Date In: 26/2/19-19:35	Jeb description	Date & Time Completed	Done	ρλ.
Ref No: Hajin (1939) 106 py	SAS e-filing			8.55-Cy3481174,*
Veh No: FBLGZEM	E-mail (within 8hrs, AIC 2hrs)			
D.O.A: 27/12/19-14:45	i-Motor Claim Form	m11068991-001	29/13/1974	1:49
6	i-Motor W/O (Within: OD 2)			
OD / T ! Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	i		
IF Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		BORTS :
Preferred Wksp / INC Assign Wksp / QW:	(	Tol:	Fax:	
TP Particulars: Veh No: Ju	ESUATZ INC	)/Non-INC( ).	100 M	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	-
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	100%]	
Year of Registration: (	Warranty: YES ( ) / NO (	)	58845065-515HU	10-12-
Excess: (\$ ) Loading:	\$1,000( )/\$2,000( )			
General Remarks:-		Addis Assaults	130	es de
( ) Walk-In Customer : Customer's			and the last one of the same and the same	
<del>77</del>		uncuy NO 13let Of Tepatier.		
	surer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Inv	roice: YES( ) / NO( );	Fowing Co: (		)
Remarks:- (INC hotline: 6788 6616	6)	Date&Time Completed	Done l	by .
1) Apply for Transport Allowance (	)/Courtesy Car ( )			
	) / Courtesy Car ( )			<del>1</del>
2) QC Check / Post Repair Inspection	( )			H - 17
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost 2]	( )			AND AND
2) QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	( )			1 2 2 1 2 3 .
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost :  Injury :  Date/Time Actions  HA192 & I	( ) > \$3000] ( )  Invoice Pro  1) AR: Acciden 2) DA: Darnsge 3) TF: Towing 4) FT: Follow-	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8	Anit (\$) 5st Bill 5st) 5st Bill 5st) 5st Bill 5st Bill 5st Bill	(Lame)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost :  Injury :  Date/Time   Actions  HAI92 & I	Invoice Product   Invoice Pr	paration Checklist  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey)	Anit (\$) 54 Bill 50) 5/\$45 \$120 \$30	(Lame)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost :  Injury :  Date/Time   Actions  HAIP & VI  alimant's Particulars :- iver/Owner:	Invoice Pro	paration Checklist  t Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40 Chrough Survey Chrough Survey (Resurvey) Against INC Only (wef 10 Jan 2005)	Anit (\$) fit Bill 9/\$45 \$120 \$30 () \$75	(Lame)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost :  Injury :  Date/Time   Actions  HA 190 & VI  alimant's Particulars :- iver/Owner: Intact No: Imaged Portion:	Invoice Product   1) AR: Accident   2) DA: Darmage   3) TF: Towing   4) FT: Follow-  5) FT: Follow-  For claiming   6) TR: Re-inspand   7) N1: Idae DA   8) NTUC Addition   QD*	paration Checklist  t Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey)  ngainst INC Only (wef 10 Jan 2005) ection + SMRT Survey onal Services:-	Anit (\$) fit Bill 0/\$45 \$120 \$30 0) \$75 \$160	C) James (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost :  Injury :  Date/Time   Actions  HAIP & VI  alimant's Particulars :- iver/Owner:	Invoice Pro	paration Checklist  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 2005) setion + SMRT Survey ional Services.	Anit (\$) fit Bill 0/\$45 \$120 \$30 0) \$75 \$160	(Lame)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost :  Injury :  Date/Time   Actions  HA 190 & VI  alimant's Particulars :- iver/Owner: Intact No: Imaged Portion:	Invoice Prosesses   Invo	paration Checklist  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 2005) action + SMRT Survey ional Services.  y Car / Tpt Allowance Co-ordination mir Inspection diect Excess Coordination	Anit (\$) 54 Bill 575 S120 \$30 () \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	Amt(t)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost :  Injury :  Date/Time   Actions  HA 190 & VI  nimant's Particulars :- iver/Owner: Intact No: Imaged Portion:  Checked by (Engr-In-Charge):	Invoice Prosesses   Invo	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) Assessed INC Only (wef 10 Jan 2005) Assessed INC Only (wef 10 Jan 2005) Assetion + SMRT Survey Assetion + SMRT Survey Assetion - Co-ordination Application Ap	Anit (\$) fit Bill 0/\$45 \$120 \$30 0) \$75 \$160 \$5 \$100 \$25	Ami (3)

