in part of the

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 archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/03/2020 19:22
Date Of Accident	21/03/2020 12:30
Exact Location Of Accident	HAVELOCK RD
Country/State of Loss	SINGAPORE
Description of the second seco	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH2013J
Insured/Policyholder	
Name Of Registered Owner	FARAH SYAHIRAH BINTE JA'AFAR
NRIC No	SXXXX374J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97502702
Alternative Phone No	OFFICE-97502702
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ 16
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	5109055713
Cover Note Number	
Driver	

Name of Driver FARAH SYAHIRAH BINTE JA'AFAR
NRIC No SXXXX374J

 Date Of Birth
 27/02/1997

 Occupation
 INDOOR

 Date Of Driving Pass
 21/03/2019

Driving Experience 1 YEAR AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97502702

Fax Number

Contact Number OFFICE-97502702

EMail Address NOEMAIL

BLK 957 HOUGANG STREET 91 Address

#02-276

Postcode 530957

Was driver an employee of the Insured's Company

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 COLLISION - HEAD TO REAR

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200323/7016.

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGM8243L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

FARAH SYAHIRAH BINTE JA'AFAR

Approximate Age

Injuries Sustain

BACK & KNEE

Injured person in which vehicle?

FBH2013J

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly 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>.
- 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.
- 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 insurers') 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:
 - 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:

Date / time:

reporting centre personnel's Signature

SKETCH PLAN

Ven A: FBH 2013 J

Ven B: SGM8243L

DESCRIBE CIRCUMSTANCES OF THE A	iccidel(1)	
	Refer Police	
	/ report	
	ALCOHOL ST.	

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.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	21 03 20 20	(DD/MM/YY)
Time of accident	12: 30pm	(HH:MM)
Exact location of accident	Along Havelock Road.	

	D	ETAILS OF	VEHICLE	17年度	经工作的基础的
Vehicle registration number	F	BH 2013	J		
Vehicle make and model		FZ 16			
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆		Van d	Others:
Vehicle category	Private	Comm	ercial N	lotorcyc	le 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ Third part c	No.₽ laim.□	if no, please Reporting or		

	INSURANCE IN	FORMATION	
Insurance company	HTUC	-	
Policy number			
Type of policy	Comprehensive	Third party fire & theft \Box	TP only 🗆

	INSURED / POLICY HOLDER		
Name	Favah Syanirah Binte Ja'afar	Male 🗆	Female 2
NRIC / Fin / Passport number	597073745		
Contact	9750 2702		
Address	BIK 957 Hougang street 91	#02-276	5 (530 957)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	27 2 1997
Occupation	Indoor Outdoor
Driving date pass	21/03/2019

	GENERAL	INFORMATIO	N OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No		
the insured's company?	1000		ne driver and insured: _	owner
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet 🗆		
No of passenger	1			(Inclusive of driver)
*				***
第25年 日第41分至25万里	WE FIRE	PASSEN	GER 1	
Name	·			
Gender	Male 🗆	Female 🗆		
MARKARI TARIBANIA PARENDA		PASSEN	GER 2	
Name				
Gender	Male 🗆	Female		
A THE RESIDENCE OF THE PROPERTY OF THE PARTY	C. HOSTA	PASSEN	GER 3	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Name			Autor	
Gender	Male 🗆	Female		
	di sone conse			
NO CONTROL OF THE	200	PASSEN	GER 4	
Name				
Gender	Male 🗆	Female		
	-VI/25			
	and the	PASSEN	GER 5	
Name				
Gender	Male 🗆	Female		
	1/2			
		PASSEN	GER 6	A CONTRACTOR OF SHAPE
Name				
Gender	Male 🗆	Female		
		OTHER INFO	RMATION	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
	DETAIL	S OF POLICE	STATION ACTION	
Reported to police?	Yes	No 🗆 If	yes, please state which	police station.
Police station name				
	9/45	WITNE	SS 1	
Name				
	<i>W</i>			
NA THE BUILDING TO BE	The Victor	WITNE	SS 2	
Name			Washington and the same of the	

FACKIONIX W. 1000 产业工具	THIRD PARTY VEHICLE 1
Vehicle registration number	SGM 8243L
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
以	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESERVE OF THE PARTY OF THE PARTY.	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	THIRD PARTY VEHICLE V
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTY VEHICLES
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
CORRECT	
	THIRD BARTY VEHICLE 6
Vehicle registration number	THIRD PARTY VEHICLE 6
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD DARTY VEHICLE 3
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

