NATIONAL Assessment Centi	TE SETVICES. [well 1 Jan'05]	MUAN 00 47570	Vicinia Riving to the Line Vicini
Date In: 241410-04:50	Jeb description	Date &Time Completed	Done by
Res No: HATHCLOST 371/14	SAS e-filing		
Veh No: FINSY9h	E-mail (within Shrs, AIC 2hr	s)	
D.O.A: 8/4/2-11/22	i-Motor Claim Form	100-2081601 LW	W/12 10.0
C	i-Motor W/O (Within: OD		100
OD : TP ! Reporting Only	i-Photo Uploaded		
TDI	Assessment/Survey Repo	rt i	
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: 64	wing INC	C()/Non-INC()	
Owner / Driver: (-		Tel:)
Policy No: () Pe	eriod: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: (0-20% P. 21-79% P. 80-1	00%]
	Warranty: YES ()/NO (1. 2070, 1. 21-7570. 1. 30-7	
General Remarks			and the second
() Walk-In Customer: Customer's infor	rmation strictly Confidential &	Strictly NO refer of repairer.	Mark and Assessment and a second
() Total Loss Case : to e-mail Insure		5	
Drive-In ()/ Towed-In (); Invoice		Towing Co: (· · · · · · · · · · · · · · · · · · ·
Remarks: (INC hodine: 6788 6616)			
Remarks: (INC horline: 6788 6616)	n ole million of ac	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/C		Date Time Comple 34	Done by
1) Apply for Transport Allowance ()/C		Date & Time Completed	Done by
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	Courtesy Car ()	* Date & Time Completed *	Done by
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car ()	Date & Time Completed	Done by
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	Courtesy Car () () () ()	Date & Time Completed	Done by
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date Time Actions	Invoice Pr	eparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$80	Ant (S) Ant (S
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date Time Actions alimant's Particulars: iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	Invoice Property	epiaration Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$80; ge Assessment (\$100); INC (\$80; gree \$40/ Through Survey (Resurvey) against INC Only (wef 10 Jan 2003) section A + SMRT Survey \$ Ilional Services: sy Cer / Tpt Allowance Co-ordination	Ant (S) Ant (S) The Bill Add Bil 120 130 1575
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date Time / Actions cumunt's Particulars: iver/Owner: ontact No: maged Portion:	Courtesy Car (eparation Checklist ant Reporting (\$30); ge Assessment (\$100); INC (\$30); ge Assessment (\$100); INC (\$30); Through Survey (Resurvey) against INC Only (wsf10 Jan 2005) section A + SMRT Survey \$ Itional Services: sy Cer / Tpt Allowance Co-ordination epair Inspection ollect Excess Coordination	Ant (S) Ant (S) The Bill Add Bil 245 120 230 275 160 25 510 525 53
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions itimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car (eparation Checklist ant Reporting (\$30); ge Assessment (\$100); INC (\$86; Fee \$40/ Through Survey (Resurvey) against INC Only (wsf10 Jan 2005) section A + SMRT Survey \$ Itional Services: sy Cer / Tpt Allowance Co-ordination epair Inspection other Excess Coordination IP (Non INC) against INC	Ant (S) Ant (S) The Bill Add Bil 245 120 230 275 160 25 510 525 53

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.
- 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 aforesaid.

国际中国国际中国	ACCIDENT STATEMENT
Date Of Report	24/04/2020 09:50
Date Of Accident	18/04/2020 11:00
Exact Location Of Accident	JUNC UPP SERANGOON RD & BRADDELL RD
Country/State of Loss	SINGAPORE
The second secon	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG4849G
Insured/Policyholder	
Name Of Registered Owner	ARIE SYAHMI BIN SABTU
NRIC No	SXXXX972B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84813658
Alternative Phone No	OFFICE-84813658
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER MX (HC)
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	5116502718
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI

 NRIC No
 SXXXX214I

 Date Of Birth
 24/09/1996

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/03/2017

Driving Experience 3 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84013904

Fax Number

Contact Number OFFICE-84013904

EMail Address NOEMAIL

BLK 125 HOUGANG AVENUE 1 Address

#02-1486

Postcode 530125

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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 YES

ambulance?

YES

NO

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) 1

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/20200422/7021.

