:	
200	DIMAKE & HODE	PARTY / THIPD BARTY SIDE STUGST
	Alany Aller	15
111	I)TYPE: (SALOON / COUPE / MPV /VAN / LO	PRV /AIOTOROVOLE POTITION
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	THE COLUMN ALACCIMENT TIME.	1 III Colon Library
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	SURANCE (YES/NO)
3	IF NO. PLEASE STATE (THIRD PARTY CLAIMY	
	AINAME: Mohammed Kamaril Holcim Bin S	december 1
	bINRIC/FIN/PASSPORT: 8950/7327	1(1111111111111111111111111111111111111
	CLADDRESS: RIK 1/7 Jolan Bary+ Merc	
48	Botter Mean	oh #105-1659 \$160117
, , , , , , , , , , , , , , , , , , ,	* CONTINUE TO 3.d IF DRIVER ALSO POLICY !	HOLDER
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4	DON'E OF DRIVING PASS _ 65 /6	F/2017
1-94	WAS DRIVER AN EMPLOYEE OF THE INSUIT	RED'S COMPANY? ((YES)/ NO)
5.	IF NO, RELATIONSHIP OF THE DRIVER WIT	TH INSURED:
	DIROAD SURFACE: ORY WET OTHERS	OTHERS_
6,	WAS ANYBODY INJURED (VES) NO	
7.	a) REPORTED TO POUCE (YES / NO)	* * *
	IF YES, PLEASE STATE WHICH POLICE STATION	Y: Traffic Police
Nr. a) 8.	THIRD PARTY VEHICLE	
He of passinger	a) VEHICLE NUMBER: SMA 4649 M	MODEL: Toyota
Industing delver	b) DRIVER'S NAME: SNG Chen List	
() 9.	C) NRIC/FIN/PASSPORT: \$ 1417584 B	CONTACT: 8817471
	THIRD PARTY VEHICLE	0.450-1,455-1,000
No of passanger	d) VEHICLE NUMBER: WITHUS	MODEL:
Induding driver	e) DRIVER'S NAME: Daniel .	
(3	/ I) NRICYFIN/PASSPORT:	CONTACT: 9696 9040
!	61 13	

email = oralhaba@gmail-com VIDRO

• eBao Tech			1	GeneralClaim								
Hello, NAC_BUKIT_MERAH My Desistop Notice of Loss		cy Query		Change Language								
	Policy No. Vehicle No.(For Motor)		FBH63SC			Date of Accident Certificate Number			12/09/2019 11:50			
	Select	THE STATE OF THE S	Certificate	Policyhoider	Policyholder	Search		X STATE PART	2427/47/2021	44,000,000 7, 74,13		
	Select	Policy No.	Number	Name MOHAMMAD	NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Explry Date	
		5111732387		KAMARUL HAKIM BIN SUHERMAN	595017323	GMC	Third Party, Fire & Theft	FBH635C	FBH635C	06/08/2019	05/08/2020	
					F	-255						