Date In: Glibe 18:15			
	Jeb description	Date & Time Completed	Done by
Ref No MAINCrosoo6Wpy	SAS e-filing	1	:
Veh No: PBLSDYDL	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 4/1/22-22: 43	i-Motor Claim Form	m/1079768-001	9/1/20 18:36
OD / (P) Reporting Only	I-Motor W/O (Within: OD 2hrs	, TP 4brs)	10:30
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: Suyrov	· INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Period:	()	Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-	-Est. Status (WO): N: 0-209	%; P: 21-79%. F: 80-1	00%1
rear of Registration: () Warra	anty: YES ()/NO()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()		
General Remarks:-	878 (2.888 (2.888 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SESSION AND COME	
() Walk-In Customer : Customer's information	on strictly Confident in Land		SAME STATES
() Total Loss Case : to e-mail Insurer UR	on delical Confidential & Strice	dy NO rater of repairer.	
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Apply for Transport Allowance ()/Courter QC Check / Post Repair Inspection		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]		Date&Time Completed	Done by
Apply for Transport Allowance ()/Courter QC Check / Post Repair Inspection		Date&Time Completed	Done by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

EMail Address

Fax Number Contact Number

Gender

- 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 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.

aroresaid.	ACCIDENT STATEMENT
Data Of Bassat	
Date Of Report	09/01/2020 18:25
Date Of Accident	04/01/2020 22:40
Exact Location Of Accident	SEMBAWANG RD TWDS SEMBAWANG PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL3040C
Insured/Policyholder	
Name Of Registered Owner	MUHD ALFENADY LANGKAT B BAKHTIAR
NRIC No	TXXXX874F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91542623
Alternative Phone No	OFFICE-91542623
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15
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	5115185900
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ALFENADY LANGKAT BIN BAKHTIAR
NRIC No	TXXXX874F
Date Of Birth	03/07/2000
Occupation	INDOOR
Date Of Driving Pass	25/09/2019

0 YEAR AND 3 MONTH

(LOCAL) +65-91542623

OFFICE-91542623

MALE

NOEMAIL

Address BLK 351A CANBERRA ROAD

#03-313

Postcode 751351

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

22

Insurance Company of Driver's Own Vehicle

- C-1

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

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

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20200105/2117.

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 SGY2022J

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 MUHAMMAD ALFENADY LANGKAT BIN BAKHTIAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBL3040C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

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 Palicyholder and/or the Authorised Driver
- 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.
- 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 GM 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.
- Ey 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 insurers) 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")
- 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.

Policyholde '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 Ven A. FBL 3040C Vens! 547 20225 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 20200105/2117 Peport: Police 15914 on DECLARATION I/We declare the foregoing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Policyholder Signature Name: Date & Time: Date & Time NRIC/FIN No :

ATHAC GLARHAPLANCOUN VS

Date of Accident	04/01/2020 Accident Time: 30 (24-HR-Format)
Accident Place	Sendawary Road Towards Sembowary Park
Vehicle Reg. No. (Car Plate No.)	FBL 3040C
Vehicle Make/Model	: YAMAHA RIS
Insurance Company	NTUC Policy No. 5115185900
Owner or Company Name /IC No.	: MUHAMMAD ALFENADY CANGRAI BIN BAKHTZAR
Owner or Company Confact No.	915 4 262 3 Owner's Hp Company Tel
DRIVER'S Name / IC No.	:_ 7 0021874 F
DRIVER'S Date Of Birth	: 03/07/2000 DRIVER'S License Pass Date 25/09/19
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	351A MANBERPA KO #03-313 5(751351)
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	INDOOR) OUTDOOR (e.g. working inside or outside office)
Email Address	: ALFEALRY @ GMALL COM
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river):OI
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES \ NO s being used at the time of accidents Private use) Work purpose
Other P	arty Driver's Particular (if any)
Vehicle Reg. No: 369 2022	Vehicle Reg. No:
Vehicle Make\Model:	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/20200105/2117