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 GW2419J Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBG4849G

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.
- 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.
- 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 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:
 - 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

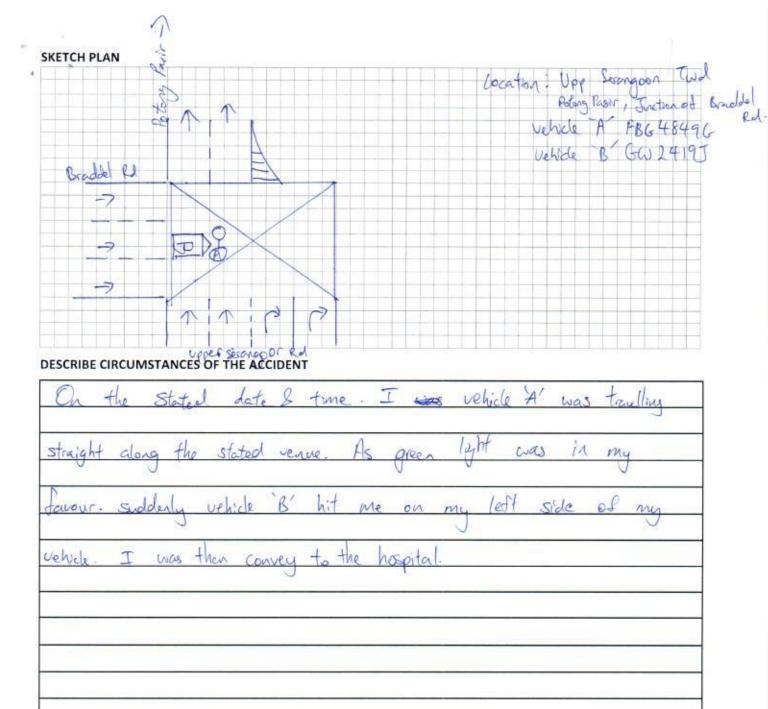
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (18 /04 / 2020) (DD/MM/YYYY), TIME: ([(:00) (HH:MM)
- LOCATION: Justin of Upp Secangon Rd & Smoldel Rd towards Potong 1
- Had
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: FBG 48496
b)INSURANCE COMPANY: " FAITOC
C)POLICY NUMBER: SILVSO2718
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: Yanaha
f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal
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: ARIE SYMMI RIN SABTU (MALE / FEMALE)
b)NRIC/FIN/PASSPORT: SET 259718 CONTACT: 84813658
CIADDRESS: APT YUL FAJAR ROAD #01 - 474 S(670441)
* CONTINUE TO A LIE DELLED LAND TO A
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
(Including) a) NAME: MUHAMMAD AFFOR BIN MUHI) ACMANT (MALE / FEMALE)
CIncluding driver) DRIVER DRIVER ALSO POLICY HOLDER (MALE / FEMALE) DINRIC/FIN/PASSPORT: S963324T CONTACT: 84013904
CO() CIADDRESS: 125 HOWANG AVE 1 # 02-1486 S(\$3005)
*d)DATE OF BIRTH: (24 / 09 / 1996)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPRERIENCE: 3
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Brother
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE We of passenger a) VEHICLE NUMBER: GW 2495 MODEL: TOYOTA
No of passenger a) VEHICLE NUMBER: GW 2495 MODEL: TOYOTA
Including driver) b) DRIVER'S NAME:
(O) NRIC/FIN/PASSPORT:CONTACT:
No of passenger of DRIVER'S NAME: MODEL:
Indudica depart
() NRIC/FIN/PASSPORT:CONTACT:

email =

fax =

VIDEO =





1 of 3

Report No. T/20200422/7021

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

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 17:03	/lade:	Vide Report No.: T/20200422/7002	Station Diary No.:	
Informa	nt's Partic	ulars			
MUHAN MUHAN ID Type	f Informant: IMAD AFFI IMAD ASM / ID No.:	Q BIN AWI	530125 Contact No.:	VENUE 1 #02-1486 SINGAPORE	
Color Management	O / S96332	141	Home/Office:	Mobile: 84013904	
National SINGAP	ity: PORE CITIZ	EN	Email: affiq2409@gmail.com		
Sex: Male	Age: 23	Date of Birth: 24/09/1996	Type of Informant: Rider		
Race: Malay	,		Language: English	Institution / School Name:	
Occupation: Despatch worker			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Inform	mation of the Acciden	t in the second		Michael Barrier Commence (1975)
Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 18/04/2020 11:0	Type of Location: X-Junction
	ANGOON ROAD			
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Controlled by Otl	ners e.g. Workmen	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head On			Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBG4849G	Motorcycle					0
GW2419J	Van	TOYOTA				2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200422/7021

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

CONTINUATION OF REPORT

Rider					DECEMBER .	Commence of the second second	
Name	MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI			ID No	ID No. S9633214I		
Related Vehicle	FBG4849G (Motorcycle)				ct No.	84013904	
Hospital/Clinic	RAFFLES HOSPITA	AL		Class Drivin Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	18/04/2020	- Ui	Date Dis	charge	20/04	1/2020	
No. of Days gran	ted Medical Leave	14	Degree o	of Injury	Serio	us	

Brief Details.

