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TP insurer:	Report by Fax / Hand t	Owner/Wksp	
Proforred Wksp / INC Assign Wksp / QW: (Tol: F	ax:
TP Pardiculars: Veh No: SDR 79	MB INC(.)/Non-INC().	
Owner / Driver: (152	Tel:)
Policy No: () Period: ()	Cover Type: ()
Confirmed by : (· Date:	Timer)
Insured/Driver Liability: (%) [Note-Est 5	Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: () Warranty:)	A TOTAL CONTRACTOR
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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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	04/10/2019 16:24
Date Of Accident	03/10/2019 21:20
Exact Location Of Accident	CLENENTI ROAD ENTERING INTO AYE (TUAS)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF4231T
Insured/Policyholder	
Name Of Registered Owner	JAVED IMRAN
NRIC No	S9473097Z
Email Address	JAVEDIMRAN1994@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90171794
Alternative Phone No	OFFICE-90171794
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R6-599CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	5107129390
Cover Note Number	
Driver	
Name of Driver	JAVED IMRAN
NRIC No	S9473097Z
Date Of Birth	14/03/1994
Occupation	INDOOR
Date Of Driving Pass	28/02/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90171794
Fax Number	
Contact Number	OFFICE-90171794

JAVEDIMRAN1994@GMAIL.COM

Address

BLK 368 CORPORATION ROAD

#05-471

Postcode

610368

147

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

SIDE SWIPE

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?

NO

Was any injured conveyed to hospital by

(0)==

ambulance?

NO

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)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDB7917B

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

92382693

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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:

- 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
- 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:
 - (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

Driver's Signature

(If driver is not the policyholder)

Reporting Centre

Name:

NRIC/FIN No .:

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DECLARATION

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

Policyholder's Signature

Date & Time:

10/2019

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Name:

NRIC/FIN No .:

2.35 m

Claim Handling Accident MT/1065429									
Policy No.	5107129390		Vehicle No.	FBF4231T		GST Registration	Nn.		
Certificate No.						3303/33/30/30/30/30	222		
olicyholder Name	JAVED IMPAN					Palicyholder NRIC		894730972	
roduct Code	MOTORCYCLE INSURAN	NCE	Cover Type	Third Party		Loading		0	
ontact No.(Mobile)	NA		Contact No.(Office)			Contact No.(Home	0		
mail Address			Special Remark			eCode		No *	
PK	+ No Yes		TCA	+ No Yes		eCode Reason			
ICD Protection	Pio		NCD Entitlement(%)	20		Private Hire		No	
Accident Details									
eport Date	04/10/2019 15:53		Accident Report Within 24 hrs	Yes		Accident Type		Collision - Hea	d to Rear
ate of Accident	03/10/2019		Time of Accident thoma.	21:15		Country of Acade	M\$	Singapore	
aporting Centre			Drange Force			ICM No.			
ccident Location	CLEMENTI ROAD								
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♥ Benefits	200								
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 Policyholder Mailing Addr 	ess								
ddress 1	BLK 368 #05-471		Address 2	CORPORATION DRIV	15	Address 3		SINGAPORE 6	10368
ddress 4			Address Type	Singapore address		Post Code		610368	
Init No.	05-471		Related Policy Number	5107129390					
□ OI Driver Info Priver Name	-		Driver Type						
Irnamed driver Name			Driver NRIC			Driver DOB			
egister Date of Driver License			Driver Age			Driving Experience	e		
ontact No.(Mobile)			Contact No.(Office)			Contact No.(Home			
ddress 1			Address 2			Address 3			
ddress 4			Address Type	Foreign address		Post Code			
Init No.									
Does he own a Singapore Registered car?	Yes - No		Driver Vehicle No.			Oriver Insurer Co.	mpany		
Claim Type *					OD-MX	Name DAVED	IMRAN :	Insur- NRJC Conta	
Contact No.(Mobile)					90171794	No. (Home)		No. (Office	36.4
Email Address						OI Vehicle FBF42	SET		
						Number.		TP. Vehic	in Energy 26
Claim Description								Vehic	ier .
					FBF4231T / SDB7917B ON 3	Det 2019		Vehic Numb Name Prefe	er of rred
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	NAC_BUKIT	MERAH_BD0676(NATIONAL AS S (BUKIT MERAH)) on 04 Oc	SESSMENT CENTRE SERVICE ± 2019 16:50	Photos		Normal	Pho	nos 2019-10-4	
	NAC_BUKIT	MERAH_800676(NATIONAL AS S (BUKIT MERAH)) on 04 Oc	SESSMENT CENTRE SERVICE t 2019 16:50	Photos		Normal	Pho	nos 2019-10-6	
	NAC_BUKIT	MERAH_800676(NATIONAL AS S (BUKIT MERAH)) on 04 Oc	SESSMENT CENTRE SERVICE x 2019 16:50	Photos		Normal	Pho	otos 2019-10-4	
	NAC_BUKIT	MERAH_800676[NATIONAL AS S (BUKIT MERAH)) on 04 Oc	SESSMENT CENTRE SERVICE et 2019 16:50	Photos		Normal	Pho	okos 2019-10-4	
·	NAC_BUKIT	MERAH_800676(NATIONAL AS S (BUKIT MERAH)) on 04 Oc	SSESSMENT CENTRE SERVICE ± 2019 16:50	Photos		Normal	Pho	otos 2019-10-4	
	NAC_BUNIT	METAH_BD0676(NATIONAL AS 5 (BURIT MERAH)) on 04 O	ISESSMENT CENTRE SERVICE of 2019 16:50	Photos		Normal	Phy	0105 Z019-10-4	
	NAC_BUKIT	MERAH_800676(NATIONAL AS S (BUKIT MERAH)) on 64 O	SSESSMENT CENTRE SERVICE of 2019 16:51	Photos		Normal	Ph	otos 2019-10-4	
W	NAC_BUKIT	MERAH_800676(NATIONAL AS S (BUKIT MERAH)) on 64 O	SSESSMENT CENTRE SERVICE ct 2019 16:51	Photos		Normal	Ph	otos 2019-10-4	
	NAC_BUKIT	MERAH_800676(NATIONAL AS 5 (BUKIT MERAM)) on 04 O	SSESSMENT CENTRE SERVICE ct 2019 16:51	Photos		Normal	Ph	otos 2019-10-4	
	MAC_BUNIT	MERAH_800676(NATIONAL AS S (BUKIT MERAH)) on 04 O	SSESSMENT CENTRE SERVICE ct 2019 16:51	Photos		Normal	Ph	otos 2019-10-4	
N.	NAC_BUKIT	_MERAH_800676(NATIONAL A: S (BUKIT MERAH)) on 04 O	SSESSMENT CENTRE SERVICE et 2019 16:51	Photos		Normal	Ph	otos 2019-10-4	
0/4/2019				Ciain	rianuling	Claim Task	1		

