Date In: 31 h ha - I 1851	Jeb description	Date & Time Completed	Done by	_
	SAS e-filing			-
Ref No: Maj McDo 3 43 12/24	E-mail (within Shrs, AIC 2hrs	()		
Veh No: FRE1972	i-Motor Claim Form	100-8910 Pellon	31/3/20 12:01	-
D.O.A: 71/3/2 - 18:52	i-Motor W/O (Within: OD			
OD / TP / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	rt i		
TP Insurer:	Ass't Report by Fax / Ha			198
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	-
		C()/Non-INC().		
Owner / Driver: (Tel:		
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est Status (WO): N:	0-20%; P: 21-79%. F: 80	-100%]	
Year of Registration: () Warranty: YES ()/NO (.)		_
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() Total Loss Case : to e-mail In				· ·
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

- 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

建设元为法律人工工业 及产品。	ACCIDENT STATEMENT
Date Of Report	31/03/2020 11:51
Date Of Accident	29/03/2020 18:30
Exact Location Of Accident	CANBERRA LINK
Country/State of Loss	SINGAPORE
D. Carlotte and Car	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE1397Z
Insured/Policyholder	
Name Of Registered Owner	ZAINOL BIN IDRIS
NRIC No	SXXXX154B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81134959
Alternative Phone No	OFFICE-81134959
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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	REPORTING ONLY
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	5107252241-01
Cover Note Number	
Driver	
Name of Driver	SHAHRIL HIDAYAT BIN ZAINOL
NRIC No	SXXXX707H
Date Of Birth	07/09/1998
Occupation	INDOOR
	The Market of Control

19/11/2019

MALE

NOEMAIL

0 YEAR AND 4 MONTH

(LOCAL) +65-88174765

OFFICE-88174765

BLK 610 WOODLANDS AVENUE 4 Address

#02-443

730610 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

2

NO

YES

NO

1

NO

NO

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?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBE1318C

MOTORCYCLE

Vehicle Make/Model/Colour

Details Of Properties

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

SHAHRIL HIDAYAT BIN ZAINOL

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode SHOULDER, KNEE, ANKLE, BACK & FOOT FBE1397Z

NO

SKETCH PLAN

IMPORTANT NOTICE

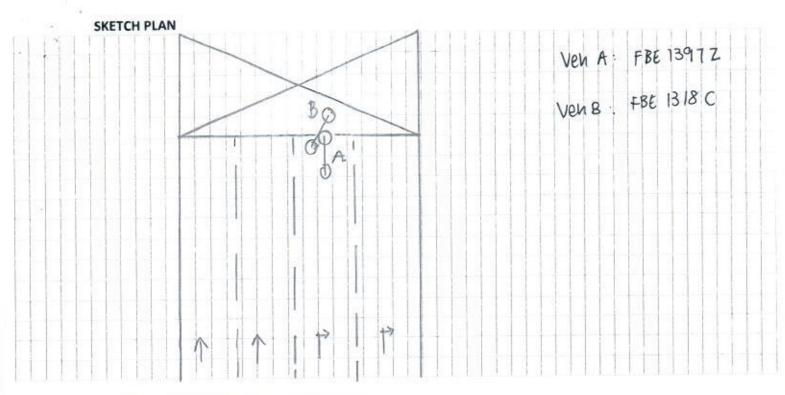
- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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
- 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.
- 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 (1) investigations relating to the claims;
 - (11) Investigations the accident and/or my claims;
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (III)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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
 - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) 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 (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders. (11)

	.A	
Policy holder's signature Date / time:	Driver's signature (if driver is not policy holder) Date / time:	reporting centre personnel's Signature Date / time:



On	the	Stateol	date an	d time,	l was	travell	ing alon	9
(anbe	evra	Link. 1	did no-	t notice	the	lane	arrow	was .
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rign-	t tu	rn at	the ju	unction.			rtion hi	t onto
his	vigh+	Side	portion	of hi	s vei	icle.		

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:

B.

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

KTANT 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	29 03 2020	(DD/MM/YY)
Time of accident	6:30 pm	(HH:MM)
Exact location of accident	Along Canberra Link	

	DETAILS OF VEHICLE
Vehicle registration number	FBE 1397 Z
Vehicle make and model	Yamaha spark LC135
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

2000年中央中央中央	INSURANCE IN	FORMATION	72.
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

沙亚岛的大大岛的	INSURED / POLICY HOLDER		
Name	ZAINOL BIN IDRIS	Maled	Female 🗆
NRIC / Fin / Passport number	S1485154B		
Contact	8113 4959		
Address	BIK 610 Woodlands Avenue 4 3 (730 610)	# 02-243	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	是安排和政治社会
Name	Shahvil Hidayat Bin Zainul M	lale Female 🗆
NRIC / Fin / Passport number	59828707H	
Contact	8817 4765	
Address	BIK 610 Woodlands Avenue 4 #02. 5(730610)	443
Email address		
Date of birth	07/09/ 1998	
Occupation	Indoor∠ Outdoor □	
Driving date pass	19/11/2019	

	GENERAL	INFORMATION C	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No.		
the insured's company?		ationship of the o	driver and insured:	son
Accident captured by camera?	Yes 🗆	Not		
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet □		
No of passenger				(Inclusive of driver
第三分配数据的 第二分数据		PASSENGER	31	MARKET GERMAN
Name				
Gender	Male 🗆	Female		
	and the same of the			
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Name	Male 🗆	Female		
Gender	IVIAIC L	Temale B		
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Gender	Male 🗆	Female		
Gender				
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Name		THE RESERVE OF THE PARTY OF THE		
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		PASSENGE	R 6	
Name				
Gender	Male 🗆	Female 🗆		
			AVERAGE STATE	
CELLIS WATER CALL OF STREET	100	OTHER INFORM	MATION	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
AT 100 M . SELWA A ART SIMPLE A LAW 110	DETA	LS OF POLICE ST	ATION ACTION	
Parastad to police?	Yes		es, please state which	h police station.
Reported to police?	Tes	NO2 II y	es, piedse state wine	
Police station name				
PLANE TO THE PROPERTY OF THE PARTY OF THE PA	pancy atta	WITNESS	1	
Name	NAME OF TAXABLE PROPERTY.	Control of the State of the Sta		
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Name				
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	THIRD PARTY VEHICLE 1
Vehicle registration number	FBE 1318C
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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(1967年) 1967年 李元华的东西军队的	THIRD PARTY VEHICLE 3
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自然是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	THIRD PARTY VEHICLE 4
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Vehicle registration number	
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Contact	
《公司》,《李书·李元 》	THIRD PARTY VEHICLE 6
Vehicle registration number	
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Name	
NRIC / Fin / Passport number	
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The State of the State of Stat	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

A real and shall be the last a first and the	INJURED PERSON 1
Name	Shanvil Hidayat Bin Zainol
Injuries sustained	Shoulder, Knee, Ankle, Back and Foot
Which vehicle person in?	Driver
Were seat belts worn?	Yes D Nove
Was injured conveyed to	Yes D No
hospital by ambulance?	
nospital by unibulance.	
	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No
hospital by ambulance?	
· · · · · · · · · · · · · · · · · · ·	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	POSEDOR DE PAREZON
在一个中央的特殊的一种。1985年1985年1986年	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes - No -
Was injured conveyed to	Yes No
hospital by ambulance?	
A CANADA MATERIAL CONTRACTOR OF THE CONTRACTOR O	
医生活性 计多类控制 化氯甲	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes No
hospital by ambulance?	
STATE OF THE PARTY	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No
hospital by ambulance?	
mospital by ambalance.	

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My Desktop Notice of Loss	Poli	cy Query					e a series a	[20	9/03/2020 1	8:30	
Hotice of Loss	Policy N	lo.				Date o	of Accident 29/03/2020 18:30				
	Vehicle	No.(For Mator)	FBE139	7Z		Certific	cate Number	8			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107252241- 01		ZAINOL BIN IDRIS	514851548	GMC	Third Party	FBE1397Z	FBE1397Z	25/01/2020	24/01/202

	nce Date of Endorsen	ant	Endorsemen	nt Tyne	Endorsemen	t Status	Endorsement Content
♥ Endor	sements				- Chi modili 1000 u 100 m	F ATRONOUS	2020 Mary 100 100 100 100 100 100 100 100 100 10
) Insure	ed Object: FBE1397Z						
Jnit No.		Relat Numi	ed Policy per	5107252241-01			
Address 4			ess Type	Singapore addres	s	Post Code	730610
Address 1	BLK 610 #02-443	Addre	25S 2	WOODLANDS AV	ENUE 4	Address 3	SINGAPORE 730610
▼ Policyl	holder Mailing Address			The second like Washington	-		10 000 000 000 000 000 000 000 000
Certificate Info							
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nsurance lag	No						
lgent Co-	WIT INSURANCE AGENCIES	it Agent (el.	22303743			10	
D Excess	WTT INSURANCE AGENCIES	TP Excess	62965445		GST Flag	Y	
Outside Singapore		Outside Singapore				Young	/Inexperience Driver Excess
dditional xcess		OS Premium	0				
hird Party xcess	0	damage Excess	0		Excess		
ype		Excess Own			Windscreen		
xcess	Per Accident	All Claims					
olicy sue Date	04/12/2019	Effective Date	25/01/202	0 00:00	Expiry Date	24/01/2021 23	3:59
roduct lame	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 610 #02-443 WOODLAND	S AVENUE 4 SI	NGAPORE 73	30610			
ertificate							
olicy No.	5107252241-01	Policyholder Name	ZAINOL BI	N IDRIS	Policyholder NRIC	S1485154B	

