NATIONAL Assessment Centre	Services. 1*	1 100/ect 1 1st	TUDY	1916542	3	
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TP Insurer:	Assessment/Sur	vey Report				
17 marci	Ass't Report by	Fax/Handle	Owner/W	Kan.		Decreeding to
Profurred Wksp / INC Assign Wksp / QW: (		DILL WITH PRINCIPLE	Tol:		Fux:	1
TP Particulars: Veh No: XX	8158	, INC(	, )/Non	-MC( ).	/STAGE	
Owner / Driver: (			Tel:		)	
Policy No: ( ) Perlo	d: (	. )	Cover Ty	pt: (	)	
Confirmed by : (	7	Dates,		Times	)	
Insured/Driver Liability: ( %) [No	te-Est Status (W	O): N: 0-20	%; P: 21	-79%. F: 80-	100%]	
	irranty: YES (	)/NO(	>			
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( ) Walk-In Customer : Customers Inform	ation strictly Con	lidential & Str	ictly NO re	for of repalier		
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Drive-in ( )/Towed-in ( ); Invoice:	YES( )/N	O( );T	owing Co	( ',''	•	
	<b>以出版程序的</b> 2月23日			WASHINGTON WA	<b>以</b> 為於認	toby · ·
1) Apply for Transport Allowance ( )/Cou	irtesy Car ( )	AND				
2) QC Check/Post Repair Inspection	( .)				1.00	
3) Upload Resurvey Photo [Repair Cost> \$300	207 ( )		1		1	
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Date the Resident Asset (25) is the National	Service Contract Cont	A ALLYAVA BEING		400年代的	PASE DAY	180
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# 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 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 urchiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the ladgement 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.

<b>经济区划和自由的国际制度</b>	ACCIDENT STATEMENT
Date Of Report	16/12/2019 16:26
Date Of Accident	14/12/2019 19:00
Exact Location Of Accident	BUANGKOK VIEW BESIDE BLK 997D MSCP
Country/State of Loss	SINGAPORE
Charles De la Carle de la Carl	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM8059L
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN KAMALLUDIN
NRIC No	S8911521C
Email Address	FARHANPUTRI18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87483131
Alternative Phone No	OTHERS-87483131
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099672308-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FARHAN BIN KAMALLUDIN
NRIC No	S8911521C
Date Of Birth	31/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	16/10/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87483131
Fax Number	Section of the Control of the Contro
Contact Number	OTHERS-87483131
EMail Address	FARHANPUTRI18@GMAIL.COM

Address

BLK 461A YISHUN AVENUE 6

#07-1011

Postcode

761461

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

AFTER RAIN

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

involved in the accident

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

----

ambulance?

NO

Was any other material or property damaged?

NO

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

Police Station Name

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191215/2006

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 Witness 1

Name

JOHN

Phone Number

81583883

Email Address

Details of Witness 2

Name

JINGQIANG

Phone Number

96998549

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLX815Y

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

ZAINUDIN BIN AHMAD

S1733118C

93760649

# **DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD FARHAN BIN KAMALLUDIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM8059L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

ince?

Address

Postcode

NO

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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.
- 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.
- (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.

Policyhalder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Posspanel's Sign

NRIC/FIN No





1 of 3

Report No. T/20191215/2006

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

REPORT O	F A TRAFFIC	ACCIDENT	1	Ctation Diany No.		
Date/Time Report Made: 15/12/2019 01:59		ade:	Vide Report No.:	Station Diary No. 16		
Informa	nt's Particu	ilars	ALONE STORES			
	Informant: MAD FARH	IAN BIN	Address: APT BLK 461A YISHUN AVE 761461	ENUE 6 #07-1011 SINGAPORE		
ID Type / ID No.: NRIC NO / S8911521C		21C	Contact No.: Home/Office:	Mobile: 87483136		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 30	Date of Birth: 31/03/1989	Type of Informant: Rider	1,000		
Race: Malay			Language:	Institution / School Name:		
Occupation: Food Delivery			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2019 19:00	Type of Location	
Location: Along Road 1 BUANGKOK Road beside		olock 997D Road Surface:		Road Speed Limit:	
Weather: Clear	Veather: Roa		100	WWW.SHIRIDUC SYLESCOCK	
Traffic Flow: Two Way	Traffic Flow: Traffic			Traffic Volume:	
Type of Colli	sion: front part of motorve	ehicle	a a	Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBM8059L	Motorcycle	YAMAHA	SNIPER T150	Grey	Slightly Damaged	1
SLX815Y	Car				Slightly Damaged	1