2017 建制剂 医高级的 外发		INJURED	PERSON	11					
Name	Favan	syahiv	an Bi	nte	Ja'afar				
Injuries sustained	Back		knee						
Which vehicle person in?	Drive	V							
Were seat belts worn?	Yes 🗆	No							
Was injured conveyed to	Yes 🗆	No		- XV - 5					
hospital by ambulance?	adendicule 16								
	175								
设建和基本区域的 (2000年)	第一张节期	INJURED	PERSON	12	ALL SU	HEROIT	E 11 5		SE SE
Name									
Injuries sustained									
Which vehicle person in?								1744	
Were seat belts worn?	Yes 🗆	No 🗆							
Was injured conveyed to	Yes 🗆	No 🗆							
hospital by ambulance?									
100 12 12 12 12 12 12 12 12 12 12 12 12 12 	学言"精	INJURED	PERSON	13		William I	STR		
Name									
Injuries sustained	0								
Which vehicle person in?									
Were seat belts worn?	Yes □	No □							
Was injured conveyed to	Yes 🗆	No 🗆							
hospital by ambulance?									
									-3 -6411-6
SOUTH STATE OF		INJURED	PERSON	14					
Name		INJURED	PERSON	N 4				在 中下50%	
Injuries sustained		INJURED	PERSON	14					
Injuries sustained Which vehicle person in?			PERSON	N 4					
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆	PERSON	N 4					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗅		PERSON	N 4					
Injuries sustained Which vehicle person in? Were seat belts worn?	-	No 🗆	PERSON	N 4					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	No 🗆							
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	-	No 🗆	PERSON						
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	-	No 🗆							
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	-	No 🗆							
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No 🗆 No 🗆							
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No D INJURED							
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆 No 🗆							
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No D INJURED							
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED	PERSON	N 5					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No INJURED		N 5					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes Yes	No INJURED	PERSON	N 5					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED	PERSON	N 5					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes Yes	No INJURED	PERSON	N 5					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes Yes Yes Yes	No D INJURED No D INJURED No D	PERSON	N 5					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes Yes	No INJURED	PERSON	N 5					





Police Station Of Origin:

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

1 of 3

Report No. T/20200323/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time 23/03/202	e Report N 20 17:59	flade:	Vide Report No.:	Station Diary No.:
Informan	t's Partice	ulars		
Name of I FARAH S		BINTE JA'AFAR	Address: APT BLK 957 HOUGANG ST 530957	REET 91 #02-276 SINGAPORE
ID Type / NRIC NO	ID No.: / S97073	7 4 J	Contact No.: Home/Office:	Mobile: 97502702
Nationality SINGAPC	y: DRE CITIZ	EN	Email: fjxfsj@gmail.com	
Sex: Female	Age: 23	Date of Birth: 27/02/1997	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation Student	n:		Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/03/2020 12:30	Type of Location Straight Road
Location: Havelock Roa Weather: Clear	ad	Road Surface:	R	oad Speed Limit:
O I O OLI				
Traffic Flow: One Way		Traffic Control: Not Controlled	1/2.53	raffic Volume: loderate

Details of Vehicle Involved									
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger			
FBH2013J	Motorcycle	YAMAHA	16	Black		0			

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
FBH2013J	NTUC Income Insurance Co-Operative Limited	5109055713	22/04/2019	21/04/2020				





2 of 3

Report No. T/20200323/7016

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

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Rider						
Name	FARAH SYAHIRAH	BINTE JA'	ID No. S970		S9707374J	
Related Vehicle	FBH2013J (Motorcy	cle)	Contact No. 97502702		97502702	
Hospital/Clinic	OUR FAMILY PHYS SURGERY	ICIAN CLIN	NIC &	Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	22/03/2020		Date Disc	harge	22/03	3/2020
No. of Days gran	ted Medical Leave	05	Degree of		Slight	

Brief Details.

I was travelling straight along havelock road where suddenly Veh B: SGM8243L suddenly lane changed and collided on to my motorcycle.

The driver then wind down his window and scolded me and claim that i got no license and also insisted that there was no damage and then suddenly drove off.

The driver also refused to render assistance to me despite me asking him to alight.

I have camera footage that shows the collision but is unable to upload the footage. Please do contact me directly for the camera footage.

I am making this report for investigation and insurance claim purposes.





