NATIONAL Assessment Centre Services. IMPLIATION M ISOLUTION Date & Time Completed Date In: Wpig. 5-58 Done by Job description Res No: HA) INC 140 18697/14 SAS e-filing E-mail (within Shrs, AIC 2hrs) Vch No: i-Motor Claim Form D.O.A : 100-65089c11cm i-Motor W/O (Within: OD 2hrs, TP 4hrs) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ( )/Non-INC ( INC ( TP Particulars: Veh No: SHBY0798 Tcl: Owner / Driver: ( Cover Type: ( Period: ( ) Policy No: ( Time: Confirmed by : ( Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: ( Warranty: YES ( Year of Registration: ( )/NO( Excess: (\$ Loading: \$1,000 ( )/\$2,000( General Remarks: ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. )/Towed-In ( ) / NO ( ); Towing Co: ( Drive-In ( ); Invoice: YES ( Remarks: (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection ) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Amt (3) Ant (S) Invoice Preparation Checklist fit Bill MAIGOZOZY " 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services :-QC Checked by (Engr-In-Charge): \$5 \*NS: Courtesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination \*N7: Fost Repair Inspection \$25 Auditors! Comments :-\*N8: DV / Collect Excess Coordination 55 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idac Mobile Fee Charges Invoice dated Cat. 2/3: Fee Charged Invoice dated

Francis to

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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,	
Michigan Commission Co	ACCIDENT STATEMENT
Date Of Report	22/10/2019 15:58
Date Of Accident	16/10/2019 22:30
Exact Location Of Accident	CAIRNHILL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD993P
Insured/Policyholder	
Name Of Registered Owner	MD SHAHRUL PAHRULANAM
NRIC No	S9414240G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87535878
Alternative Phone No	OFFICE-87535878
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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	5110921184
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD SHAHRUL BIN PAHRULANAM
NRIC No	S9414240G
Date Of Birth	13/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	17/05/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87535878
Fax Number	
Contact Number	OFFICE-87535878

NOEMAIL

Address BLK 196B PUNGGOL FIELD

#07-505

Postcode 822196

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 ON COLLISION

Weather Conditions CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by YES

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) 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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

2

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/20191022/7011.

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 SHB4079S

Vehicle Make/Model/Colour

**HYUNDAI 140** 

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

Name

MOHAMMAD SHAHRUL BIN PAHRULANAM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBD993P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

## SKETCH PLAN

#### IMPORTANT NOTICE

- i. Please roport correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Pollogistalder and/or the Authorised Delega.
- Information provided must be as <u>truthful</u> and <u>eccurate as possible</u>. Any uniful misrapresentation or withholding of material facts may allow theoretic companies to <u>reportists</u> policy flability.
- The issue and acceptance of this form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- Any felse recoming mey 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 Singepore (GIA) for archiving and that copies of this report will for a fee by made available upon application by interested parties.
- 7. 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 alongsaid.
- 5. Consent under the Personal Data Protection Act (POPA)

I understand, acknowledge, agree and consent that:

- (2) My insurer, my workshop and the General insurence Association of Singapore ("GiA") may/are permitted to collect, use, discisse 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 (ine "Insurers"), the insurers' lawyers/javx firms, the Monetarly 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 dains including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my cialms;
  - (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, invokes, 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 peckages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with any dates. [collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this eccident and the insurers' lawyers/law firms, thay/are parreitted 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 steed outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to compile dalms history for the purpose of freud detection, investigation and management in present and all future dalms.
- (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 agandes as reasonably required for the purposes stated, or
  - (E) for complying with requirements under any regulations, laws or court orders.

