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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 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.
- 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

为自然的特色和基本的主义的主义	ACCIDENT STATEMENT
Date Of Report	14/04/2020 17:49
Date Of Accident	05/04/2020 12:35
Exact Location Of Accident	60 QUAYSIDE TOWARDS 18 MARINA BOULEVARD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL1611T
Insured/Policyholder	
Name Of Registered Owner	KAJAKAMAL KIYATHUL NASAR
NRIC No.	SXXXX323F
Email Address	JNASAR15@YAHOO.CO.IN
Mobile Phone No	(LOCAL) +65-91698569
Alternative Phone No	OTHERS-91698569
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZN150-153CC
Exact Purpose for which vehicle was being used at time of accident	
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	5111122041
Cover Note Number	
Driver	
Name of Driver	KAJAKAMAL KIYATHUL NASAR
VRIC No	SXXXX323F
Date Of Birth	22/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2010
Venden Europa	

10 YEARS AND 2 MONTHS

JNASAR15@YAHOO.CO.IN

(LOCAL) +65-91698569

OTHERS-91698569

MALE

Address

BLK 10 JALAN KUKOH

#08-59

Postcode

162010

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR DRY

Road Surface Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

Police Station Address

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2240000 - FAX NO: 62200877

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20200406/7018

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour.

Details Of Properties

UNKNOWN

Vehicle Category

NA/UNKNOWN

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

KAJAKAMAL KIYATHUL NASAR

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBL1611T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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")
- (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:
 - (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:

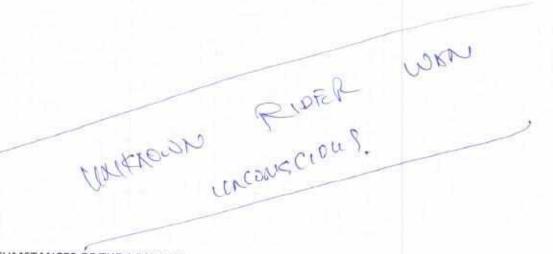
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
POPUL WAHAS

NRIC/FIN No.:



ESCR	IBE CIRCUMSTANCES	OF THE ACCIDENT			
-		_			
	REFAR 7	Ahen	PHIOD	A DODGE	106/7018

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:

Beporting Centre Personnel's Signature WMMS
Name:
NRIC/FIN No.:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACC	CIDENT DATE:	4 /2020 100/M	M/YYYY), TIME:(_	12:55	J(HH:MM).	
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14	a) VEHICLE NUM b) INSURANCE CO c) POLICY NUMBE	BER: TBL161 DMPANY: NTI) ()) ()			
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8 B	c)ADDRESS:P	olk 10 JALA	IN KUKOH	#08-	The second second	9 1
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VIDEO





1 of 1

Report No. A/20200406/7018

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made 06/04/2020 13:01	Vide Report No.			Station Diary No.	
Name Of Informant	Address				
KAJAKAMAL KIYATHUL NASAR	APT BLK 10 JALAN KUKOH #08-59 SINGAPORE 162010				
ID Type / ID No. NRIC NO / S7868323F	Contact Home/C				
Nationality INDIAN	Email A jnasar1				
Occupation	Sex	Age	Date of Birth	Race	
Despatch worker	Male	41	27/05/1978	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
nstitution/School Name	Language English				
Date/Time Of Incident 05/04/2020 12:25 - 05/04/2020 13:00	Location Of Incident APT BLK 10 JALAN KUKOH #08-59 SINGAPORE 162010				

Brief details.

Dear sir,

When I was deliver the food from 60 quayside to 18 marina boulevard inbetween on the way happening in this accident, when I was going on marina boulevard road happening in this accident, I really cannot remember what's happening and where is the exact location because I unconsciously, after ambulance coming to admit the hospital. Kindly investigate for the accident what's happening to this.

Signature Of Officer Recording The Report:	Signature Of Informant:				
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: 06/04/2020 13:01				
Officer In-Charge Of Case:	Classification Of Case:				
Authentication Stamp					

Claim Handling									
Actiment MT/1091408									
Force has	\$311122(4)								
Certificate No.		Wettedle flex.	10411111		SST Registro	HAR NO.			
Policyholder Name	KAJAKAMAL KIYATHUI NASAR								
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