		Date & Time Completed	Done by	
Date In: 20 12-12.8	Jcb description	Date to Fine 2 stay		Setane Sale
Rel No: HA HICKOS SANTH	SAS e-filing			
Veh No: FZ7770h	E-mail (within 8hrs, AIC 2hrs)		-10 1- 10 10	
D.O.A: 19/12-19:15	i-Motor Claim Form	100228018 CI LW	7 7 12 17:39	
	i-Motor W/O (Within: OD 2)	irs, TP 4hrs)		
OD : TP! Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: KA VL	VER . INC	()/Non-INC().		
Owner / Driver: (Tel:		
Policy No: () Perio	od: (Cover Type: ()	
Configured by (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80	-100%]	
Year of Registration: () Wa	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000)()/\$2,000()	# A market 1400 # 41500	7378 S 17. W.	
General Remarks:	\$ 30.700 \$74.114 3400 to shipping house \$ 550 to 36.150		Company of the Compan	
() Walk-In Customer: Customer's inform	nation strictly Confidential &	Strictly NO refer of repaire	r	
() Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In ()/ Towed-In (); Invoice:		Towing Co: (10)
21110 111		Date&Time Completed	Done b	y
Remarks: (INC hotline: 6788 6616)		Listens January 17		
	G 1	A CONTRACT AND		
17.1.pp1) 101 11-1	urtesy Car ()			
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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.

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

A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	20/02/2020 12:18
Date Of Accident	19/02/2020 17:25
Exact Location Of Accident	PIE (TUAS) BEFORE LOR 6 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FZ7770G
Insured/Policyholder	
Name Of Registered Owner	MOHD NIZAM BIN MOHD NOOR
NRIC No	SXXXX951H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83210915
Alternative Phone No	OFFICE-83210915
Vehicle Particulars	
Manufacturer	кумсо
Model	DOWNTOWN 2001
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	5108533129
Cover Note Number	
Driver	
Name of Driver	MOHD NIZAM BIN MOHAMED NOOR
NRIC No	SXXXX951H
Date Of Birth	06/05/1968
Occupation	INDOOR
Date Of Driving Pass	23/06/1997
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83210915
Fax Number	
Contact Number	OFFICE-83210915

NOEMAIL

BLK 368 BUKIT BATOK STREET 31 Address

#03-471

650368 Postcode

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

COLLISION - CHANGE/CROSS LANE 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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

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)

NO 1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKN2246R Vehicle Registration Number

Vehicle Make/Model/Colour

BMW 5201

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

Page 2 of 20

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

MOHD NIZAM BIN MOHAMED NOOR

BODY

FZ7770G

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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 invoive 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:
 - 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.

10

Policyholder's Signature Date & Time: D

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

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traveli	the stated date, time and venue, I, was ing along PIIE tups tups bet LOR 6 Top Payor Fxit. by, Veh B (Shv2246R) change lane from lane 1 to
Sulden	Hy, Keh B (Shu 2246R) change lare from lage 1 to
lane 2	and collided anto my right portion. I then fell dow
on My	right. I have a conteam on in my notor bike.
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TIN VACOR	
-24441	
STATE OF THE PARTY	

DECLARATION

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

W.

Policyholder's Signature

Date & Time:

D

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	: 19/2/202 Accident Time: 17 25 (24-HR-Format)
Accident Place	: PIE TUPS TURS BEF LOT 6 TOR PROYOR
Vehicle Reg. No. (Car Plate No.)	: FZ7770G
Vehicle Make/Model	: KYM (O
Insurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	: MOITO NIZAM BIN MOHAMED NOOR S681
Owner or Company Contact No.	: 8321 0915 Owner's Hp Company Tel
DRIVER'S Name / IC No.	
DRIVER'S Date Of Birth	: 06/05/1968 DRIVER'S License Pass Date 07 MBR 1992
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BLK 368 BUKIT BATOK STREET 31 #03-471
DRIVER'S Contact No./ Alt No.	5(650368) (1) 8321 0915 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: ADMIN @NY CAR . SG
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): al > day mc.
Was there any video Captured by c Exact purpose for which vehicle wa	ar camera: OS \ NO as being used at the time of accident Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SkN 2246	Vehicle Reg. No:
Vehicle Make Model: 13MW 5 2	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	The state of the s
Driver's Contact & Add:	Driver's Contact & Add:

* * *

Hello, NAC_PAYA_UBI_8	00601	1000					· Change	Language	+ Chan	ge Password	› Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date o	f Accident	[9/02/2020 1	17:25	_
	Vehicle i	No.(For Motor)	FZ7770	G		Certific	cate Number	[
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108533129		MOHD NIZAM BIN MOHD NOOR	56816951H	GMC	Third Party, Fire & Theft	FZ7770G	FZ7770G	28/03/2019	27/03/2020

Seque	nce Date of Endorsen	nent	Endorseme	nt Type	Endorsemen	t Status	Endorsement Content
♥ Endor	sements			Pendal V	Eddydd eddfhola	0.2002-00	F-V
) Insure	d Object: FZ7770G						A TOTAL CONTRACTOR
Unit No.			ited Policy ober	5108533129			
Address 4			ress Type	Singapore address		Post Code	650368
Address 1	BLK 368 #03-471	Add	ress 2	BUKIT BATOK STR	EET 31	Address 3	SINGAPORE 650368
→ Policyl	nolder Mailing Address					33200020	emerans centes
Certificate Info							
Policy Info							
Flag Open							
Co- insurance	No						
Agent	WTT INSURANCE AGENCIES	PTE Agent Tel.	62965445		GST Flag	1	
Singapore OD Excess		Singapore TP Excess			100000000		
Outside		Outside				Young	/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	0	damage Excess	0		Excess		
Type		Own			Windscreen		
Excess	Per Accident	All Claims Excess					
Policy ssue Date	28/03/2019	Effective Date	28/03/2019	9 00:00	Expiry Date	27/03/2020 23	3:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 368 #03-471 BUKIT BATO	OK STREET 31	SINGAPORE 6	50368			
ertificate lo.							
olicy No.	5108533129	Policyholde Name	MOHD NIZ	AM BIN MOHD NOOR	Policyholder NRIC	S6816951H	