Police Station Of Origin Sembawang N P C 4 Sembawang Crescent SINGAPORE 757633 Tel No 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 05/01/2020 21:07			Vide Report No.	Station Diary No. 72	
Informa	nt's Partic	ulars	Tell		
		ENADY LANGKAT	Address APT BLK 351A CANB 751351	ERRA ROAD #03-313 SINGAPORE	
ID Type NRIC NO	/ ID No.: D / T00218	74F	Contact No.: Home/Office. Mobile: 91542623		
Nationali SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 03/07/2000	Type of Informant:		
Race: Malay			Language: Institution / School Na SAF		
Occupation: National Service Full Time			Driving Licence Information: Class: 2B Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambula	nce Drink No	Date/Time of Accident: 04/01/2020 22:	Type of Location: Straight Road	
Location: Along Road 1 SEMBAWANG Towards Sem	G ROAD				
		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	74 . · ·	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	ion: ing Vehicles - Head To Side			Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL3040C	Motorcycle	YAMAHA	YZF-R15	Blue	Totally Damaged	0
SGY2022J	Car				Slightly Damaged	1

THE RESERVE OF THE PARTY OF THE	ehicle Insurance	The state of the s		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL3040C	NTUC Income Insurance Co-Operative Limited	5115185900	26/12/2019	25/12/2020





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999 2 of 3 Report No. T/20200105/2117

CONTINUATION OF REPORT

Details of Perso	n Involved			All Control		
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestria	n Cross	sing: NA
Rider						The sold of the so
Name	MUHAMMAD ALFE BAKHTIAR	NADY LAN	ID No).	T0021874F	
Related Vehicle	FBL3040C (Motorcycle)				act No.	91542623
Hospital/Clinic	KHOO TECK PUAT HOSPITAL				of g ce & y Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/01/2020		Date Disc	harge	05/01	/2020
The state of the s	ted Medical Leave	05	Degree of	f Injury	Slight	

Brief Details.

On 04/01/2020 at about 2230hrs, I was riding my motorcycle FBL 3040C, Yamaha R115 blue and silver in colour along Sembawang Road, towards the direction of Sembawang Park. During which, a white Toyota car, was driving from the opposite direction of the 2-way road.

The car then proceeded to turn to its right, but did not turn right completely and suddenly stopped in my lane. I was not able to brake in time, as such my motorcycle collided onto its left side front passenger door area. As a result, I fell off my motorcycle. I sustained abrasions on my forehead, both elbows, swollen left knee and fingers, and cuts on my knees and fingers. I was subsequently conveyed to Khoo Teck Puat Hospital.

I was discharged from the hospital this morning and was given 5 days MC. I managed to get some details of the car who had hit me through a friend of mine, Iskandar hp: 9619 4241, whom I called and came to the accident site. TP IO David hp: 96192349 had called me to ask me to lodge this traffic accident report.





Police Station Of Origin: Sembawang N.P.C. 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

3 of 3 Report No. T/20200105/2117

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:	Signature Of Informant:
SI MOHAMAD KHAIRUZ BIN BAHRAWI	A W
Signature Of Interpreter:	Date/Time:
Not applicable	05/01/2020 21:07
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt NORAMEERA BINTE MOHAMED	ا خلاذا ۱۷۱۶
HUSSEIN Contact No.: 65476236	31/130
Authentication Stamp	Pas V
Sinsapore Police I	Force

eBaoTech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601					The second second	• Change	Languag	e 'Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									8
Notice of Loss	Policy N	Vo.				Date o	of Accident	1	04/01/2020	22:40	
	Vehicle	No.(For Motor)	FBL304	oc		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115185900		MUHD ALFENADY LANGKAT B BAKHTIAR	T0021874F	GMC	Third Party	FBL30400	FBL3040C	26/12/2019	25/12/2020
					c	Continue					

Sequen	ce Date of Endorsemen	nt E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
♥ Endors	ements						
Insured	d Object: FBL3040C						
Init No.	03-313	Relate Numbe	f Policy	5115185900			
ddress 4		Addres		Singapore address		Post Code	751351
ddress 1	BLK 351A #03-313	Addres	s 2	CANBERRA ROAD	1	Address 3	SINGAPORE 751351
Policyh	older Mailing Address						
ertificate nfo							
pen olicy Info							
nsurance lag	No						
igent io-	ASSURE PTE, LTD,	Agent Tel.	68489119		GST Flag	Y	
Singapore OD Excess		Outside Singapore TP Excess					g/Inexperience Driver Excess
Additional Excess Outside		OS Premium	0				
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
xcess Type	Per Accident	All Claims Excess					
olicy ssue Date	26/12/2019	Effective Date	26/12/201	9 00:00	Expiry Date	25/12/2020	23:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 351A #03-313 CANBERRA	ROAD SINGAP	ORE 75135	L			
Certificate		10370052			mac		
Policy No.	5115185900	Policyholder Name	MUHD ALF	ENADY LANGKAT B B	Policyholder NRIC	T0021874F	

