Date In: Miho-Kiyi	Job description	Date & Time Completed	Done	by:
Res No: MAJINCUSO OF 16 124	SAS e-filing			
Veli No: PESSON	E-mail (within Shrs, AIC 3	Phys.)	İ	
D.O.A: 10/1/20-20:30	i-Motor Claim Form		101 10 0	22.2
0.000	i-Motor W/O (Within:	111344408-031	13/1/201	V.05
OD (TP)! Reporting Only	i-Photo Uploaded	3D 2hrs, 71° 4hrs)		
			-	
TP Insurer:	Assessment/Survey Rep Ass't Report by Fax / H			
Preferred Wksp / INC Assign Wksp / QW:		Tel:	Fax:	78.15-77
		NC( )/Non-INC( )	7 40.	
Owner / Driver: (	T(1,1/1,1/1)	Tel:	)	owening:
Policy No: ( )	Period: (	) Cover Type: (		
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( 9	%) [Note-Est. Status (WO): N	: 0-20%; P: 21-79%. F: 30-	100%]	
Year of Registration: (	) Warranty: YES ( )/NO			
Excess: (S ) Loading:				
General Remarks:	Calle of South and	Notes that the second second second		
( ) Walk-In Customer: Customer's	information strictly Confidential	P. Strictly NO safes of sanakas	mark and a mark of the same	
		& Strictly NO 13ter of repatier		
( ) Total Loss Case : to e-mail In				
Drive-In ( ) / Towed-In ( ); Inv	voice: YES ( ) / NO (	); Towing Co: (	*	)
Remarks; (INC horline: 6788 661	0	Post 6/21 / 030 13.3 /	Done	hi
	contraction of the contraction of the property of the contraction of t	Date&Time Completed	Segrandore	ру
1) Apply for Transport Allowance (	)/ Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost:	> \$3000] ( )			
	> \$3000] ( )			
3) Upload Resurvey Photo [Repair Cost Injury :	( ) > \$3000] ( )			
3) Upload Resurvey Photo [Repair Cost Injury :	( ) > \$3000] ( )		78 8 C S S S S S S S S S S S S S S S S S	
3) Upload Resurvey Photo [Repair Cost Injury:	( ) > \$3000] ( )			
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3) Upload Resurvey Photo [Repair Cost Injury:	( ) > \$3000] ( )		288 A.C. (5. ) 38°.	
3) Upload Resurvey Photo [Repair Cost Injury :	( ) > \$3000] ( )			
3) Upload Resurvey Photo [Repair Cost Injury :	1		Anit(S)	Amt (3
3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions	1	Preparation Checklist	Ant(S).	
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July :  Date/Time Actions  Ma 1000400  Injury :  Contact No:	Invoice  1) AR: Ac  2) DA: Da  3) TF: Tov  4) FT: Fol  5) FT: Fol  For clair  6) TR: Re-	cident Reporting (\$30); rmage Assessment (\$100); INC (\$ ving Fee \$4 low-Through Survey low-Through Survey (Resurvey) ning against INC Only (wef 10 Jan 200	58 Bill 80) 0/\$45 \$120 \$30	
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July:  Date/Time Actions  Injury:  Date/Time Actions  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	Invoice  1) AR: Ac  2) DA: Da  3) TF: Tou  4) FT: Foil  5) FT: Foil  For clair  6) TR: Re-  7) N1: Ida  8) NTUC A  QD'  *NS: Co	cident Reporting (\$30); Image Assessment (\$100); INC (\$ ving Fee \$4 low-Through Survey (Resurvey) Ining against INC Only (wef 10 Jan 200 inspection of DA + SMRT Survey Additional Services:-	58 Bill 80) 0/\$45 \$120 \$30 5) \$75 \$160	