### 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	29/10/2019 19:35
Date Of Accident	27/10/2019 14:45
Exact Location Of Accident	WOODLANDS AVE 5
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL6726M
Insured/Policyholder	
Name Of Registered Owner	YUSOFF BIN SALEH
NRIC No	S7303811A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82249391
Alternative Phone No	OFFICE-82249391
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ 16
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097508994-01
Cover Note Number	
Driver	
Name of Driver	YUSOFF BIN SALEH
NRIC No	S7303811A
Date Of Birth	01/02/1973
Occupation	INDOOR
Date Of Driving Pass	24/04/1997
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82249391
Fax Number	
Contact Number	OFFICE-82249391

NOEMAIL

BLK 693D WOODLANDS AVENUE 6 Address

#10-783

734693 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

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

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured 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)

Passenger 1

NAME:

2

YES

YES

NO

2

: INDRA RAHMAWATI

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191027/7021.

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** 

SLE8447Z Vehicle Registration Number TOYOTA Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

YEO CHEE SIANG Name of Driver

S7024643J NRIC/Passport Number 87786114 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

YUSOFF BIN SALEH

Approximate Age

Injuries Sustain

LEG

Injured person in which vehicle?

FBL6726M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name

INDRA RAHMAWATI

Approximate Age

Injuries Sustain

NECK, LOWER BACK & RIGHT ARM

Injured person in which vehicle?

FBL6726M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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>.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature
Date / time:

E				OF THE ACCIDENT			
	Acrording	to	police	report.			
			(2)				
						- Haly-steel -	
					Need in		
-							

DECLARATION

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

Policy holder's signature

Date & time:

Driver's signature

(if driver is not policy holder)

Date & time:

reporting centre personnel's Signature

Name:

NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

# IMPOR ANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

	ACCIDENT DETAILS	1
Date of accident	27/10/2019	(DD/MM/YY)
Time of accident	02:45 pm	(HH:MM)
Exact location of accident	woodland many & F.	
	woodland evenue & 5.	

Shart Shart Sales Shart Shart	TSHIRE TO	DETAILS OF	VEHICLE	ST HAR	
Vehicle registration number	FBL	6726M			
Vehicle make and model	Yama	Yamaha #FZ16			
Type of vehicle	Saloon   Lorry	MPV 🗆 Bus 🗆		□ Van orcycle√z	Others:
Vehicle category	Private 🗆	Comm	ercial 🗆	Motorcyc	cle 🗹
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes   Third part of	No □ laim∡	A STATE OF THE PARTY OF THE PAR	ease select: ng only 🗆	

AND THE PROPERTY OF THE PARTY O	INSURANCE IN	FORMATION	A SECTION OF THE PARTY OF THE P
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only 🗆

	INSURED / POLICY HOLDER	Market Barrell	THE PERSON
Name	Yusoff Bin Salen	Male√	Female 🗆
NRIC / Fin / Passport number	57303%inA		
Contact	8224 9391		
Address	6930 Woodlands Avenue 6 #10-783 1	(s) 73 <b>4</b> 693	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male  Fen	nale 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	01/02/1973	
Occupation	Indoor Outdoor	
Driving date pass	24/04/1997	

	GENERAL	INFORMATION	OF THE ACCIDENT	and the second s
Was driver an employee of	Yes 🗆	No.p/		
the insured's company?	If no, rel	ationship of the	e driver and insured:	Owner
Accident captured by camera?	Yes 🗆	No Ø		7/0
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Drw6	Wet □		
No of passenger	2			(Inclusive of driver)
Annual Control of the				
d Krack technologic state		PASSENG	ER 1	
Name	Indra	Rahmawati		
Gender	Male 🗆	Female 🗹		
Name of the second seco				
		PASSENG	ER 2	the result of the first of the constitute
Name				
Gender	Male 🗆	Female 🗆		
Para de la companya d	1.1	PASSENG	ER 3	and the second section in
Name				
Gender	Male 🗆	Female 🗆		
Manual Company of the	Mary San	PASSENG	ER 4	Company of the second
Name				
Gender	Male □	Female		
				The state of the s
SECTION AND ASSESSMENT		PASSENG	ER 5	
Name				
Gender	Male 🗆	Female		
THE STATE OF THE PARTY.	THE REAL PROPERTY.	PASSENG	ER 6	The state of the s
Name				
Gender	Male 🗆	Female		
The review and the second		OTHER INFOR	MATION	
Was anybody injured?	Yesv	No 🗆		
Was other vehicle damaged?	Yes 🗷	No 🗆		
SERVICE PROPERTY OF THE STATE OF THE			TATION ACTION	<b>阿拉拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯</b>
Reported to police?	Yes Ø	No □ If y	es, please state whic	h police station.
Police station name	online			
MICH CONTRACTOR AND ADDRESS OF	A Michigan	WITNES	51	的是16.50mm (15.50mm) (15.50mm)
Name				
and the state of t		WITNES	52	· 游 是 · 0 — 6 计 2 4 图
Name				

