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	I-Photo Uploaded Assessment/Survey Report Asset Report by Fax/Hand INC (riod: () Dates: Note-Est Status (WO): N: 0-2 Warranty: YES ()/NO () matter strictly Confidential & Sign URGENTLY.	Jeb description SAS e-filling E-inalf(&joha &hrs, AIC 2hrs) I-Motor Claim Form I-Motor W/O (Withia: OD 2hrs, TP 4hrs) I-Photo Uploaded Assessment/Survey Report Ass't Report by Fax/Hand to Osyner/Whisiz Tol: Fat INC()/Non-INC(). Tel: fied: () Cover Type: (Date: Times Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-10 Warranty: YES ()/NO() OO ()/\$2,000 () Manual on strictly Confidential & Strictly No refer of repulsor. TURGENTLY. VES ()/NO(); Towing Co: (Ourtesy Car () ()

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 wiful misrepresentation or witholding of malerial facts may allow insurance companies to
- 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.
- 5. 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.

20 Contractor	
Display September 1997 Control	ACCIDENT STATEMENT
Date Of Report	27/12/2019 17:55
Date Of Accident	26/10/2019 18:45
Exact Location Of Accident	T-JUNCTION OF SEMBAWANG AVENUE/SEMBAWANG DRIVE
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG2368R
Insured/Policyholder	
Name Of Registered Owner	MOHAMED RAFEE S/O S A MAIDEEN BATCHA
NRIC No	SXXXX538F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92277294
Alternative Phone No	OTHERS-92277294
Vehicle Particulars	
Manufacturer	YAMAHA
Model	XT1200Z-1.2
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082703389-03
Cover Note Number	
Driver	
Name of Driver	MOHAMED RAIRULHAFIEZ BIN MOHAMED RAFEE
NRIC No	SXXXX566C
Date Of Birth	12/08/1992
Occupation	INDOOR
Date Of Driving Pass	17/09/2015
Oriving Experience	4 YEARS AND 1 MONTH
Sender	MALE
Mobile Number	(LOCAL) +65-92277294
ax Number	The months of the months of the Control of the Cont
Contact Number	OTHERS-92277294
EMail Address	NOEMAIL

Address

BLK 2 MARSILING DRIVE

#06-41

Postcode

730002

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

NO

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES

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)

2

Passenger 1

NAME:

: NAFEEZA BEGUM BINTE MOHAMED RAFFI

GENDER:

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

: FEMALE

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

PLEASE REFER TO POLICE REPORT T/20191105/2034

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

SGP799L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMED RAFEE S/O S A MAIDEEN BATCHA

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBG2368R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name

NAFEEZA BEGUM BINTE MOHAMED RAFFI

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBG2368R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 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:

- (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.

Policyholder's Signature

Date & fime:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre P

Name:

NRIC/FIN No.:

: Enaloge Continue (in Cont., in





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

1 of 3 Report No. T/20191105/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2019 11:49			Vide Report No.: L/20191026/0133	Station Diary No.:				
Informa	nt's Partic	ulars						
MOHAN MOHAN	MED RAFEE	LHAFIEZ BIN	Address: 2 MARSILING DRIVE #06-41 MARSILING SPRING SINGAPORE 730002					
	/ ID No.: O / S92275	66C	Contact No.: Home/Office: Mobile: 92277294					
National SINGAF	lity: PORE CITIZ	EN.	Email:					
Sex: Male	Age: 27	Date of Birth: 12/08/1992	Type of Informant:					
Race: Malay			Language:	Institution / School Name:				
Occupation: PROJECT MANANGEMENT			Driving Licence Information: Class: Date of Expiry:					

General Infor	mation of the Accident					
Type of Accident:	Injury Conveyed By Ambular	Drir Driv No		Date/Time of Accident: 26/10/2019 18:45	Type of Location:	
Location: Along Road 1 SEMBAWAN		1,000				
Weather: Drizzling	Weather: Road		Road Surface:		Road Speed Limit:	
Traffic Flow:	Traffic Flow: Traffic		rol:		Traffic Volume:	
Type of Collis	ion:			i i	Anyone conveyed by ambulance:	

Details of Vehicle Involved								
Туре	Make	Model	Color	Condition	No of Passenger			
Motorcycle	YAMAHA	XT1200Z			1			
	Туре	Type Make	Type Make Model	Type Make Model Color	Type Make Model Color Condition			

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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

2 of 3 Report No. T/20191105/2034

CONTINUATION OF REPORT

Rider		Series -			17111	CASINET CONTRACTOR
Name	MOHAMED RAIRUL MOHAMED RAFEE		BIN	ID No	les	S9227566C
Related Vehicle	NIL			Conta	ict No.	92277294
Hospital/Clinic	KHOO TECK PUAT	L	Class of Driving Licence & Expiry Date		Class; NIL Date of Expiry: NIL	
Date Treatment	26/10/2019		Date Di	scharge		/2019
No. of Days gran	ted Medical Leave	21		of Injury		
Pillion	A LORDON TO THE LOS	212324		Section Co.		
Name	NAFEEZA BEGUM I RAFFI	BINTE MC	HAMED	ID No.		S9635307C
Related Vehicle	NIL					NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Dat		Class: NIL Date of Explry: NIL
Date Treatment	26/10/2019		Date Di	Discharge 01/11/2019		/2019
No. of Days gran	ted Medical Leave	16		of Injury	NIL	Wischiel -

Brief Details.

ON STATED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG SEMBAWANG AVE .UPON REACHING THE JUNCTION I SAW THERE IS A CAR ON THE OPPOSITE SIDE WAS ENTERING THE POCKET TO TURN RIGHT. I WAS ON THE WHITE LINE WHEN THE TRAFFIC LIGHTS TURN AMBER THEN THE CAR IMMEDIATELY ACCELERATE. I DID NOT MANAGE TO APPLY BRAKE IN TIME AND HIT ONTO THE CAR.





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

3 of 3 Report No. T/20191105/2034

CONTINUATION OF REPORT

Sketch Plan

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: TP / MUHAMMAD SYUKRI BIN ZAINI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2019 11:49
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp	1 5/11

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Prible No.	5092/022Hrs-ICE	Vehicle No.	5902366K		the state of	20140131					
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