July:  Date/Time Actions  Injury:  Date/Time Actions  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Involce  1) AR: Ac  2) DA: Da  3) TF: Tov  4) FT: Fol  5) FT: Fol  For clair  6) TR: Re-  7) N1: Ida  8) NTUC A  QD-  *N5: Cov  *N6: Re-  *N7: Fol	cident Reporting (\$30); rmage Assessment (\$100); INC (\$ ving Fee \$4 low-Through Survey low-Through Survey (Resurvey) ring against INC Only (wef 10 Jan 200 inspection of DA + SMRT Survey additional Services:  urtesy Cer / Tpt Allowance the Repair Inspection of Repair Inspection	58 Bill 80) 0/\$45 \$120 \$30 5) \$75 \$160	
3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions  Na 100040  Inimant's Particulars :-  river/Owner:  Ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Involce  1) AR: Ac  2) DA: Da  3) TF: Tou  4) FT: Foil  5) FT: Foil  For clair  6) TR: Re-  7) N1: Ida  8) NTUC A  QIL*  *N5: Co  *N6: Re-  *N7: Poi  *N8: DV	cident Reporting (\$30); Image Assessment (\$100); INC (\$ ving Fee \$4 low-Through Survey (Resurvey) Ining against INC Only (wef 10 Jan 200 inspection of DA + SMRT Survey Additional Services: Lurtesy Cer / Tpt Allowance pair Co-ordination of Repair Inspection // Collect Excess Coordination	\$50 Bill \$50 Bill \$50 \$5120 \$530 \$55 \$510 \$525 \$55	Amt (3
July:  Date/Time Actions  Na Vooovo  Injury:  Injury:  Date/Time Actions  Injury:  Checked by (Engr-In-Charge):	Invoice  1) AR: Ac  2) DA: Da  3) TF: Tou  4) FT: Foil  5) FT: Foil  For clair  6) TR: Re-  7) N1: Ida  8) NTUC A  QD'  *N5: Cou  *N6: Re-  *N7: Foil  *N8: DV  TP (N1:	cident Reporting (\$30); Image Assessment (\$100); INC (\$ Iving Fee \$4 low-Through Survey (Resurvey) Ining against INC Only (wef 10 Jan 200 inspection of DA + SMRT Survey Additional Services:  urtesy Car / Tpt Allowance pair Co-ordination st Repair Inspection // Collect Excess Coordination ): TP (Non INC) against INC	\$50 Bill \$50 Bill \$50 \$5120 \$530 \$55 \$510 \$525 \$55 \$520	
3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions  Na 100040  Inimant's Particulars :-  river/Owner:  Ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Involce  1) AR: Ac  2) DA: Da  3) TF: Tou  4) FT: Foil  5) FT: Foil  For clair  6) TR: Re-  7) N1: Ida  8) NTUC A  QIL*  *N5: Co  *N6: Re-  *N7: Poi  *N8: DV	cident Reporting (\$30); Image Assessment (\$100); INC (\$ ving Fee \$4 low-Through Survey low-Through Survey (Resurvey) Ining against INC Only (wef 10 Jan 200 inspection of DA + SMRT Survey additional Services:  urtesy Cer / Tpt Allowanue pair Co-ordination st Repair Inspection // Collect Excess Coordination ): TP (Non INC) against INC inc Mobile	\$50 Bill \$50 Bill \$50 \$5120 \$530 \$55 \$510 \$525 \$55 \$520 \$30	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Date Of Driving Pass