Display in New Window | Scan and uploading

ACCIDENT'STATEMENT

ACC	CIDENT DATE: (02, 10, 2019) (DD/MM/YYYY), TIM	AE:(21. 19)(HH:MM)
	ATION: Clement Rd Sinyapan enterin	
1	DETAILS OF VEHICLE a) VEHICLE NUMBER: FBF4231T b) INSURANCE COMPANY: NTVC (no mac c) POLICY NUMBER: 5167129390 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY)	
	6)MAKE & MODEL: YA MAHA RE ()TYPE: (SALOON / COUPE / MPV / VAN / LORRY / M G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / I h) PURPOSE OF USING AT ACCIDENT TIME: GOMMERCIAL / I I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE	MOTORCYCLED back home CE (YES/NO)
2,	IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORT INSURED / POLICY HOLDER A) NAME: TAVED IMPAN b) NRIC/FIN/PASSPORT: S94720972 CO	MALEY FEMALES ONTACT: 90/7/794
4 No of passanger (Including driver) (1)	alNAME: 45 ASOVE	(MALE / FEMALE)
4.	*d) DATE OF BIRTH: (14 / 03 / 1994) (DD/MM/Y e) OCCUPATION: (INDOOR) OUTDOOR) f) DATE OF DRIVING PAGE 28/2/201 WAS DRIVER AN EMPLOYEE OF THE INSURED'S IF NO, RELATIONSHIP OF THE DRIVER WITH INS	COMPANY? (YES/NO)
	D) WEATHER CONDITION; (CLEAR) RAINING / OTHER D) ROAD SURFACE; (DRY) WET / OTHERS	RS
No of passanger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SDB 791715 MC b) DRIVER'S NAME:	DDEL: HONDA
i No of passenger	THIRD PARTY VEHICLE d) VEHICLE NUMBER:MC e) DRIVER'S NAME:	DDEL:
()) f) NRICYFIN/PASSPORT:CC	DNTACT:
		1, , , ,

email = javedimran 1994@gemail com



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CH.	927235
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1	APTER 189
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	.960
THE TOO IN THE TOTAL SIMI	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107129390 Cover : Third Party : FBF4231T

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Explry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: JYARJ155000004315

: JAVED IMRAN

: 18 Jan 2019

: 17 Jan 2020

- 6. Limitations as to Use#
- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. This Policy does not cover
 - (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.
 - # Umitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

EXCESS (SECTION 1) N/A EXCESS (SECTION 2) N/A INSURE WITH COE N/A

NAMED DRIVER (1) : JAVED IMRAN NAMED DRIVER (2)

WASSIM AKRAM SHAH BIN ZULFIQUAR HUSSAIN SHAH HIRE PURCHASE COMPANY N/A SUM INSURED

N/A I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: WAH HONG INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue

: 18 Jan 2019 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive