Date In: 76/17/19 - 14:49	Jeb description		Date & Time Completed	Done	by.
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WILL MOM DAS AN	E-mail (within \$	thre AIC 2hrs)		I	54
Veh No: May 64P.	i-Motor Claim		100 18 20 100 100 1	76/10/19 11	6.25
D.O.A: 10/3/19- ME 17	i-Motor W/O	450	-	1/01/11/11	
OD (TP) Reporting Only	i-Photo Uplos		3,77		
	Assessment/Sur				
TP Insurer:			to Owner/Wksp		121 ZEV
Preferred Wksp / INC Assign Wksp / QW: (Assitteports	I HAT AMING		Fax:	
	e 11's	INC (016.000		
Owner / Driver: (992	, INC (Tel:)	
	eriod: ()	Cover Type: (
Confirmed by : (cirou, (Date:	Time:)	
	Note-Fet Status (W	2	0%; P: 21-79%. F: 30	-100%]	
	Warranty: YES ()/NO(1		
Year of Registration: ()			<u>/</u>		
Excess: (\$) Loading: \$1,	000 ()/\$2,000	()	A PROPERTY OF THE PARTY	<u> প্রত্যুক্ত বিশ্ব</u>	
General Remarks:-			A		
() Walk-In Customer: Customer's info	ormation strictly Cor	nfidential & St	trictly NO refer of repaire	<u>. </u>	
() Total Loss Case : to e-mail Insur	rer URGENTLY.	77			
Drive-In ()/ Towed-In (); Invoice		IO();T	Towing Co: ()
				U Don	hy
Remarks: (INC hodine: 6788 6616)	44.000		Date&Time Completed	DOM:	2 Ly
1) Apply for Transport Allowance ()/	Courter Cost)		- 6	
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2) QC Check / Post Repair Inspection	Courtesy Car (,			
	())			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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

Marie Continue with a service of the	ACCIDENT STATEMENT
Date Of Report	26/10/2019 14:49
Date Of Accident	26/10/2019 12:15
exact Location Of Accident	JUNC JOO CHIAT RD & EAST COAST RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	FBQ4764P
nsured/Policyholder	
Name Of Registered Owner	AMEERUL ASYRAF BIN MOHAMED
NRIC No	S9342504I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96901073
Alternative Phone No	OFFICE-96901073
Vehicle Particulars	
Manufacturer	YAMAHA
Model	AEROX GDR155R CVT
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5113312061
Cover Note Number	
Driver	
Name of Driver	AMEERUL ASYRAF BIN MOHAMED
NRIC No	S9342504I
Date Of Birth	09/11/1993
Occupation	OUTDOOR

23/12/2015

NOEMAIL

MALE

3 YEARS AND 10 MONTHS

(LOCAL) +65-96901073

OFFICE-96901073

BLK 102 ALJUNIED CRESCENT Address

#10-279

380102 Postcode

NO Was driver an employee of the Insured's Company

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

2

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

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?

YES

If Yes, Please state which Police Station

MARINE PARADE NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-4428999 - FAX NO: 62447678 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191028/2100.

Attachment(s)

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SHA1917Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

AW TUAN JIN Name of Driver S1508399I NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

DETAILS OF INJURED PERSON 1

Name AMEERUL ASYRAF BIN MOHAMED

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBQ4764P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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 <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>.
- 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.
- 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.:

SKETCH PLAN		-
	Top to	East const Rd.
11111	1/////	Z
		A: FBRYAGYP
		B: SHA1917Z
Chen Rd		
3		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
refer to statumen	1.	
The same of the sa		
DECLARATION		
I/We declare the foregoing parti	iculars are true in every respect.	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

GIARMC SleschManForm, V3





1 of 3

Report No. T/20191028/2100

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

REPORT (OF A	TRAF	FIC A	CCIL	DENI

Date/Time Report Made: 28/10/2019 21:36		lade:	Vide Report No.:	83	
Informa	nt's Particu	ılars			
Name of	Informant:	BIN MOHAMED	Address: APT BLK 102 ALJUNIED CRE 380102	ESCENT #10-279 SINGAPORE	
ID Type / ID No.: NRIC NO / S9342504I			Contact No.: Home/Office: Mobile: 96901073		
National			Email:		
Sex: Male	Age: 25	Date of Birth: 09/11/1993	Type of Informant: Rider	The state of the s	
Race: Malay Occupation:			Language:	Institution / School Name:	
			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

Seneral Inform	mation of the Accident	15.1	Date/Time of	Type of Location	
Type of Accident:	Injury Attended by Police	The state of the s		X-Junction	
Location: Along Road 1 EAST COAS		oad			
Weather:		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control:			orking	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBQ4764P	Motorcycle	YAMAHA	AEROX GDR155R CVT	Black	Slightly Damaged	0
SHA1917Z	Car		UVI			0

Details of V	ehicle Insurance			
The second secon	The state of the s	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	Illisurance ivo	Lilouate	





Report

2 of 3

Report No. T/20191028/2100

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4764P	NTUC Income Insurance Co-Operative Limited	5113312061	12/10/2019	11/10/2020

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian				Pedestrian	Cross	sing: NA
Rider		HEROT		Problem		
Name	AMEERUL ASYRAF BIN MOHAMED			ID No	.0	S9342504I
Related Vehicle	FBQ4764P (Motorcycle)			Conta	ct No.	96901073
Hospital/Clinic	C3 FAMILY CLINIC		Class Drivin Licend Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	27/10/2019 Date Dis		Discharge	NIL		
	ted Medical Leave	03	Degre	e of Injury	Sligh	t

Brief Details.