**Driving Experience** 

Mobile Number Fax Number

Contact Number

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.
- 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.	
Make the first the same of the same of the same to the same of the	ACCIDENT STATEMENT
Date Of Report	13/01/2020 18:41
Date Of Accident	10/01/2020 20:30
Exact Location Of Accident	JUNC JALAN BESAR TWDS ROCHOR CANAL RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FE8180M
Insured/Policyholder	
Name Of Registered Owner	SHEIKH HASHMAT AZIM BIN HASHIM
NRIC No	SXXXX211D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83337454
Alternative Phone No	OFFICE-83337454
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXK
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	5111157357
Cover Note Number	
Driver	
Name of Driver	SHEIKH HASHMAT AZIM BIN HASHIM
NRIC No	SXXXX211D

06/02/1995

29/07/2019

0 YEAR AND 5 MONTH

(LOCAL) +65-83337454

OFFICE-83337454

INDOOR

MALE

NOEMAIL

**BLK 91 HENDERSON ROAD** Address

#05-116

150091 Postcode

Was driver an employee of the Insured's Company

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 - CROSS JUNCTION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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?

NO

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)

YES NO

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes. Please state which Police Station

Police Station Name Police Station Address BUKIT MERAH WEST NPC

ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

COUNTRY: SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200112/2033.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMG3233J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

## **DETAILS OF INJURED PERSON 1**

Name

SHEIKH HASHMAT AZIM BIN HASHIM

Approximate Age

Injuries Sustain

HAND

Injured person in which vehicle?

FE8180M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### SKETCH PLAN

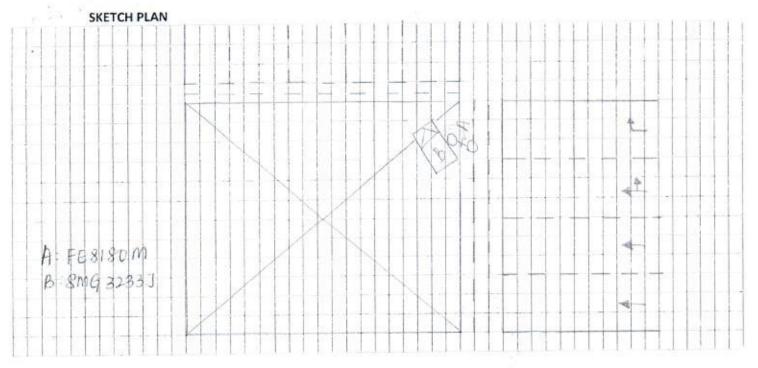
### IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
  - (I) 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:



DESC	RIBE CIRCUMSTANCES OF THE ACCIDENT
	Refer to police report
	Reger to poince report
	/
/	
/	

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 NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT 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. ٠
- This form must be filled up by the policy holder and/or authorised driver. ٠
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance ٠ 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.

<b>达到</b> 5.000 (1000)	ACCIDENT DETAILS	
Date of accident	10 01 2020	(DD/MM/YY)
Time of accident	2030	(HH:MM)
Exact location of accident	junction of Jalan Besar turning right into Rochor Canal Road	

(1) 等的 (1) 等等 (1) (2) (2)	DETAILS OF VEHICLE
Vehicle registration number	FE 8180 M
Vehicle make and model	Yamaha RXK
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

AND THE RESERVE OF THE PERSON	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

INSURED / POLICY HOLDER				
Name	Sheikh Hashmat Azim Bin Hashim Male of Female			
NRIC / Fin / Passport number	89574211 D			
Contact	8333 7454			
Address	Blk 91 Henderson Road # 05-116 S (150 091)			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name		male 🗆
NRIC / Fin / Passport number		-
Contact		
Address		
Email address		
Date of birth	06/02/1995	100000000000000000000000000000000000000
Occupation	Indoor D Outdoor D	tto ====
Driving date pass	29 07 2019	