cident MT/1090168 Hicy No.					
COLUMN .	5107252241-01	Vehicle No.	PBE1397Z	GST Registration No.	
rtificate No.					
	ZAINOL BIN IDRIS			Policyholder NRIC	514851548
The state of the s	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
	81134959	Contact No (Office)	0	Contact No.(Home)	0
nes Address		Special Remark		eCode	NC V
	® No ○Yes	TCA	® No ○Yes	eCode Reason	
	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
	31/03/2020 11:59	Acodent Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lar
	29/03/2020	Time of Accident nh:mm	18:30	Country of Academ	Singapore
eporting Centre		Orange Force		ICM No.	
	CANBERRA LINK				
Total Excess Applicable					
	Per Accident	Windscreen Excess			
D Standard Excess	0.00	TP Standard Excess	0.00	E-C-100 (2.000 (20	Paragraphonales
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
dditional Excess					
otal OD Excess Applicable	0.00	Total TP Excess Applicable	0,00		
P Benefits					
7 GST Registered Informat	tion				
T Registered	No		GST Registration Date	Yes	
T Registration No. odification History			GST Status Venfied	res	
Policyholder Mailing Add	fress				
ddress 1	BLK 610 #02-443	Address 2	WOODLANDS AVENUE 4	Address 3	SINGAPORE 730610
ddress 4		Address Type	Singapore address	Post Code	730610
init No.		Related Policy Number	5107252241-01		
OI Driver Info					
Inver Name	SHAHRIL HIDAYAT BIN ZAINOL	Driver Type	Named Driver	250000000000	STATE OF THE PARTY
nnamed driver Name	ASSESSED TO SECURITY OF THE SE	Driver NR3C	59828707H	Driver DOB	07/09/1998
egister Date of Driver License	19/11/2019	Onver Age	21	Driving Experience	0
Contact No. (Mobile)	88174765	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 610	Address 2	WOODLANDS AVENUE 4	Address 3	SINGAPORE 730610
poress 1		Address Type	Singapore address	Post Code	730610
ms No.	02-443				
Does he own a Singapore		Driver Vehicle No.		Oniver Traurer Company	
legistered car?	○ Ves ⊕ No				
Peclaration					
reathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Greathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Declaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes ○ No		
ireathalyser or Blood Test Reading? fodification History	0 mg	Any injury?	⊕ Yea ○ No		
ireathalyser or Blood Test leading?	0 mg	Any injury?	® res ○ No		
ireathalyser or Blood Test leading? rodification History	0 mg	Any injury?	® res ○ No		
ireathalyser or Blood Test leading? fodification History	***************************************		€ Yes ○ No	Insured NRIC	514051548
ireathalyser or Blood Test leading? fodification History Claim 001 New	00-MX ×	Insured Name	ZAINOL BIN IDRIS	Insured NRIC Contact No.(Office)	514051548
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creathalyser or Blood Test leading? Claim 001 New Claim 109 * Contact No. (Mobile) Imail Address Darmant Type * Claimant Type Claimant Type *	00-MX V 81134999 zackzalnolośństikyahoo.com.sg	breured Name Contact No.(Home) Of Vehicle Number	ZAINOL BIN IDRIS NO. PBE1197Z	Contact No.(Office)	
creatifalyser or Blood Test leading? Colim 001 New Claim Type * Contact No. (Mobile) Imali Address Claimant Type Claimant Type * Claimant Name * Claimant Address	00-MX 81134959 zackzałnolskiriot#yshko.com.sg Plesse Select ≥≥	browned Name Contact No.(Home) Of Vehicle Number Type of Benefit +	ZAINOL BIN IDRIS NO. PBE1197Z	Contact No.(Office)	FB61318C
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creathalyser or Blood Test leading? Colaim 801 New Claim 801 New Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Description Preferred Workshop Contact No.	00-MX 81134959 zackzałnolskirist#yahdo.com.sg Plesse Select ▶≥ PBE13972 / FBE1318C ON 29 Mar 2020	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimam NR3C *	ZAINOL BIN IDRIS NIL FBE1397Z Please Select Fully & Four	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	FB#1318C
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