Date In: 24 4/2-13 148	Jeb descriptio		Date & Time Comp	leted	Do	ne by
Ref No: 1/9/14(2007)75/24	SAS e-filing					
Veh No: FBH GGTTY		Shrs, AIC 2hrs)	<u> </u>	i		-
D.O.A: 14/2- N:35	i-Motor Cla		1109 1911	-m 1 2	2110	
3	i-Motor W/0	O (Within: OD 2hrs		03 2	141.10	19:00
OD : The Reporting Only	i-Photo Uple		<u> </u>			
TP Insurer:	Assessment/S	urvey Report				
IF insurer.	Ass't Report	by Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	C:	-
TP Particulars: Veh No.53 166	NOTK	INC ()/Non-INC()		-
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P:	80-100)%]	
Year of Registration: () V	Varranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	00 ()/\$2,000	()				
General Remarks:		5 3 3 3 3 3 3 3 3 3		35 (15	S 12 T	
() Walk-In Customer: Customer's information					30 X X X X X X X X X X X X X X X X X X X	
		midential & Stri	ctly NO rater of repa	mer.		
() Total Loss Case : to e-mail Insurer						
Drive-In ()/ Towed-In (); Invoice:	YES()/N	(O (); To	wing Co: ()
Remarks:- (INC hotline: 6788 6616)			Date&Time Comple	ad U.S	Don	by
	ourtesy Car ()		3214.00		o,r.y
	carros) car (,		STATE OF STREET		
2) OC Check / Post Renair Inspection	()		N 2 12	(4)		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	()			-		
3) Upload Resurvey Photo [Repair Cost > \$30	())				MINORISE.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	())				
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			203372		
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			103.73		
Injury: Actions	()			203372		
Injury: Actions	()	Invoice Prep	nration Checklist		Ant (5)	(S Amu)
Injury: Actions Alabar 142	()		nration Checklist			() Amt (
Injury: Onte/Time Actions		1) AR : Accident R 2) DA : Damage As	nration Checklist eporting (\$30); sessment (\$100); IN	IC (\$80)	Ant(s) Třebill	(SAmt)
Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Imparate Particulars:		1) AR : Accident R 2) DA : Damage As 3) TF : Towing Fee	nration Checklist: eporting (\$30); ssessment (\$100); IN	IC (\$80) \$40/\$43	Ant(5)	(SAmt)
Injury: Onte/Time Actions Immant's Particulars:		1) AR : Accident R 2) DA : Damage As 3) TF : Towing Fee 4) FT : Follow-Thro	nration Checklist: eporting (\$30); ssessment (\$100); IN	IC (\$80)	Ant (5)	(SAmt)
Injury: Date/Time Actions Immant's Particulars:		1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	nration Checklist: eporting (\$30); ssessment (\$100); IN	IC (\$80) \$40/\$45 \$120 \$30	Ant (5)	(SAmt)
Injury: Oute/Time Actions Immant's Particulars:- ver/Owner:		1) AR: Accident R 2) DA: Damage At 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspection	eporting (\$30); seessment (\$100); In ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan	IC (\$80) \$40/\$43 \$120 \$30 12005) \$75	Ant (5)	(SAmt)
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Injury: Oute/Time Actions Immant's Particulars: ver/Owner: ntact No: maged Portion:		1) AR: Accident R 2) DA: Damage At 3) TF: Towing Fee 4) FT: Follow-Thri 5) FT: Follow-Thri For claiming aga 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additional	eporting (\$30); seessment (\$100); In ough Survey ough Survey (Resurvey) inst JNC Only (wef 10 Jan on	IC (\$80) \$40/\$43 \$120 \$30 12005) \$75	Ant (5)	(SAmt)
Injury: Oute/Time Actions Immant's Particulars: ver/Owner: ntact No: maged Portion:		1) AR: Accident R 2) DA: Damage At 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additional OD*	eporting (\$30); seessment (\$100); In ough Survey ough Survey (Resurvey) inst JNC Only (wef 10 Jan on	IC (\$80) \$40/\$43 \$120 \$30 12005) \$75	Ant(5)	(SAmt)
Injury: Oute/Time Actions Immant's Particulars: iver/Owner: Intact No: maged Portion:		1) AR: Accident R 2) DA: Damage At 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspectio 7) N1: Idao DA + 8 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co-	eporting (\$30); seessment (\$100); In ough Survey ough Survey (Resurvey) inst JNC Only (wef 10 Jan on SMRT Survey al Services:-	C (\$80) \$40/\$45 \$120 \$30 (2005) \$75 \$160	Ant(5)	(SAmt)
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Oate/Time Actions		1) AR: Accident R 2) DA: Damage At 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspectio 7) N1: Idao DA + 8 8) NTUC Additional OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair	eporting (\$30); seessment (\$100); IN such Survey sugh Survey (Resurvey) inst JNC Only (wef 10 Jan on SMRT Survey al Services:- ar/Tpt Allowance ordination Inspection	C (\$80) \$40/\$45 \$120 \$30 12005) \$75 \$160 \$525	Ant(s)	(SAMU)
Injury: Pare/Time Actions Imparates Particulars: Interventact No: Interventact N		1) AR: Accident R 2) DA: Damage At 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspectio 7) N1: Idao DA + 8 8) NTUC Additional OD* *N5: Courtesy C *N6: Repair Co-t *N7: Fost Repair *N8: DV / Collect	eporting (\$30); seessment (\$100); In such Survey sugh Survey (Resurvey) inst JNC Only (wef 10 Jan on SMRT Survey al Services:- ar/Tpt Allowance ordination Inspection at Excess Coordination	S100 \$40/\$43 \$120 \$30 \$2005) \$75 \$160 \$53 \$510 \$525 \$53	Ant(5)	(SAMU)
Injury: Onte/Time Actions Injury: Onte/Time Actions Injury: Injury: Onte/Time Actions Onte/Time Actions		1) AR: Accident R 2) DA: Damage At 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspectio 7) N1: Idao DA + 8 8) NTUC Additional OD* *N5: Courtesy C *N6: Repair Co-t *N7: Fost Repair *N8: DV / Collect	pration Checklist. sporting (\$30); ssessment (\$100); IN sugh Survey sugh Survey (Resurvey) inst INC Only (wef 10 Jan on SMRT Survey al Services. ar/Tpt Allowance ordination Inspection it Excess Coordination iven INC) against INC	C (\$80) \$40/\$45 \$120 \$30 12005) \$75 \$160 \$525	Ant(5)	Amu (