	GENERAL	INFORMATION	OF THE ACCIDENT	MALE CONTROL OF STREET
Was driver an employee of	Yes 🗆	No 🗷		
the insured's company?	If no, rel	ationship of the	driver and insured: _	Owner
Accident captured by camera?	Yes 🗆	No 🛭		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet □		
No of passenger	01			(Inclusive of driver)
No or passenger	0.			
(A)	· · · · · · · · · · · · · · · · · · ·	PASSENGE	R1	
Name				
Gender	Male 🗆	Female 🗆		
FARE REPORTED STORAGE STORAGE		PASSENGE	R 2	
Name	-			
Gender	Male 🗆	Female 🗆		
<b>对自然是是是是对自然的的。</b>	<b>林</b> (A) (A) (A)	PASSENGE	R3	
Name				
Gender	Male 🗆	Female □		
Expression of Laboration		PASSENGE	R4	<b>这种进行</b>
Name			TO REAL STREET,	
Gender	Male 🗆	Female		
Gender	110000			
A MARKET BASE VALUE OF THE REAL PROPERTY.		PASSENGE	R5	TO COMPANY TO THE PARTY OF
Name	TOTAL PROPERTY	Commission of the Control of the Con		
Gender	Male 🗆	Female □		
Gender	111010			
	No.	PASSENGE	R 6	<b>建筑建筑市建筑设置,建筑地域,</b>
Nama	CAST THE STREET CONTROL	The state of the s	MANAGEMENT CONTRACTOR	
Name Gender	Male 🗆	Female □		
delidel	Widic D			
	NAME OF TAXABLE	OTHER INFOR	MATION	PARTY SERVICE
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes,	No 🗆		
was other venicle duninger.	1.09			
	DETAI	LS OF POLICE ST	ATION ACTION	
Reported to police?	Yes 🗷	No □ If y	es, please state which	h police station.
Police station name	-			
ronce station name				
		WITNESS	120000000000000000000000000000000000000	
Name	TOTAL PROPERTY.		APPLICATION OF THE PARTY OF THE	
Name				
Property of the second		WITNESS	52	AND THE PARTY OF T
<b>发生的自己的</b>	Street Water Street	The second second second	S. S. Life Bred D. D. Completon Village	

<b>达到1982年</b> (1982年)	THIRD PARTY VEHICLE 1
Vehicle registration number	SMG 3233 J
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
W	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>建</b> 物的原则,但是这种种的	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>建筑是一种的地址的大型的内容。</b>	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>发展的现在分词</b>	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	
A STATE OF THE STA	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

<b>。</b> 2000年 2		INJURED PE	RSON 1			是分字
Name	Sheikh	Hashmat	Azim Bin	Hashim		
Injuries sustained	Hand					
Which vehicle person in?	FE 8180	n')				
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes □	No Ø				
hospital by ambulance?		1				
					WINDOWS WITHOUT THE RESIDENCE OF THE PROPERTY	
PARTICION NUMBER		INJURED PE	RSON 2		2015年1月1日	<b>数</b> 器建
Name						
Injuries sustained						
Which vehicle person in?		-141= -				
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes □	No 🗆				
hospital by ambulance?						
		****				
		INJURED PE	RSON 3		<b>第一种等,是通信</b>	
Name						
Injuries sustained						
Which vehicle person in?					sur- mexican	
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No □	/			
hospital by ambulance?						
<b>建大型企业的联系的</b>		INJURED PE	RSON 4		是是如何就是到在公司	
Name						
Injuries sustained						
Which vehicle person in?		/				
Were seat belts worn?	Yes 🗆	No o				
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?	1	<u></u>				
						EL SPACE
		INJURED PE	RSON 5		THE PLANT SALES	The Control of the
Name						
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?						
<b>数</b> 对于1000000000000000000000000000000000000		INJURED PE	RSON 6		AND THE PARTY OF T	
Name						
Injuries sustained			00.2			
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆	111-22-			
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?	0.199442-0946					





T/20200112/2033

1 of 3 Report No. T/20200112/2033

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

	ne Report M )20 11:51	fade:	Vide Report No.:	Station Diary No. 18
Informa	nt's Particu	ulars		
	Informant: HASHMAT		Address: APT BLK 91 HENDERSON 150091	ROAD #05-116 SINGAPORE
ID Type	/ ID No.: O / S95742	11D	Contact No.: Home/Office:	Mobile: 83337454
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 06/02/1995	Type of Informant Rider	
Race: Malay			Language:	Institution / School Name:
Occupat	tion: Service Fu	ıll Time	Driving Licence Information Class: 2B	: Date of Expiry:

Type of Accident:	nation of the Acci Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2020 20:30	Type of Location: X-Junction	
JALAN BESA	NAL ROAD	ght into Rochor Canal R	oad		
Weather:		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis Between Mov	ion: ring Vehicles - Side	Swipe - Same Direction	<u> </u>	Anyone conveyed by ambulance:	

Vehicle No.	Typa	Make	Model	Color	Condition	No of Passenger
FE8180M	Motorcycle	YAMAHA	RXK	Black	Slightly Damaged	0
SMG3233J	Car					0

THE R. LEWIS CO., LANSING, MICH. 49-14039-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-120-1-1	Insurance Company	Insurance No	Effective	Expiry Date
FE8180M	NTUC Income Insurance Co-Operative	5111157357	14/07/2019	13/07/2020





2 of 3

Report No. T/20200112/2033

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

CONTINUATION OF REPORT

Any Pedestrian Ir			75 7 7		1 BIA
No. of Pedestrian	s Injured: NIL	Use	of Pedestri	an Cross	sing: NA
Rider					000000000000000000000000000000000000000
Name	SHEIKH HASHMAT AZIM B	M IDI	10.	S9574211D	
Related Vehicle	FE8180M (Motorcycle)			tact No.	83337454
Hospital/Clinic	SINGAPORE GENERAL HO	SPITAL	Driv	ss of ring ence & iry Date	Class: 2B Date of Expiry: NIL
Date Treatment	11/01/2020	Dat	Date Discharge		1/2020
	ted Medical Leave 03	Deg	gree of Injur	y Sligh	t

Brief Details.

On 10/01/2020 at about 2030hrs, I was riding my motorcycle bearing car plate number FE8180M at the junction of Jalan Besar and Rochor Canal Road between lane 1 and 2 and one pink car bearing car plate number SMG3233J was on the lane 2. While turning right into Rochor Canal Road, the pink car suddenly make a sharp right turn, which cause the right side of the car to collided onto the left side of my motorcycle. I tried to balance my motorcycle, however I failed to do so and fell on my right. The driver stopped and we exchanged contact details. No government property damaged, no traffic police and ambulance was at scene. I then proceed to SGH for medical and was given 3 days MC. I suffered bruises and abrasion on my left palm and left knee cap. Currently pending for x-ray results. My motorcycle right signal light dropped off, handle bar bend, some motorcycle material dropped off and some electrical issue due to the collision.





3 of 3 Report No. T/20200112/2033

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

SIGNATURE



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: D / Sgt 3 TEO JIA SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2020 11:51
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436 SN 45	Classification Of Case:
Authentication Stamp	