THIRD PARTY VEHICLE 1				
Vehicle registration number	SLE 84472			
Vehicle make model	Toyota			
Name	Yeo Chee Siang			
NRIC / Fin / Passport number	\$70246433			
Contact	8778 6114			

Bloom the Property Uni	THIRD PARTY VEHICLE 2
Vehicle registration number	TBL/6/26/11
Vehicle make model	Hankaya / Ex 14
Name	Algebre Bin solen
NRIC / Fin / Passport number	1/5/1363849//
Contact	1/2 hay 0391

MESSAN CALL SAN CALL	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

THIRD PARTY VEHICLE 5				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

THIRD PARTY VEHICLE 6				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

建设设计 第三位表现的主义。	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	d Til
Indra Rahmawati	
FBL 6726M	
Yes  No	
Yes√z No □	
	Indra Rahmawati Neck, lower Back and Right arm PBL 6726M Yes 0 No 0

	INJURED PERSON 2
Name	Yusoff Bin Salen
Injuries sustained	Lea
Which vehicle person in?	PBI 6726M
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes □ Nova

INJURED PERSON 3				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

INJURED PERSON 4				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes  No			
Was injured conveyed to hospital by ambulance?	Yes  No  No			

INJURED PERSON 5				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes D No D			
Was injured conveyed to hospital by ambulance?	Yes D No D			

MARKET THE SECOND	FI PN A	INJURED PERSON 6
Name	3	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





1 of 3

Report No. T/20191027/7021

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

General Information of the Accident

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2019 21:45		lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
Name of Informant: YUSOFF BIN SALEH			Address: APT BLK 693D WOODLANDS AVENUE 6 #10-783 SINGAPORE 734693		
ID Type / ID No.: NRIC NO / S7303811A		11A	Contact No.: Home/Office:	Mobile: 82249391	
Nationality: SINGAPORE CITIZEN		EN	Email: usopsantorian73@gmail.com		
Sex: Age: Date of Birth: Male 46 01/02/1973			Type of Informant: Rider		
Race: Malay		- Jr	Language: English	Institution / School Name:	
Occupation: Freelance			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2019 14:45	Type of Location: X-Junction
Location: WOODLANDS	S AVENUE 5			
WOODLAND	SAVENSE S			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To Re	ar		Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6726M	Motorcycle	YAMAHA	FZ 16	Red	Seriously Damaged	2
SLE8447Z	Car				Slightly Damaged	0

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
FBL6726M	NTUC Income Insurance Co-Operative Limited	5097508994-01	14/03/2019	13/03/2020			





2 of 3

Report No. T/20191027/7021

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

## CONTINUATION OF REPORT

Any Pedestrian In	nvolved: No		***				
No. of Pedestriar	s Injured: NIL	Use of Per	Use of Pedestrian Crossing: NA				
Pillion							
Name	INDRA RAHMAWATI		ID No.	C3971651			
Related Vehicle	FBL6726M (Motorcycle)		Contact No.	91603498			
Hospital/Clinic	pital/Clinic NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL	Date Disc	harge NIL				
No. of Days gran	ted Medical Leave 03	Degree of	Injury Slight	t			
Rider		A PART OF THE					
Name	YUSOFF BIN SALEH		ID No.	S7303811A			
Related Vehicle	FBL6726M (Motorcycle)		Contact No.	82249391			
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL	Date Disc	harge NIL				
No of Days gran	ted Medical Leave 05	Degree of	Injury Sligh	t			

### Brief Details.

On stated time and date, I was the rider of vehicle bearing motocycle number FBL6726M was travelling at Woodlands ave 5 at lane 1. I came to a complete stop when the green arrow is blinking.

Suddenly, I felt an impact on my rear. My pillion and I fall in the ground. I come up and realised that the vehicle bearing carplate number SLE8447Z has collided into us from the back.

My pillion has conveyed to hospital by ambulance. Due to the accident, I also suffered from injuries and consult a doctor and get a 5 days MC.