Details of V	ehicle Insurance		1	1
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8059L	NTUC Income Insurance Co-Operative	5099672308-01	06/04/2019	05/04/2020





2 of 3

Report No. T/20191215/2006

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

## CONTINUATION OF REPORT

Details of Person	Involved						
Any Pedestrian In	volved: No		Use of Pe	destrian (	Crossi	ng: NA	
No. of Pedestrian	s Injured: NIL		OSE OFF C	GUGGITAIT	No.		
Rider			MALLUDIN	ID No.		S8911521C	
Name	MUHAMMAD FARHA	N BIN KA	MALLODIN	10 140.			
		7-1		Contact No.		87483136	
Related Vehicle	FBM8059L (Motorcycle)			NEW 1888			
	TERM DUATE	IOCDITA	1	Class	of	Class: NIL	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Driving		Date of Expiry: NIL	
				Licenc			
		Date Disc				2/2019	
Date Treatment	14/12/2019	100	Degree	The state of the s	Sligh		
No. of Days gran	ted Medical Leave	03	Degree	or mijery			
THE RESIDENCE OF THE PARTY OF T				ID No.		S1733118C	
Name	zainudin bin ahmad			10 110		1571BYOS	
M 058 (7.47.)				Conta	ct No.	93860649	
Related Vehicle	NIL			00,110	********		
				Class	of	Class: NIL	
Hospital/Clinic	tal/Clinic NIL			Driving Licence &		Date of Expiry: NIL	
				Expir	y Date		
	NIL		Date Di	scharge	NIL		
Date Treatment	nted Medical Leave	NIL		of Injury	NIL		

On 14/12/2019 at about 1902hrs, I was on my way delivering food to a customer's house when I met into an accident at Buangkok Edgeview. The accident took place at the road beside multi purpose hall Block 977D. I was riding straight ahead on my motorcycle (FBM8059L) when a car (SLX815Y) from my right, turned in and collided with my motorcycle from the front. My left leg got stucked to my motorcycle as I fell off to the left but I managed to escape and move away from my vehicle. The guy in the car, Zainudin Bin Ahmad, stopped and went out of the car, saying that he did not see me. He also asked if I wanted to claim from insurance or settle it personally together. I told him I would go home and give it a thought first. He agreed to it but advised that he would prefer settling the issue personally. When I went home, I called him to settle the issue with him. I discussed with him on the settlements he has to pay for but he told me he could not afford to pay. He then said that we will just fight for insurance. He also kept on emphasizing that I was in the wrong. Not to mention, there were 3 witnesses at the time of incident; John (81583883), Tan Jingqiang (96998549) and Yap Kah Peng. I also got a footage of the accident from Tan Jingqiang. I sustained an injury on my left leg below my knee and got 3 days MC from KTPH. That is all.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 Report No. T/20191215/2006

CONTINUATION OF REPORT

Sketc	h	Р	lan
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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.

Sgt 1 ASHTON LIM THIAM MAN	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2019 01:59	
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:	

eBaoTech										Genera	IClaim
Hello, NAC_BUKIT_MERA	H_800676						· Change	e Language	+ Chang	je Password	· Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	io,			]	Date	of Accident		14/12/2019	15:02	Ľ,
	Vehicle	No.(For Motor)	FBM80	59L		Certif	icate Numbe	r			
					1	Search					
	Select.	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5099672308+ 01		MUHAMMAD FARHAN BIN KAMALLUDIN	S8911521C	GMC	Third Party, Fire & Theft	FBM8059L	FBM8059L	06/04/2019	05/04/2020
					(	Continue					

