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Rel No. MSH JU Q0004696 19	SAS e-filing					
Veh No. FBK 3389C	E-mail (within 8hrs.		di adia-l		- 1 -	
DOA 19/03/2000 17:45	i-Motor Claim F		n1/1087624-6	202	30/03/	2021
OD (AP) Reporting Only	i-Motor W/O (W		4 hrs)			400
	i-Photo Uploade	<u>d</u> :				
TP Insurer:	Assessment/Surve					
	Ass't Report by F	ax / Hand to C)wner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SM	A9478 L.	, INC()/Non-INC (Tananananananananananananananananananan		
Owner / Driver: (Tel:)	
Policy No: () Per	iod: (). (Cover Type: (
Confirmed by : (7	Date:	Timer)	
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General Remarks:-			<u> A Edhirati - Gu</u>			
() Walk-In Customer: Customer's Info	rmation strictly Confi	dential & Stric	tly NO rafer of repa	irer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.	£				
Drive-In () / Towed-In (); Invoice	e: YES () / NO	(); To	wing Co: (
Remarks:- (INC horline: 6788 6616)		Markey ex ≤ j	Date&Time Comple	od and a	Done b	у
1) Apply for Transport Allowance ()/(Courtesy Car ()					
2) QC Check / Post Repair Inspection	()			22		
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3) Upload Resurvey Photo [Repair Cost > \$:	3000] ()		,		. '	
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions XA2002538 Claimant's Particulars :-	3000] ()	Invoice Pre 1) AR: Acciden 2) DA: Demage 3) TF: Towing 4) FT: Follow-1	paration; Checklist Reporting (\$30); Assessment (\$100); Fee Phrough Survey	INC (\$80) \$40/\$45 \$120		1000
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Daje/Time Actions Claimant's Particulars: Driver/Owner: Contact No:	3000] ()	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow 5) FT: Follow 6) TR: Re-insp	paration (\$30); Reporting (\$30); Assessment (\$100); ee hrough Survey hrough Survey (Resurve) teainst INC Only (wef10)	INC (\$80) \$40/\$45 \$120) \$30 Jan 2005)	Ja Bill (1000
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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
- 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. 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

ACCI	DEV.	F CTA	r = n	
ACCI	DEIN.			ш

Date Of Report 30/03/2020 11:30 09/03/2020 17:45 Date Of Accident

BUKIT TIMAH AVENUE TOWARDS TEKKA Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK3389C

Insured/Policyholder

HAMZAH BIN SABAN Name Of Registered Owner

SXXXX635C NRIC No

HAMZAHFJR@GMAIL.COM Email Address (LOCAL) +65-96727084 Mobile Phone No Alternative Phone No OTHERS-96727084

Vehicle Particulars

HONDA Manufacturer

GOLDWING-1,8 (M)

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?

THIRD PARTY If No, Please state action to be taken MOTORCYCLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy NO

5103714526-01 Policy Number

Cover Note Number

Driver

HAMZAH BIN SABAN Name of Driver

SXXXX635C NRIC No 13/08/1959 Date Of Birth INDOOR Occupation 31/08/1994 Date Of Driving Pass

25 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96727084 Mobile Number

Fax Number

OTHERS-96727084 Contact Number

HAMZAHFJR@GMAIL.COM EMail Address

Address

BLK 200A SENKKANG EAST ROAD

#13-16

Postcode

541200

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

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

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

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: ROKIAH BTE TOKIJAN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025 , COUNTRY: SINGAPORE TEL NO: 1800 - 3438999 - FAX NO:

Police Station Contact

Circumstances of Accident

NO

Was notice of intended Prosecution given?

If Yes, against whom?

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200310/2002

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMA9478L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

MR NG

NRIC/Passport Number

Page 2 of 20

Contact Number

98369170

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ROKIAH BTE TOKIJAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBK3389C

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 Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name

NRIC/FIN No.:

Motocycle PtB

Stip Read

BOYON TOWNH RIGHT

B) SMA 9478 L

EXPRESS WAY.