3 of 3

Report No. T/20191027/7021

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

Informant is not able to provide sketch plan

Sketch Plan

**Authentication Stamp** 

NP168

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:	Signature Of 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: 27/10/2019 21:45
Officer In Charge Of Case:	Classification Of Case:
TP / TPHQ / RASHIDAH BINTE AZMAN Contact No.: 65476216	

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	' Chan	ge Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy f	No.				Date o	of Accident	8	7/10/2019 1	14:45	
	Vehicle No.(For Motor		FBL6726M			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097508994- 01		YUSOFF BIN SALEH	57303811A	GMC	Third Party, Fire & Theft	FBL6726M	FBL6726M	14/03/2019	13/03/2020
					. 0	Continue					

Sequen	ce Date of Endorseme	Date of Endorsement			Endorsement Status Endorsement Content			
▼ Endors	ements							
▶ Insure	d Object: FBL6726M							
Jnit No.		Relate Numb	ed Policy er	5097508994-01				
Address 4	SINGAPORE 734693		ss Type	Singapore address		Post Code	734693	
Address 1	BLK 693D #10-783	Addre	ss 2	WOODLANDS AVE	NUE 6	Address 3	ADMIRALTY GROVE	
Policyh	older Mailing Address							
Certificate Info								
Policy Info								
Flag Open								
Co- insurance	No							
Agent	ANG KOK BENG FREDERICK	Agent Tel.			GST Flag	Y		
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Inexperience Driver Excess		
Additional Excess		Premium	0					
Excess	D damage 0 Excess OS Premium		0		Excess			
Type Third Party		Excess Own			Windscreen			
issue Date Excess		All Claims						
Policy	07/02/2019	Effective Date	14/03/201	9 00:00	Expiry Date	13/03/2020 2	3:59	
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N		
Address	BLK 693D #10-783 WOODLAND	OS AVENUE 6 A	DMIRALTY	GROVE SINGAPORE 7				
Certificate		isome.						
Policy No.	5097508994-01	Policyholder Name	YUSOFF BI	IN SALEH	Policyholder NRIC	S7303811A		

cident MT/1068991									
icy No.	5097508994-01	Vehicle No.	FBL6726M			GST Registration No	1		
tificate No.									
Icynolder Name	YUSOFF BIN SALEH					Policyholder NRIC		\$7303811	ACC.
duct Code	MOTORCYCLE INSURANCE	Cover Type		Fire & Thert		Loading Contact No.(Home)		0	
ntact No.(Mobile)	82249391		Contact No.(Office) 0					0	
tail Address		Special Remark	® No ∩ Y		aCode		111.00		
×	No ○Yes			**		eCode Reason			
CD Protection	No	NCD Engitlement(%)	15			Private Hire		No	
Accident Details									
eport Date	9/10/2019 21:42 Academ Report Within 24 hrs 1					Accident Type	Collision -	Head to Rear	
ate of Accident	27/10/2019	0/2019 Time of Accident hh:mm 14:4				Country of Academt		Singapore	
eporting Centre		Crange Force				ICM No.			
ccident Location	WOODLANDS AVE 5								
7 Excess									
wn damage Excess	0,00	Additional Excess				Windscreen Excess			
nnamed Driver Excess		Outside Singapore CD Excess							
and Party Excess	0.00	Dutside Singapore TP Excess							
7 Benefits									
GST Registered Informa	ation								
T Registered	No		GST	Registration Date					
T Registration No.			GST	Status Verified		Yes			
dification History									
7 Policyholder Halling Ad	dress								
idness 1	B(K 893D #10-783	Address 2	WOODLAN	S AVENUE 6		Address 3		ADMIRAL	Y GROVE
ddress 4	SINGAPORE 734693	Address Type	Singapore a	ddress		Post Cade		734693	
nit No.		Related Policy Number	509750899	4-01					
OI Driver Info									
river Name	YUSOFF BIN SALEH	Driver Type	Main Driver						
nnamed driver Name		Driver NRIC	573036114			Driver DOB		01/02/19	13
egister Date of Driver License	24/04/1997	Driver Age	46			Driving Experience		22	
omact No.(Mobile)	82249391	Contact No. (Office)	0			Contact No.(Home)		0	
idress 1	BLK 693D	Address 2	WOODLAND	OS AVENUE 6		Address 3		ADMIRAL	Y GROVE
		GAPORE 734693 Address Type				Post Code		734693	
ddress 4	SINGAPORE 734693	Address Type	Singapore a	doress		Post Code		10000	
	SINGAPORE 734693 10-783	Address Type	Singapore a	ddress		Post Code		15.75	
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7.	NAC_PAYA_UBI_800601[ NATS CES] on 29	ONAL ASSESSMENT CENTRE SERVI Oct 2019 21:45	NRIC/ Driving License	y	Normal	NRIC/ Driving L	icense 2019-10-29		
achment	Opiosis	ed By/Date	Category	7	Urgency	Desi	cription	(co)	

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