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY R	ISKS AND COMPENSATIO	N) ACT (CHAPTER 189) N) RULES, 1960					
ROAD TRANSPORT ACT, 1987 (MAI		VEIAL					
MOTOR VEHICLES (THIRD PARTY R Certificate Number : 511115735		Cover : Third Party					
Index mark and Registration Number		: FE8180M					
Chassis Number	umber of vehicle	: 13X054838					
2. Name of Policyholder		: SHEIKH HASHAMT AZIM BIN HASHIM					
I. Effective Date of Insurance		: 14 Jul 2019					
. Expiry Date of Insurance		: 13 Jul 2020					
. Persons or Classes of Persons e	entitled to drive#						
(a) Named Driver(s) Only.							
Provided that the person of the Motor Vehicle or has be enactment or regulation in	een so permitted and is	cordance with the licensing or other laws or regulations to drive not disqualified by order of a Court of Law or by reason of any the Motor Vehicle.					
. Limitations as to Use#	~ · · · · · · · · · · · · · · · · · · ·	* consecutor for a political supplication of the date					
	d pleasure purposes and	in connection with the Policyholder's business or profession.					
his Policy does not cover							
(a) Use for hire or reward.							
(b) Use for racing, pace-making	ng, reliability trial or spee	d-testing.					
		in connection with any trade or business.					
(d) Use for any purpose in cor	nection with the Motor	Trade.					
headings.		t Act, 1987 (Malaysia), are not to be included under these					
headings.	: N/A						
headings.  EXCESS (SECTION 1)	: N/A : N/A						
headings.  EXCESS (SECTION 1)  EXCESS (SECTION 2)  NSURE WITH COE	: N/A : N/A : N/A	• Discovery and advantage of the second seco					
headings. EXCESS (SECTION 1) EXCESS (SECTION 2) NSURE WITH COE NAMED DRIVER (1)	: N/A : N/A : N/A : SHEIKH HAS	SHMAT AZIM BIN HASHIM					
headings.  EXCESS (SECTION 1)  EXCESS (SECTION 2)  NSURE WITH COE  NAMED DRIVER (1)  NAMED DRIVER (2)	: N/A : N/A : N/A : SHEIKH HAS	* Division (2010) (2010) (2010) (2010) (2010) (2010)					
headings.  EXCESS (SECTION 1)  EXCESS (SECTION 2)  NSURE WITH COE  NAMED DRIVER (1)  NAMED DRIVER (2)  HIRE PURCHASE COMPANY	: N/A : N/A : N/A : SHEIKH HAS : N/A	* Division (Control Control Co					
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eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					THE REAL PROPERTY.	+ Change	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									9
Notice of Loss	Policy N	io.				Date o	of Accident		10/01/2020	20:30	
	Vehicle	No.(For Motor)	FE8180	М		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111157357		SHEIKH HASHAMT AZIM BIN HASHIM	S9574211D	GMC	Third Party	FE8180M	FEB180M	14/07/2019	13/07/2020
					C	Continue					

Policy No.	5111157357	Policyholder Name	SHEIKH HA	SHAMT AZIM BIN HA	Policyholder NRIC	S9574211D	
Certificate No.							
Address	BLK 91 #05-116 HENDERSON	ROAD SINGAPO	RE 150091				
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	14/07/2019	Effective Date	14/07/2019	9 00:00	Expiry Date	13/07/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	CHUI WEI JEAT	Agent Tel.	91637321		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 91 #05-116	Addre	ss 2	HENDERSON ROAD		Address 3	SINGAPORE 150091
Address 4		Addre	ss Type	Singapore address		Post Code	150091
Unit No.	05-116	Relate Numb	ed Policy er	5111157357			
<b>▶</b> Insure	d Object: FE8180M						
	ements						
Sequen	nce Date of Endorsem	ent	Endorsemen	t Type	Endorsement	Status	Endorsement Content