I was riding on the furthest right lane along Joo chiat road upon reaching the cross junction, the right green arrow was in favor as such I proceeded to turn right to East Coast Road furthest right lane. When I was straightening my bike, about 3 meters away from traffic light, I felt contact from my rear side. I then fell down on my right side. When I look behind me, I noticed an driver alighted from the taxi vehicle and came forward to assist me. He apologized and informed that he did not see me and assisted to call for ambulance. Subsequently the ambulance and traffic police came.

We inspected each other's vehicle and exchange particulars. The paramedic access me and I refused conveyance, I suffer from abrasions on right palm and right ankle

My motorbike suffers from scratches on the right side.

On the 27/10/2019, I went to the clinic as I felt sore all over my body and the doctor gave me a 3 days MC. There was an in car camera in the taxi but however he informed he can't retrieve it for me as it belongs to the company (Comfort Delgro). I have yet to inform the taxi company about this.





3 of 3

Report No. T/20191028/2100

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT

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NP168

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:	Signature Of Informant:
G / Sgt 1 NUR FAZILA BINTE ABDULLAH	AA
Signature Of Interpreter: Not applicable	Date/Time: 28/10/2019 21:36
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

		ADDEND	JIVI								
A)	PARTICULARS OF PE	RSON MAKING THE AMENDMENTS	:								
	Original Report No :	MNA119142193	_Vehicle Registration No: FB	Q4764P							
		AMEERUL ASYRAF BIN MOHAMED									
	(*Vehicle Driver / Vel	hicle Owner) (*) Please delete as ap	propriate								
	Address :	BLK 102 ALJUNIED CRESCEN	T #10-279	_Singapore(380102)							
	Contact (Tel) :	100	_Mobile No. :_ 96901073								
	Email Address :										
	Date of Accident :	26/10/2019	_Time of Accident : 12:15								
	Place of Accident :	: JUNC JOO CHIAT RD & EAST COAST RD									
	Insurance Company:	NTUC Income Insurance Co-o	perative Ltd								
	Add in police repor	mendments: t - T/20191028/2100.									
	Policyholder / Driver	's Signature	Reporting Centre Person Name: NRIC/FIN No.:	el's Signature							

Date:

GYARIVIC addendumborm, V3

eBao Tech	BaoTech									Genera	iClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Ou
My Desktop	Polic	Policy Query									,
Notice of Loss	Policy N	No.		Date of Accident				2	26/10/2019 12:15		
	Vehicle	No.(For Motor)	FBQ4764P			Certificate Number					You
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113312061		AMEERUL ASYRAF BIN MOHAMED	593425041	GMC	Third Party, Fire & Theft	FBQ4764P	FBQ4764P	12/10/2019	11/10/2020
	0			ASYRAF BIN	ROUNT HOUSE	GMC		FBQ4764P	FBQ4764P	12/10/2019	11

Policy No.	5113312061	Policyholder Name	AMEERUL	ASYRAF BIN MOHAME	Policyholder NRIC	S9342504I	
Certificate No.		Walle			HRIC		
Address	BLK 102 #10-279 ALJUNIED CR	ESCENT SING	APORE 3801	.02			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	12/10/2019	Effective Date	12/10/201	9 00:00	Expiry Date	11/10/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	481.51				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ing/Inexperience Driver Excess
Agent	PEOPLES INSURANCE AGENCY F	Agent Tel.	62630555		GST Flag	Y	
Co- insurance	No						
Flag Open							
312 (E) (E)							
Open Policy Info Certificate Info	older Mailing Address						
Open Policy Info Certificate Info Policyh	older Mailing Address BLK 102 #10-279	Addre	ss 2	ALJUNIED CRESCEN	ıt	Address 3	SINGAPORE 380102
Open Policy Info Certificate Info	Will address of the second	1000	ss 2	ALJUNIED CRESCEN		Address 3	SINGAPORE 380102 380102
Open Policy Info Certificate Info Policyh Address 1	William Company to the Company	Addre	ss Type d Policy				
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 102 #10-279	Addre Relate	ss Type d Policy	Singapore address			
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 102 #10-279 10-279 d Object: FBQ4764P	Addre Relate	ss Type d Policy	Singapore address			
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	8LK 102 #10-279 10-279 d Object: FBQ4764P	Addre Relate Numb	ss Type d Policy	Singapore address 5113312061		Post Code	

Claim Handling he premium on this policy has	not been collected									
ocident MT/1068724	THE PERSON CONTROL OF									
Rey No.	5113312061		Vehicle No.		FBQ4764P		GST Registration	No.		
ertificace No.					0-10-001-0-1					
Skcyholder Name:	AMEERUL ASVRAF BIN I	монимер					Policyholder NR10		8934	1904)
oduct Code	MOTORCYCLE INSURAN	wice .	Cover Type		Third Party, Fire & Thef		Loading		0	10041
ontact No. (Mobile)	96901073		Contact No. (Office))		Contact No. (Hom	N.	0	
mail Address			Special Remark	N 8			eCode	2	-	8
nk.	® No ○ Yes		TCA		® No ⊜ Yes		eCode Reason		1	
CD Protection	No		NCD Entitlement(%		15		Private Hire		No	
Accident Details			Her encounty				Paragon 144.6		rep.	
sport Date										
	36/10/2019 16:24		Accident Report Wi		/es		Accident Type			on - Head to Rear
ste of Accident	26/10/2019		Time of Accident N	h:mm	12:15		Country of Acade	nt	Singeo	iore
eporting Centre			Orange Force				DOM No.			
odent Location	JUNC JOO CHIAT RD &	EAST COAST RD								
 Total Excess Applicable 	1									
cess Type	Per Accident		Windscreen Excess							
Standard Excess		0.00	TP Standard Excess			0.00				
ED OD Excess		0.00	YIED TP Excess			0.00	Driver is Covered	60	Not Co	rvered
ditional Excess										
tal OD Excess Applicable		0.00	Total TP Excess App	plicable		9.00				
Benefits										
GST Registered Inform	ation									
T Registered	No				GST Registration	Date				
T Registration No.					GST Status Verif	led	Yes			
dification History										
Policyholder Mailing Ad	dress									
idress 1	BLK 102 #10-279		Address 2	ē,	ALJUNIED CRESCENT		Address 3		SING	VPORE 380102
Idress 4			Address Type	3	singapore address		Post Code		38010	2
it No.	10-279		Related Policy Num		5113312061					
OI Driver Info										
iver Name	AMEERUL ASYRAF BIN N	монамер	Driver Type	,	Neir Driver					
named driver Name			Driver NRIC		93425041		Driver DOS		09/11/	/1993
gister Date of Driver License	23/12/2015		Oriver Age		15		Driving Experience	65	3	STATE OF THE PARTY
ritact No. (Mobile)	96901073		Contact No. (Office)		3		Contact No. (Home		0	
idress 1	BLK 102		Address 2		ALJUNIED CRESCENT		Address 3	*		PORE 380102
idress 4	SUN TUE									
	525320		Address Type		ingapore address		Post Code		38010	2
nit No.	10-279									
ses he own a Singapore gastered car?	Yes (*) No		Onver Vehicle No.				Driver Insurer Cor	npany		
claration										
eathalyser or Blood Test ading?	0 mg		Any injury?		○ Yes ® No					
dification History										
William Control										
Claim 001 New										
	En and	767	200000000000000000000000000000000000000		ALERS OF THE STREET	TENTING.	10110000000000		-	52CP
im Type *	00-MX	~	Insured Name		AMEERUL ASYRAF BIN N	OHAME	Insured NRIC		59342	5041
Mact No.(Motrie)	96901073		Contact No.(Home)				Contact No.(Office			
ail Address	Ameerulasyraf@outlook		01 vehicle Number		BQ4754P	27	TP Vehicle Numbe		5HA19	172
imant Type Claimant Type *	Please Select	~	Type of Benefit *	F	Please Select					
imant Name *		2.2	Claimant NRIC *				20			
iment Address										
im Description	FBQ4764F / SHA1917Z	ON 26 Oct 2019					Name of Preferred	Workshop		
ferred Workshop Contact			Insured Liability *	5	Not at Fault	~				
quire Finalisation	Yes	v	Preferered Repair O	ption i	Preferred Workshop, Na		GIA report		Receiv	wid L
e Registered	26/10/2019 16:25			economic C	The same and same	-			-	2019 00:00
			Claim Close Date				Date Received		20/10/	E0.14.00.00
port Taken By	Jackson									
Print AK letter										
				and the same						
00000				Sa	eve Submit					
Mtachment										
FS:										
	gendance.		14000	in.	www.					
odent No.	MT/1068724		Claim N		001					
t Doc. Received	W Yes □ No		Upload	Date	26/10/2	2019 16:26				
	Pa	ath •			220	Category *	Confidential	Urgen	cy *	Description
				Browse	Gear Please Selec	rt	W NB SV	Normal	v	
				Browse	Clear Please Selec	rt .	9 8 9	Normal	V	
				Browse	Gear Mease Selec			Normal	V	
				THE RESERVE TO SERVE		127	To the second	-	10000	
				Browse	Clear Mease Selec			Normal	V	
				Browse	Clear Please Select	_	V SIS	Normal	V	