Foliar Gleers Sienature

Oake & Time:

Drivens Manature

(If driver is not the policyholder)

Date & Timd:

Reporting Centre Personnel's Signature

Nama:

NRIC/FLN No .:

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ate & Rosts	(If driver is not the policyholder)	Name:
	Date & Time:	NKIC/FIN No.:

NRIC/FIN No.:

Date of Accident	16/10/2019 Accident Time: 2250 (24-HR-Format)
Accident Place	: Cutruhill Roud
Vehicle Reg. No. (Car Plate No.)	FBD 193 P
Vehicle Make/Model	Yomen A TISS Spark
Issurance Company	NTAC Policy No.
Owner or Company Name /IC No.	: MoHammad shahrul Bin Pah Rulynam 594/42406
Owner or Company Contact No.	8 753 5875 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Muhammad shahral Bin Pahrulanam 594142409
DRIVER'S Date Of Birth	: 13/04/1994 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 0 Wn ?
DRIVER'S Address	: Blk 1968 Punggol Fleld # 07-505
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g. working inside or outside office)
Email Address	: Alma @ mycor. sg
Weather & Road Surface	: CLEAR & DRY \RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including I	Driver): 0
Was there any video Captured by c Exact purpose for which vehicle w	ar camera: YES NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SHB 40795	Vehicle Reg. No:
Vehicle Reg. No: SHB 40795 Vehicle Make Wodel: Hymix	140 Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

....





1 of 3

Report No. T/20191022/7011

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

#### REPORT OF A TRAFFIC ACCIDENT

Date/Tin 22/10/20	ne Report M 019 13:11	Made:	Vide Report No.:	Station Diary No.	
Informa	nt's Particu	ulars			
	Informant: IMAD SHAH LANAM		Address: APT BLK 196B PUNGGOL FI 822196	ELD #07-505 SINGAPORE	
ID Type / ID No.: NRIC NO / S9414240G			Contact No.: Home/Office: Mobile: 87535878		
National SINGAP	ity: ORE CITIZ	EN	Email: Mohammad.Shahrul@live.com	m	
Sex: Male	Age: 25	Date of Birth: 13/04/1994	Type of Informant: Rider		
Race: Boyanes	se .	***************************************	Language: English	Institution / School Name:	
Occupat SELF E	Occupation: SELF EMPLOYED		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/10/2019 22:30	Type of Location Straight Road	
Location: CAIRNHILL F Weather:	ROAD	Road Surface:		Road Speed Limit:	
TTOGUIOI:		Wet		60 Km/h	
		*****		oo raibii	
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	

Vahicle No.	ehidle jhvolve Tvoe	Make	Model	Color	Condition	No of Passenge
FBD993P	Motorcycle	YAMAHA	T135	Black		0
SHB4079S	Car	HYUNDAI	140	Blue	Slightly Damaged	1

Details of V	ehicle insurance			STUDIES THE STUDIES
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	5110921184	04/07/2019	03/07/2020





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191022/7011

#### CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No				
No. of Pedestrian	s Injured: NIL	Use of Pedes	strian	Cross	ing: NA
Rider		408145345566		SET OF	
Name	MOHAMMAD SHAHRUL BIN PAHRULANAM	10	ID No.		S9414240G
Related Vehicle	FBD993P (Motorcycle)	C	Contact No.		87535878
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	16/10/2019	Date Discha	rge	17/10	/2019
No. of Days gran	ted Medical Leave 07	Degree of In		Slight	TOPPORTE TO THE TOP TO

### Brief Details.

On the stated date and time i was travelling along cairnhill road towards orchard road before mount elizaberth link heading straight when suddenly a taxi bearing vehicle number SHB4079S made a u-turn from the opposite side of the road into the direction im travelling towards. I honk to warn the taxi but he still initiate a full u-turn crossing into my path infront of me and collided onto me head on. I fall on top of the taxi and roll down to the road. I wish to state that i was convey to the hospital by ambulance and was ward for 1 day and given 7 days mc.





Police Station Of Origin: Traffic Police

Report No. T/20191022/7011

3 of 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Ske	toh	Plan	
ONE	100	1 1001	

Informant is not able to provide sketch plan

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: 22/10/2019 13:11
Officer In Charge Of Case: TP / TPHQ / MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

Authentication Stamp

NP168

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601	) - A - Carolinapol					Change	Languag	e • Chan	ge Password	· Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy N	io.				Date o	f Accident		16/10/2019	22:30	
	Vehicle	No.(For Motor)	FBD993	BP .		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110921184		MD SHAHRUL PAHRULANAM	\$9414240G	GMC	Third Party	FBD993P	FBD993P	04/07/2019	03/07/2020
	_				C	ontinue					