WILLIAM CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT on 9/3/2000 at about 5-45pm, I was riding my nictocycles together with hig wife as a pillion along. Butit Timent know toward Texto along the stip road and there is a pt infront of us ground throught the slip road when suddenly the ptil infrait of as familied it brakes and I collided onto the rear of the PHY! The driver told me that another ear infront of tato had came into the slip road from the main read tammed 1+ break Men eause my write tell of the lake due to the impack and was sent by ambulance. To came clown refer E 20200309 0144 POLICE RAPOR 20200210

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No. OJ J

ACCIDENT STATEMENT

ACCIDENT DATE: (9, 3, 2000) (DD/MM/YYY), TIME: (7:45) (HH:MM)
LOCATION: ALONG ROADI, BUILT THAT AVENUA, TOWARD TEKK
DETAILS OF VEHICLE GIVEHICLE NUMBER: FBK 3389 C BINSURANCE COMPANY: NTUC CIPOLICY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY ATHIRD PARTY FIRE &THEFT) e)MAKE & MODEL: CTL (800) (CONDA) f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
I) PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: HANDAY ON SHAPN (MALE / FEMALE)
CONTINUE TO 3 d IE DRIVER ALSO POUCY HOLDER
CIncluding driver) DRIVER (Including driver) DRIVER (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT:
*d)DATE OF BIRTH: (_13 / 08 / [QC])(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: PITTEL CHR (TP). 8. THIRD PARTY VEHICLE HIG of passenger a) VEHICLE NUMBER. MODEL:
(Including driver) b) DRIVER'S NAME: () RIC/FIN/PASSPORT:
(Including driver) f) DRIVER'S NAME: HAM LAND SHEQUE (Including driver) f) NRIC/FIN/PASSPORT: SUSSESS CONTACT: 9 1080

email = hour zah FIP@ quail-com.





Report No. T/20200310/2002

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

	ne Report IV 20 00:42	lade:	Vide Report No.: E/20200309/0144	Station Diary No. 21	
Informa	nt's Particu	liars			
	Informant: H BIN SABA		Address: APT BLK 200A SENG SINGAPORE 541200	KANG EAST ROAD #13-16	
Control of the second	/ ID No.: D / S13836:	35C	Contact No.: Home/Office: Mobile: 96727084		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 60	Date of Birth: 13/08/1959	Type of Informant: Driver		
Race: Malay		Language:	Institution / School Name:		
Occupation: SECURITY		Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambula	Ambulance Drink Date/Time of Accident: No 09/03/2020 17		7:45	Type of Location:	
Location: Along Road 1 BUKIT TIMAI towards Tekk	H AVENUE			E		
Weather: Road Dry				Roa	d Speed Limit:	
		Traffic Contro	l:	1 5 75 1 7 7 7 7	Traffic Volume: Light	
Type of Collis Between Mov	sion: ving Vehicles - Head To Re	ear	,	100000000	one conveyed by oulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBK3389C	Motorcycle	HONDA	GL1800 M	Grey		1
SMA9478L	Car			1		2

Domino or v	shicle Insurance		7	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3389C	NTUC Income Insurance Co-Operative Limited	5103714526-01	08/09/2019	07/09/2020





Report No. T/20200310/2002

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Any Pedestrian In	volved: No					
No. of Pedestrian	s Injured: NIL	Use of Pec	destrian	Cross	ing: NA	
illion						
Vame	ROKIAH BTE TOKIJAN		ID No.		S1498888A	
Related Vehicle	FBK3389C (Motorcycle)		Contac	t No.	97557014	
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Drivi Lice		1	Class: NIL Date of Expiry: NIL	
Date Treatment	09/03/2020	Date Disc	harge	09/03	3/2020	
	ted Medical Leave 04	Degree of	f Injury	NIL		
Rider						
Name	HAMZAH BIN SABAN		ID No.		S1383635C	
Related Vehicle	FBK3389C (Motorcycle)		Conta	ct No.	96727084	
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	charge	NIL		
No of Days gran	ted Medical Leave NIL	Degree o	and the second s	NIL		
Driver						
Name	MR NG		ID No		NIL	
Related Vehicle	SMA9478L (Car)		Contact No.		98369170	
Hospital/Clinic	NIL		Class Drivir Licen Expir	ng	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	charge	NIL		
	nted Medical Leave NIL	Degree of		_		

Brief Details.