On 18/04/2020 at about 1100HRS, i was travelling on my motorbike bearing FBG4849G along upper serangoon rd towards woodleigh. When traffic light turns green at the junction which is in my favour so i moved. Just moving off, a van bearing GW2419J was travelling fast from my left side came into my way and got me into an accident. I was in pain and i'm shocked.

I would like to make admendments to my previous report number T/20200420/7002 as there was some technical problem editing my mode of transport.





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

3 of 3 Report No. T/20200422/7021

CONTINUATION OF REPORT

Sketch Plan			
Informant is not able to	provide	sketch	pla

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/04/2020 17:03
Officer In Charge Of Case: TP / TPIB / YUS MASTARI I KHAZALI Contact No.: 65476214	Classification Of Case:

Hello, NAC_PAYA_UBI_80	00601						· Chang	ge Languag	e • Chan	ge Password	+ Log Ou
My Desktop	Poli	cy Query									1
Notice of Loss	Policy N	No.				Date	of Accident		18/04/2020	11:00	
	Vehicle	No.(For Motor)	F8G48	49G		Certif	ficate Number	e j			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Palicyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116502718		ARIE SYAHMI BIN SABTU	S8725972B	GMC	Third Party, Fire & Theft	FBG4849G	FBG4849G	02/03/2020	01/03/2021

Sequen	ce Date of Endorseme	nt E	ndorseme	nt Type	Endorsement	Status	Endorsement Content
♥ Endors	ements						
▶ Insured	Object: FBG4849G						
Init No.	02-474	Related Numbe	d Policy	5116502718			
ddress 4		Addres		Singapore address	9	Post Code	670442
ddress 1	BLK 442 #02-474	Addres	s 2	FAJAR ROAD		Address 3	SINGAPORE 670442
Policyh	older Mailing Address						
nfo							
Policy Info Certificate							
pen							
Co- nsurance Flag	No						
Agent	DIRECT BUSINESS DEPT	Agent Tel,	NIL		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Excess	<u> </u>	damage Excess	0		Excess		
Third Party	0	Own			Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	01/03/2020	Effective Date	02/03/20	020 00:00	Expiry Date	01/03/2021	23:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 183 #04-294 TOA PAYOH	CENTRAL SING	APORE 31	0183			
Certificate No.					MAIC		
Policy No.	5116502718	Policyholder Name	ARIE SY	AHMI BIN SABTU	Policyholder NRIC	S8725972B	