Claim Handling Accident MT/1079368						
	peanteur on					
discy No.	5115185900	Vehicle No.	FBL3040C		GST Registration No.	
ertificate No.						
plicyholder Name	MUHD ALTENADY LANGKAT IS BAKHTSAR				Policyholder NR3C	T0021874F
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading	0
antact No. (Mobile)	91542623	Contact No.(Office)	٥		Contact No.(Home)	
mail Address		Special Remark			eCode	- V
FK	No Yes Yes Yes No No Yes No No No No No No No No	TCA	No ○ Yes		eCode Reason	
CD Protection	No	NCD Entitlement(%)	0		Private Hire	No
Accident Details						
eport Date	09/01/2020 18:34	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Change / Cross land
ate of Acordent	04/01/2020	Time of Accident hhome	27:40			
aporting Centre		Orange Force	0.44199		Country of Accident	Singapore
coldent Location	SEMBAWANG RO TWDS SEMBAWANG PARK				JCH No.	
Total Excess Applicable						
есияя Туре	Per Accident	Windscreen Excess				
10000000	Control of the contro	Windschall Eachill				
O Standard Excess	0.00	TP Standard Excess		0.00		
IIID OO Excess	9.90	VIED TP Excess		0.00		1/20/2005
dditional Excess		Control of the contro		0.00	Driver is Covered?	Not Covered
ITAL OD Excess Applicable	0.00	Tabel Till Comme Academic				
2 Benefits	0,00	Total TP Excess Applicable		0.00		
GST Registered Inform	atter.					
The second second second second	OT-					
IT Registered IT Registration No.	Na		GST Registration			
dification History			GST Status Verific	ed	Yes	
and the same of th						
Policyholder Mailing Ar	ddrass					
dress 1	8LK 351A #03-313					
	DEC 3514 #03-313	Address 2	CANBERRA ROAD		Address 3	SINGAPORE 751351
dress 4	9802	Address Type	Singapore address		Post Code	751351
st No.	03-313	Related Policy Number	5115185900			
OI Driver Info						
iver Name	MUHAMMAD ALFENADY LANGKAT BIN BAKHTIAR	Driver Type	Main Driver			
named driver Name		Driver NRIC	T0021874F		Driver DOB	03/07/2000
griter Date of Driver License	25/09/2019	Driver Age	19		Driving Experience	0
intact No.(Mobile)	91542623	Contact No.(DMce)	0			
dress 1	8LK 351A	Address 2			Contact No.(Home)	0
dress 4	50.3316		CANBERRA ROAD		Address 3	SINGAPORE 751351
	22/000	Address Type	Singapore address		Post Code	751351
et No. Yes he own a Singapore	03-313					
gistered car?	○ Yes ® No.	Driver Vehicle No.			Driver Insurer Company	
cleretion						
eathalyser or Blood Test sading?	O mg	Any injury?	® Yes ○ No			
dification History						
100						
Claim 001 New						
araco v	Face and the same	no roto sowers	-			
m Type *	OD-MX	Insured Name	MUHD ALFENADY LANGKA	AT B B	Insured NRIC	T0021874F
rtact No. (Mobile)	91542623	Contact No.(Home)	67527152		Contact No. (Office)	
ali Address		OI Venicle Number	FBL3040C		TP Vehicle Number	SGY20223
mam Type Claimant Type +	Please Select	Type of Benefit *	Please Select	v		
mart Name *	>>	Claimant MRJC *				
mant Address]	
im Description	PBL304DC / SGY2022) ON 4 Jan 2020				Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault	V		
puire Finalisation	Yes	Preference Repair Option	Preferred Workshop, Nam		C14 report	The second secon
e Registered	09/01/2020 18:36	Claim Close Date	r . eter es workshop, Nam	ie unknown 🗸	GIA report	Received v
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	Jackson					
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ident No.	MT/10703K6	- MARCH 18	9230			
	MT/1079366	Claim No.	001			
t Doc. Received	● Yes ○ No	Upload Date	09/01/20	20 18:37		
	Path *		C	stagory *	Confidential urgeni	cy * Description
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