ccident MT/1079908						
olicy No.	5111157357	Vehicle No.	FE8180M		GST Registration No.	
ertificate No.						
olicyholder Name	SHEIKH HASHAMT AZIM BIN HASHIM				Policyholder NRIC	595742110
odact Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading	0
ntact No.(Mobile)	83337454	Contact No. (Office)	0		Contact No.(Home)	0
nail Address		Special Remark			eCode	11.9
K	(e) No ( ) Yes	TCA	® No ☐ Yes		eCode Reason	
O Protection	No	NCD Entitlement(%)	0		Provate Hire	No
Accident Details						
port Date	13/01/2020 22:01	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Cross Junction
ite of Accident	10/01/2020	Time of Accident Normm	20:30		Country of Accident	Singapore
porting Centre		Drange Force			1CM No.	
cident Location	JUNE JALAN BESAR TWOS ROCHOR CANAL RD					
Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess				
STEEN CARDS						
D Standard Excess	0.00	TP Standard Excess		0.00		
ED OD Excess	0.00	VIED TP Excess		0.00	Driver is Covered?	Not Covered
tditional Excess						
tal 00 Excess Applicable	0.00	Total TP Excess Applicable		0.00		
₹ Benefits						
GST Registered Informa	ation					
T Registered	No		GST Registration	1 Date		
ST Registration No.			GST Status Ven		Yes	
odification History						
Policyholder Mailing Ad	dress					
ddress 1	BLK 91 #05-116	Address 2	HENDERSON ROAD		Address 3	SINGAPORE 150091
ddress 4		Address Type	Singapore address		Post Code	150091
nit No.	05-116	Related Policy Number	5111157357			
G O1 Driver Info						
river Name	SHEIKH HASHMAT AZIM BIN HASHIM	Driver Type	Main Driver			
nnamed driver Name		Driver NRIC	595742110		brwer DOB	06/02/1995
egister Date of Driver License	29/07/2019	Driver Age	24		Driving Experience	0
ontact No.(Mobile)	83337454	Contact No (Office)	0		Contact No.(Home)	D .
ddress 1	BUK 91	Address 2	HENDERSON ROAD		Address 3	SUNGAPORE 150091
ddress 4		Address Type	Singagore address		Post Code	190091
mit No.	05-116					
loes he own a Singapore	○ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
egistered car?	C.III.	Liver Farms no.				
edaration						
reathalyser or Blood Test	etal.	ALC: GROOM	® Yes ○ No			
eading?	0 mg	Any injury?	@ 162 C 190			
od fication History						
2000000						
Claim 001 New						
Market Control of the Control						
wm Type •	оо-мх	Insured Name	SHEIKH HASHAMT AZI	M BIN HA	Insured NRIC	59574211D
	DOI-MX   V   85050268	Insured Name Contact No.(Home)	SHEIKH HASHAMT AZI	M BIN HÁ	Insured NRIC Contact No.(Office)	\$9\$74211D
ontact No. (Mobile)	85050268	Contact No.(Home)	SHEIKH HASHAMT AZI	M BIN HA		\$9\$74211D \$9533331
ontact No. (Mobile) mail Address	85050268 AZIMROCKSTAR@HOTMAIL.COF	Contact No.(Home) OI Vehicle Number	FE8180M		Contact No. (Office)	
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ontact No. (Mobile) mail Address laimant Type Claimant Type* laimant Name *	85050268 AZIMROCKSTAR@HOTMAIL.COF	Contact No.(Home) OI Vehicle Number	FE8180M		Contact No. (Office)	
ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address	85050268 AZINROCKSTAR@HOTMAIL.COF Please Select  ≥≥	Contact No.(Home) OI Vehicle Number Type of Benefit *	FE8180M		Contact No. (Office)	SMG32333
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ontact No. (Mobile) mail Address lamant Type Clamant Type * lamant Name * lamant Address lam Description referres Workshop Contact o. equire Finalisation are Registered	85050268  AZIMROCKSTAR@HOTMABCOF  Please Select  ≥≥  FE8180M / SMG32333 ON 10 Jan 2020  Yes  13/01/2020 22:03	Confact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability *	FEB180M Please Select Not at Fault	<u> </u>	Coreact No. (Office) TP venicle Number  Name of Preferred Worksho	5MG32333
ontact No. (Mobile) mail Address lamant Type Clamant Type * lamant Name * lamant Address lam Description referres Workshop Contact o. equire Finalisation are Registered	85050268  AZIMROCKSTAR@HOTMABL.COF  Please Select  ≥≥  FEB180M / SNG32333 ON 10 Jan 2020  Yes	Confact No. (Home) Of Vehicle Number Type of Benefit * Claimare NRIC *  Insured Liability * Preference Repair Option	FEB180M Please Select Not at Fault	<u> </u>	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	SMG32331
ontact No. (Mobile) mail Address lamant Type Clamant Type * lamant Name * lamant Address lam Description referres Workshop Contact o. equire Finalisation are Registered aport Taken By	85050268  AZIMROCKSTAR@HOTMABCOF  Please Select  ≥≥  FE8180M / SMG32333 ON 10 Jan 2020  Yes  13/01/2020 22:03	Confact No. (Home) Of Vehicle Number Type of Benefit * Claimare NRIC *  Insured Liability * Preference Repair Option	FEB180M Please Select Not at Fault	<u> </u>	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	SMG32331
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