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200323/7016

CONTINUATION OF REPORT

Sketch Plan				
Informant is not	able to	provide	sketch	nla

Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/03/2020 17:59
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_	800601	V / Table	1,000	- A SPACE	and the latest the lat		• Change	e Language	+ Chan	ge Password	· Log Out
My Desktop	Polic	y Query									i
Notice of Loss	Policy N	io.				Date o	of Accident	[2	1/03/2020 1	12:30	
	Vehicle	No.(For Mator)	FBH201	33		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	5109055713		FARAH SYAHIRAH BINTE JA'AFAR	59707374)	GMC	Third Party	FBH20133	FBH20133	22/04/2019	21/04/2020

Policy No.	5109055713	Policyholder Name	FARAH SYA	HIRAH BINTE JA'AFA	Policyholder NRIC	597073743	
Certificate No.							
Address	BLK 957 #02-276 HOUGANG ST	REET 91 SING	APORE 5309	957			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	22/04/2019	Effective Date	22/04/2019	00:00	Expiry Date	21/04/2020 23	: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/	Inexperience Driver Excess
Agent	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	older Mailing Address						
Address 1	BLK 957 #02-276	Addre	ss 2	HOUGANG STREET	91	Address 3	SINGAPORE 530957
		Addre	ss Type	Singapore address		Post Code	530957
Address 4		Delake	d Policy	5109055713-01			
Address 4 Unit No.		Numb	er	5103033713 51			
Unit No.	d Object: FBH2013J		er	3103023713 01			
Unit No.			er	3103033713 01			

Claim Handling								
Accident MT/1089325								
Policy No.	5109055713	Vehicle No.		FBH20133			GST Registration No.	
Certificate No.								
Policyholder Name	FARAH SYAHIRAH BINTE JA'AFAR	18453515E1636		LEVEL STATE			Policyholder NR3C	59707374)
Product Code	MOTORCYCLE INSURANCE	Cover Type		Third Party			Loading	0
Contact No. (Mobile)	97502702	Contact No.(Office)	¥ .	0			Contact No.(Home)	0
Email Address		Special Remark		0.0			eCode	N: V
KPK	® No ○ Yes	TCA		® № () Y	es		eCode Reason	
NCD Protection	No	NCD Entitlement(N	6)	0			Private Hire	No
Accident Details								
Report Date	23/03/2020 19:38	Accident Report Wil	thin 24 hrs	Yes			Accident Type	Collision - Head to Rear
Date of Accident	21/03/2020	Time of Accident hi	h:mm	12:30			Country of Acadent	Singapore
Reporting Centre		Orange Force					ICM No.	
Accident Location	HAVELOOK RD							
Total Excess Applicable								
Excess Type	Per Accident	Windscreen Excess						
OD Standard Excess	0.00	TP Standard Excess			0.00			
YIED OD Excess	0.00	VIED TP Excess			0.00		Driver is Covered?	Not Covered
Additional Excess	0.09	77.00			0.00		Differ to Coverage)	The Committee of
Total OD Excess Applicable	0.00	Total TP Excess App	plicable		0.00			
♥ Benefits			- 1764		2.00			
GST Registered Informa	ation							
GST Registered	No			GST	Registration Date			
GST Registration No.					Status Verified		Yes	
Modification History								
→ Policyholder Mailing Ad	dress							
Address 1	BUC 957 ≠02-276	Address 2		HOUGANG	STREET 91		Address 3	SINGAPORE 530957
Address 4		Address Type		Singapore	address		Post Code	530957
Unit No.		Related Policy Num	ber	\$1090557	13-01			
♥ OI Driver Info								
Driver Name	FARAH SYAHIRAH BINTE JA'AFAR	Driver Type		Main Driver				
Unnamed driver Name		Driver NRIC		59707374			Driver DOB	27/02/1997
Register Date of Driver License		Driver Age		23			Driving Experience	1
Contact No. (Mobile)	97502702	Contact No. (Office)		0			Contact No.(Home)	0
Address 1	BLK 957	Address 2		HOUGANG STREET 91			Address 3	SINGAPORE 530957
Address 4		Address Type		Singapore i	address		Post Code	530957
Unit No.	02-276							
Does he own a Singapore Registered car?	O Yes ® No	Driver Vehicle No.					Driver Insurer Company	
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Arty Injury?		® Yes ○	No			
Modification History								
M NO A								
Claim 001 New								
Claim Type •	00-MX	Insured Name		FARAH SYA	HIRAH BINTE JA'AFA		Insured NRIC	597073741
Contact No.(Mobile)		Contact No.(Home)					Contact No.(Office)	
Email Address		01 Vehicle Number		FBH2013)			TP Vehicle Number	SGM8243L
Claimant Type Claimant Type •	Please Select	Type of Benefit *		Please Sel	id V			
Claimant Name +	>>	Claimant NRIC +						
Claimant Address								
Claim Description	FBH20133 / SGM8243L ON 23 Mar 2020						Name of Preferred Work	shop
Preferred Workshop Contact No.		Insured Liability +		Not at Fau	t v			
Require Finalisation	Yes.	Preferend Repair O			Vorkshop, Name unknow	m V	GIA report	Received
Date Registered	23/03/2020 19:40	Claim Close Date				-	Date Received	23/03/2020 00:00
Report Taken By	Jackson							
Print AK letter								
ES PROPERTY AND ADDRESS OF THE PARTY AND ADDRE								
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