Policy No.	5110921184	Policyholder Name	MD SHAH	RUL PAHRULANAM	Policyholder NRIC	S9414240G	
Certificate No.		Hume			muc		
Address	BLK 8 #01-60 SIN MING IND	USTRIAL EST SE	CTOR C SIN	MING INDUSTRIAL E	STATE SINGA	PORE 575643	
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	04/07/2019	Effective Date	04/07/201	9 00:00	Expiry Date	03/07/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	GOH PEI SAN	Agent Tel.	83224649		GST Flag	Υ	
Co- insurance Flag Open	No						
Policy Info Certificate							
Info Policyh	nolder Mailing Address						
	BLK 1968 #07-505	Addre	ss 2	PUNGGOL FIELD		Address 3	SINGAPORE 822196
Address 1	DEK 1300 601-202			The second state of the second			
Address 1 Address 4	BER 1900 #07-303	1005000	ss Type	Singapore address		Post Code	822196
0.000/450/00/	01-60	Addre	d Policy	Singapore address 5110921184		Post Code	822196
Address 4 Unit No.		Addre Relate	d Policy	SEASON AND SEASON OF		Post Code	822196
Address 4 Unit No.	01-60 d Object: FBD993P	Addre Relate	d Policy	SEASON AND SEASON OF		Post Code	822196

Accident HT/1068059							
	1011000000000		200600193607	.0000000		88-11-90-00-90	
olicy No.	5110921184		Vehicle No.	FBD993P		GST Registration No.	
intificate No.	MB Bus To						
olicyheider Name roduct Code	MD SHAHRUL PAHRULAN MOTORCYCLE INSURANI		Carrie Torre	-		Policyholder NRIC	59414240G
ontact No.(Mobile)			Cover Type	Third Party		Loading	0
mail Address	87535878		Contact No.(Office)	0		Contact No.(Home)	a
PK	® No ○ Yes		Special Remark TCA	00		eCode	Nr. 💌
CD Protection	No.		NCD Entitlement(%)	® No ○ Yes		eCode Reason	
P Accident Details	.no		NCD Enddement(%)	10		Private Hire	No
eport Date	22/10/2019 17:20			ü.,			
			Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head on collision
ate of Accident	16/10/2019		Time of Accident hh:mm	22:30		Country of Accident	Singapore
eporting Centre			Orange Force			ICM No.	
cident Location  Total Excess Applicable	CAIRNHILL RD						
			115 (115 c) 115 (115 115 115 115 115 115 115 115 11				
cess Type	Per Accident		Windscreen Excess				
Standard Excess		0.00	TP Standard Excess		0.00		
ED OD Excess		0.00	VIED TP Excess		0.00	Driver is Covered?	State Command
Iditional Excess		51.00	TIED IF EXCESS		0.00	Driver is Covered?	Not Covered
ital OD Excess Applicable		0.00	Total TP Excess Applicable		0.00		
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7 GST Registered Informa	ation						
T Registered	No			GST Registration D	ate		
T Registration No.				GST Status Ventiled		Yes	
dification History						4904.5	
Policyholder Hailing Ad	dress						
idress 1	BLK 1968 #07-505		Address 2	PUNGGOL FIELD		Address 3	SINGAPORE 822196
idress 4			Address Type	Singapore address		Post Code	822196
Ht No.	01-60		Related Policy Number	5110921184			
OI Driver Info							
iver Name	MOHAMMAD SHAHRUL BI	IN PAHRULANAM	Driver Type	Main Driver			
named driver Name			Driver NRIC	99414240G		Driver DOB	13/04/1994
gister Date of Driver License	17/05/2018		Driver Age	25		Driving Experience	1
ntact No.(Mobile)	87535878		Contact No.(Office)	0		Contact No.(Home)	0
dress 1	BUK 1968		Address 2	PUNGGOL FIELD		Address 3	SINGAPORE 822196
dress 4			Address Type	Singapore address		Post Code	B22196
2023	07-505						
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es he own a Singapore gistered car?  Saration  Saration Fision  Sification History  Chaim 001 Mem  Im Type *  macs No.(Mobile)  air Address	○ Yes ® No  O mg		Any injury?  Insured Name Contact No.(Heme) OI Vehicle Number	MD SHAHRUL PAHRULANA		Insured NRJC	
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