eicy No.						
				Territorio del Californio		
tificate No.	5108533129	Vehicle No.	FZ7770G	GST Registration No.		
					S6816951H	
icyholder Name	MOHD NIZAM BIN MOHO NOOR			Policyholder NRIC	O 26916931H	
oduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0	
ntact No.(Mobile)	83210915	Contact No.(Office)	0	Contact No.(Home)	NC V	
nail Address		Special Remark		eCode eCode Reason	Late at	
K	® No ○Yes	TCA	® No ⊜Yes	Private Hire	No	
D Protection	No	NCD Entitlement(%)	20	Private Fire	Neg .	
Accident Details				Acodent Type	Collision - Change / Cross lane	
port Date	20/02/2020 12:37	Accident Report Within 24 hrs	Yes		All and the second seco	
ne of Accident	19/02/2020	Time of Accident Nhomm	17:25	Country of Accident	Singapore	
porting Centre		Orange Force		JCM No.		
cident Location	PIE (TUAS) BEFORE LOR 6 TOA PAYON EXIT					
Y Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess				
			1927			
Standard Excess	0.00	TP Standard Excess	0.00	AND THE STREET STREET	Not Covered	
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered	
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cal CO Excess Applicable	0.00	Total TP Excess Applicable	0.00			
P Benefits						
GST Registered Informa			GGT Benjatration Date			
T Registered	No		GST Registration Date GST Status Verified	Yes		
T Registration No. dification History			1000			
discason restory						
Policyholder Mailing Ado	frees					
	BLK 368 #03-471	Address 2	BUKIT BATOK STREET 31	Apdress 3	SINGAPORE 650368	
ddress 1	BLK 300 F07-471	Address Type	Singapore address	Post Code	650368	
doress 4		Related Policy Number	5108533129			
nit No.		metalled rysics repribes	3300333112			
OI Driver Info		Driver Type	Main Driver			
river Name	MOHD NIZAM BIN MOHAMED NOOR	Driver NRIC	S6816951H	Driver DOS	06/05/1968	
nnamed driver Name egister Date of Driver License	02/03/4991	Driver Age	51	Driving Experience	27	
ontact No.(Mobile)	83210915	Contact No.(Office)	0	Contact No.(Home)	0	
10	BLK 368	Address 2	BUKIT BATOK STREET 31	Address 3	SINGAPORE 650368	
ddress 1	BLK 200	Address Type	Singapore address	Post Code	650368	
ddress 4	03-471	1,00	1400			
onit No. Does he own a Singapore		Water Makeda Mai		Driver Insurer Company		
egistered car?	○ Yes ® No	Driver Vehicle No.				
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Claim 001	CO-MX	Insured Name	HIGHO NIZAM BIN MOHD NOOR	Insured NRUC	26816951H	
odification History Claim 001 New	CO-MX S3210915	Insured Name Contact No.(Home)	HOHO NIZAM BIN MOHD NOCR.	Insured NRIC Contact No. (Office)		
Claim 001 New laim Type * oreact No.(Mobile)	The second secon				56816951H SKN2246R	
claim 001 New laim Type * onsart No.(Mobile) mail Address	83210915 nizzy6568@hotmail.com	Contact No.(Home)	NOL	Contact No.(Office)		
Claim 001 New Isim Type * oncact No. (Mobile) mail Address Isimant Type *	83210915 nizzy6568@hotmail.com	Contact No.(Home) OI Vehicle Number	NIL F27770G	Contact No.(Office)		
Claim 001 New Isim Type * oncact No. (Mobile) mail Address Isimant Type Claimant Type *	83210915 rszzy6568@hotmail.com Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	NIL F27770G	Contact No.(Office) TP Vehicle Number	SKN2246R	
Claim 001 New Isim Type * oncact No. (Mobile) mail Address Isimant Type Claimant Type * Isimant Name *	83210915 rszzy6568@hotmail.com Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	NIL F27770G	Contact No.(Office)	SKN2246R	
Claim 001 New laim Type * oncact No.(Mobile) mai Address laimant Type Camant Type * laimant Address laimant address laiman address laiman bescription referred Workshop Contact	83210915 inszye558@hotmail.com Please Select >>>	Contact No.(Home) OI Vehicle Number Type of Benefit *	NIL F27770G	Contact No.(Office) TP Vehicle Number	SKN2246R	
Claim 001 New Jaim Type * Ontact No. (Mobile) mail Address Jaimant Type Claimant Type * Jaimant Name * Jaimant Address Jaiman	83210915 rszzy6568@hotmail.com Please Select >2 F27770G / SKN2246R ON 19 Feb 2020	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability *	NIL F277706 Prease Select V Not at Fault	Centact No. (Office) TP Vehicle Number Name of Preferred Workshop	SKN2246R	
Claim 001 New Jaim Type * Ontact No. (Mobile) mail Address Jaimant Type Claimant Type * Jaimant Address Jaim Description referred Workshop Contact Jo. Jegure Finalisation	83210915 rszzy6568@hotmail.com Please Select >2 F27770G / SKN2246R ON 19 Feb 2020 Yes	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NR3C *	Not. F277706 Please Select V	Centact No. (Office) TP Vehicle Number Name of Preferred Workshop	SKN2246R	
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7 Video List				File Nam		P Source	
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*	NAC_PAYA_UBI_800601(NATION CES) on 20 Fe	0 2020 12.49			Normal	Photos 2020-2-20	
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10	NAC_PAYA_UBI_800601(NATION/ CES) on 20 Feb	L ASSESSMENT CENTRE SERVI 2020 12:41	Photos		Normal	Photos 2020-2-20	
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22	NAC_PAYA_UB1_800601(NATIONA CES) on 20 Peb	L ASSESSMENT CENTRE SERVI 2020 12 41	NRIC/ Driving License	٧	Normal	NRIC/ Driving License 2020-2-20	
	NAC_PAYA_UBI_800601[NATIONA CES) on 20 Feb	L ASSESSMENT CENTRE SERVI 2020 12:41	NRJC/ Driving License	٧	Normal	NR3C/ Driving License 2020-2-20	
stachment	Uploaded B	y/Date	Category	?	urgency	Description .	Msg Sent? (CO)