## Claim Handling

dicy No.	5099672308-01	Vehicle No.	FBM8059L		GST	Registrati
rtificate No.	The state of the s	23772H28/244/A				
Slicyholder Name	MUHAMMAD FARHAN BIN KAMALLUDIN				Polic	yholder N
oduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & The	ft:	Lead	ting
ontact No.(Mobile)	H7483131	Contact No.(Office)			Cont	tact No.(H
mail Address	CALL STATE OF THE	Special Remark			eCoc	de
FK.	« No Yes	TCA	- No Yes		eCor	de Reason
CD Protection	No	NCD Entitlement(%)	15		Priva	ate Hire
Accident Details	NO.	With Three Balling Co.				
	The second is a state of	Accident Report Within 24 hrs	Ves		Acci	dent Type
eport Date	16/12/2019 16:35	Time of Accident hhamm	19:00			ntry of Ac
ate of Accident	14/12/2019	Orange Force	:14:00			No.
aporting Centre	TO THE REPORT OF THE PARTY OF T	Grange Porce				
ccident Location	BUANGKOK VIEW BESIDE BLK 997D MSCP					
Total Excess Applicable	2 9 9 9	Windscreen Excess				
xcess Type	Per Accident	William Excess				
D Standard Excess	6.00	TP Standard Excess		0.00		
TED OD Excess	0.00	VIED TP Excess		0.00	Ditte	ver is Cov
dditional Excess	Water Control	Was a State of				
rotal OD Excess Applicable	0.00	Total TP Excess Applicable		0.00		
The Charles of the Comment of the Co	M-SM )			2010/2		
₩ Benefits	the second secon					
GST Registered Informati	No		GST Registra	tion Date		
ST Registered ST Registration No.	1960		GST Status V			Yes
Addition History						
CHARLES C. L. SECRETO						
Policyholder Mailing Add	toss					
Address 1	BLK 188D #06-110	Address Z	BEDOK NORTH STREE	ET 4	Δø	dress 3
Address 4	SINGAPORE 46418II	Address Type	Singapore address		Por	st Code
Unit No.		Related Policy Number	5099672308-01			
♥ OI Driver Info						
Driver Name	MUHAMMAD FARHAN BIN KAMALLUDIN	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S8911521C		Dr	iver DOB
Register Date of Driver License	16/10/2008	Driver Age	30		Dr	iving Expe
Contact No.(Mobile)	87483131	Contact No.(Office)			Ci	entact No.
Address 1	BLK 1990 #06-110	Address 2	BEDOK NORTH STRE	ET 4	Ad	dress 3
Address 4	SINGAPORE 464188	Address Type	Singapore address		Po	st Code
Unit No.	STOTISTES OF CASES OF S.					
Does he own a Singapora	Yes a No	Driver Venicle No.	FBMW059L		Qr	river traur
Registered car?	1.4					
Declaration						
Breathalyser or Blood Test	222	Any injury?	Yes = No			
Reading?	0 mg	20110201	0.27			
Modification History						
Superfree Land						
Claim 001 New						
				OD-MX		Insured Name
Claim Type *						Contact
Claim Type •				00.000.000		No. (Home)
Claim Type * Contact No.(Mobile)				87483136		
Contact No.(Mobile)				pr.)		01
				87483136 FARHANPUTRILEGO	SMAIL COM	
Contact No. (Mobile) Email Address				FARHANPUTRIL®®	SMAIL COM	OI Vehicle Number
Contact No.(Mobile)				pr.)	SMAIL COM	OI Vehicle Number
Contact No. (Mobile)  Email Address  Claim Description  Preferred	Insured Liability   Not at Fa	uit •		FARHANPUTRIL®®	SMAIL COM	OI Vehicle Number
Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Beduiset No. (Ver	Preferred  ▼ Rapair Preferred Workshop,	TGIA	ved •	FARHANPUTRIL®®	SMAIL COM	OI Vehicle Number : 2019
Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop	Preference 1997 at 14	Marie Leterane GIA Berel	ved ¥	FARHANPUTRIL®®	SMAIL COM	OI Vehicle Number : 2019 : Claim Clase
Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Edutises No. Yes Finalisation	Preferred  ▼ Rapair Preferred Workshop,	Marie Leterane GIA Berel	ved ,	FARHANPUTRILE®	SMAIL COM	OI Vehicle Number 2019

Save Submit