Claim Handling					
ccident MT/1091805					
olicy No.	5116502718	Vehicle No.	FBG4849G	GST Registration No.	
ertificate No.				0.50	
olicyholder Name	ARIE SYAHMI BIN SABTU			Policyholder NR3C	32,600,000
voduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft		587259728
Contact No.(Mobile)	84813658	Contact No.(Office)		Loading	0
mail Address	100000		0	Contact No.(Home)	0
EK	® No ○ Yes	Special Remark		eCode	No. V
ICD Protection		†CA NCD Entitlement(%)	® No ○Yes	eCode Reason	No
S Accident Details	No		20	Private Hire	
eport Date	24/04/2020 10:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction Singapore
ate of Accident	18/04/2020	Time of Accident hin mm	13:00	Country of Accident	
porting Centre		Grange Force		ICM No.	
codent Location	JUNC UPP SERANGOON RD & BRADDELL RD				
Total Excess Applicable	•				
ccess Type	Per Accident	Windscreen Excess			
D Standard Excess	0.00	TP Standard Excess	0.00		
ED OO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
dictional Excess				504270,745700000 it	1707 30730 40
nai OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
P Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venhed		
diffication History				100	
Policyholder Mailing Ad	ldress				
idress 1	BLK 442 #02-474	Address 2	FAJAR ROAD	Address 3	SINGAPORE 670442
Idress 4		Address Type	Singapore address	Post Code	
et No.	02-474	Related Policy Number	5116502718	Post Code	670442
OI Driver Info	STATE OF THE PROPERTY OF THE P	and united	**************************************		
ver Name	Muhammad AMg bin Muhd Asmawi	Books Wass	ALCO DE CONTROL DE CON		
named driver Name	Paramilla Amg on Paris Ashtaw	Driver Type	Named Driver		
	20000000	Driver NRIC	\$96332141	Driver DOB	24/09/1995
gister Date of Driver License		Driver Age	23	Driving Experience	3
ritect No. (Mobile)	84013904	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 125	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530125
dress 4		Address Type	Singapore address	Post Code	530125
it No.	02-1486				
ses he own a Singapore spistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
deration					
eathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
dificacion History					
dintación History					
Claim 001 New					
A STATE OF THE PARTY OF THE PAR					
im Type *	OD-MX	Insured Name	ARIE SYAHMI BIN SABTU	Insured NR3C	\$87259728
rtact No.(Mobile)	84813658	Contact No.(Home)	NIL	Contact No.(Office)	NIL
ail Address	arie.kelevra@gmail.com	Of Vehicle Number	FBG4849G	TP Vehicle Number	GW24193
mant Type Claimant Type+	Please Select	Type of Benefit *	Please Select	The second second	Tarrant Co.
mant Name +		Claimant NRIC +			
mant Address					
m Description	PBG4849G / GW24193 ON 18 Apr 2020				
erred Workshop Contact	1000	ALC TOP MADE US		Name of Preferred Workshop	
			Not at Fault		
uire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	24/04/2020 10:05	Claim Close Date		Date Received	24/04/2020 00:00
ort Taken By	3ackson				OF 100
Print AK letter					
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tachment		-			
dent No.	MT/1091805	Claim No.	001		
Doc. Received	® Yes ○ No	Upload Date			
		Spread Care	24/04/2020 10:07		
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		Browse	Clear Please Select	V Normal	V
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			Clear Please Select	V Normal	▼
		Browse	Clear Please Select	W MAN W MANAGER	

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Video List		N-MARKENSAS-S						
	NAC_PAYA_UBI_BOOGOI(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Apr 2020 10:05		Photos	Normal Photos 2020-4-24				
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Apr 2020 10:05		Photos		Normal	Photos 2020-4-24		
利	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Apr 2020 10:05		Photos		Normal	Photos 2020-4-24		
美	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Apr 2020 10:05		Photos		Normal	Photos 2020-4-24		
	NAC_PAYA_UB1_800601(NATI CES) on 24	ONAL ASSESSMENT CENTRE SERVI Apr 2020 10:05	Photos		Normal	Photos 2020-4-24		
1	NAC_PAYA_UBI_800601(NAT: CE5) on 24	ONAL ASSESSMENT CENTRE SERVI Apr 2020 10-06	Photos		Normal	Photos 2020-4-24		
OF.	NAC_PAYA_UB1_800601(NAT CES) on 24	ONAL ASSESSMENT CENTRE SERVI Apr 2020 10:06	Photos		Normal	Photos 2020-4-24		
M	NAC_PAYA_UBI_B00601(NAT CES) on 24	ONAL ASSESSMENT CENTRE SERVI Apr 2020 10:06	Photos		Normal	Photos 2020-4-24		
	NAC_PAYA_UBI_800601(NAT CES) on 24	IONAL ASSESSMENT CENTRE SERVI Apr 2020 10:06	Photos		Normat	Photos 2020-4-24		
素	NAC_PAYA_UB1_800601(NAT CES) on 24	NL800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Apr 2020 10:06			Normal	Photos 2020-4-24		
	NAC_PAYA_UBI_800601(NAT CES) on 24	IONAL ASSESSMENT CENTRE SERVI Apr 2020 10:06	Photos		Normal	Photos 2020-4-24		
	NAC_PAYA_UBI_B00601(NAT CES) on 24	10NAL ASSESSMENT CENTRE SERVI Apr 2020 10:06	Photos		Normal	Photos 2020-4-24		
63		TONAL ASSESSMENT CENTRE SERVI Apr 2020 10:06	SAS		Normal	SAS 2020-4-24		
e-17	NAC_PAYA_UBI_800501(NAT CES) on 2	TONAL ASSESSMENT CENTRE SERVI Apr 2020 10:07	NRIC/ Driving License	*	Normal	NRJC/ Driving License 2020-4-24		
Attachment	Uploa	ded By/Date	Category	9	Urgency		Description	Hsg Sent? (CO)