On 09/03/2020 at about 5.45pm, I was riding my motorcycle together with my wife as the pillion along Bukit Timah towards Tekka along the slip road and there is a PHV infront of us going through the slip road when suddenly the PHV infront of us jammed its brakes and I collided onto the rear of the PHV. The driver told me that another car infront of him had came into the slip road from the main road suddenly causes him to jammed its brake.

My wife fell off the bike due to the impact and was sent to TTSH by the ambulance. TP came down ref E/20200309/0144.





Report No. T/20200310/2002

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT





Report No. T/20200310/2002

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

Sketch Plan

EI NO. 1000-545 0555

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: F / Sgt 3 TAN WEI XIANG ROY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/03/2020 00:42
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp	

laim Handling									-
scident MT/1097624	5103710526-01	Vehicle No.	F8K3389C		GST Registration N	(0)			
ertificate Na									
olicyholder Name	HAMZAH BIN SABAN				Policyholder NRIC		\$13836350		
mduct Code		Cover Type	Third Party, Fire 8	Theft	Loading		0		
nitatt No i Mobilet nail Address		Contact No.(Office)			Cristiact No (Home)				
PK.		Special Remark TCA	100		еСове		No ♥		
ID Protection		NCD Entitlement(%)	- No. Yes		eCode Reason Private Hire		Mark 11		
Accident Details	100		227		Private Here		No		
port Date	10/03/2020 14 15	Accident Report Within 24 hrs	Yes		Accident Type		Collision - Heas to	o Rear	
ite of Accident	09/03/2020	Time of Accident Nitmm.	17.20		Equitty of Accident		Singapiore		
sporting Centre		Orange Force			TOM NO.				
cident Escation	KAMPONG JAVA PLYOVER EXIT TO BUILT TOWAR								
Total Excess Applicable									
cass Type	Per Accident	Windscreen Excess							
Standard Excess	0.00	TP Standard Excess		9200					
O OP Excess		VIED TP Excess		0.00	Driver is Covered?		Not Applicable		
Stinnal Excess		Table 11 Bookses			Delver in Contractor		NO. ADDICADO		
M OO Excess Applicable	0.00	Total TP Excess Applicable		0.00					
Senefits									
GST Registered Informa	ation								
Registered	Ne			stration Date					
Registration No.			GST State	us Verified	Yes				
Hisabin Hulbry									
Policyholder Malling Ad	dress								
fress 1		Address 2	SENGKANG EAST	RD	Address 3		SINGAPORE 5412		
drama A		Address Type	Singapore acoresi		Part Code		241300: 241300:	MES.	
f No.		Railated Policy Number	5069510626-05		-777				
OI Driver Info									
ver Name		Driver Type							
famed driver Name		Driver NRIC			Driver DOB				
gister Date of Driver License		Oriver Age			Driving Experience				
ntaut No (Mobile)		Contact No.(Office)			Contact No. (Hame)				
dress 1		Address 2			Apdress 3				
idress a et No		Address Type	Foreign address		Post Cade				
is to own a Singulative	Yes - Ne	Driver Vehicle No.			Driver Insurer Com				
odification History									
Claim 002 New									
aim Type. *				OD-MX	Intured		Imured		
				UO NA	Insured HAMZAI Name Contain	HIN SARAN	NRIC	\$1383635C	
Wast No (Missile)				96727064	No. 878160 (Home)	14	No. (Office)	NIL.	
					101		TP TP		
all Andress					Vehide FBK138 Number	9C	Number	5MA9478L	
em Description				FBKTIR9C / SMA9478L ON	9 Play 2020		Name of Preferred		
oferrad				EXCHIBITION CONTRACTOR NO.	7 - 161 - 2020		Workshap		
pristing	Insured Liability Not at Fault Preferred Workshop, Name u	• GIA		ii ii					
te Registered	Repair Preferred Workshop, Name u Option	unknown • GIA report Received	a .	1	Clave		Date		
				(30/03/2020 13:09	Close		Received	30/03/2020 00:00	Jr.
port Taken By				ROSLI WAHAB					
Print AK letter									
			Save Submit						
Attachment									
ident ho	MT/1087624	Clarm No.		002					
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