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 con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
The state of the s	ACCIDENT STATEMENT
Date Of Report	27/04/2020 13:48
Date Of Accident	26/04/2020 12:35
Exact Location Of Accident	THOMSON RD OUTSIDE CUBE 8 CONDOMINIUM
Country/State of Loss	SINGAPORE
The Process of the Control of the Co	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH9955U
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD SAUFI BIN ALWI
NRIC No	SXXXX558B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97879537
Alternative Phone No	OFFICE-97879537
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ 16
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5105713741-01
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD SAUFI BIN ALWI
NRIC No	SXXXX558B

Name of Driver	MOHAMMAD SAUFI BIN ALWI
NRIC No	SXXXX558B
B	

Date Of Birth 24/08/1993 Occupation OUTDOOR Date Of Driving Pass 06/02/2014

Driving Experience 6 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97879537

Fax Number

Contact Number OFFICE-97879537

EMail Address NOEMAIL Address BLK 58 LORONG 4 TOA PAYOH

#03-41

Postcode 310058

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

ambulance?

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

NO

Was any other material or property damaged?

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

NO

YES

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 TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200427/2014

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 SJK6205K

Vehicle Make/Model/Colour HONDA ODYSSEY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver WIDIANA HARTAWAN

NRIC/Passport Number SXXXX077E Contact Number 96710711

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

MOHAMMAD SAUFI BIN ALWI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBH9955U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 Personne's Signature Name:

NRIC/FIN No .:

SKETCH PLAN		
Thomso.	1 Road	
	+++++	
7 1 0 1 0		
	i Ala	
	1	
	0	
	/ Touses	
	Conro	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
20 100 1	·- 61	
Refer to police	4011	
	19	
DECLARATION I/We declare the foregoing parti	culars are true in every respect.	
// we declare the foregoing parti	control are area in every respective	
Zont		
2	Delivaria filmatura	Reporting Centre Personnel's Signature
Policyholder's Signature	Driver's Signature	neporting centre retaining angulature

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: 104 2020 (DD/MM/	YYYY), TIME: (12 : 35)(HH:MM)
- LOCATION: Thomson Rd 1911p rons out	Aside of cure 8 condo
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: PBHOQCEU	
	-
b)INSURANCE COMPANY: NTUC	niant
CIPOLICY NUMBER:	
D)MAKE & MODEL: Mangha FZ	PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE: (SALOON / COUPE / MPV / VAN / LO g) VEHICLE CATEGORY: (PRIVATE / COMMI h) PURPOSE OF USING AT ACCIDENT TIME:	ERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN I	INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM	Y REPORTING ONLY)
2. INSURED / POLICY HOLDER	
AJNAME: Mohammad Saufi Bin A	(MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 593305 (813	CONTACT: 97879537
CIADDRESS: BIE 58, TOU Payon Lo-	4 HO3-41 9310058
* CONTINUE TO A LIFE	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
Conducting driver) DINRIC/FIN/PASSPORT	
(Including driver) DINRIC/FIN/PASSPORT:	(MALE / FEMALE)
C)ADDRESS:	CONTACT:
G/NOOKESS	•
*d)DATE OF BIRTH: (24 / 08 / 1993 10	20/444/22224
e)OCCUPATION: (INDOOR / OUTDOOR)	DO/MM/TTTT)
f) YEARS OF DRIVING EXPRERIENCE:	90
4. WAS DRIVER AN EMPLOYEE OF THE INST	IPED'S COMPANYS (VES / NO)
IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED.
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)	CO.
IF YES, PLEASE STATE WHICH POLICE STATIC	ON:
He of passenger a) VEHICLE NUMBER: SJK 6205 K	
of passenger a) VEHICLE NUMBER: SOLO 329, C	MODEL: Honda ODYSSEY
Including driver) b) DRIVER'S NAME: WIDIAM HOWARD	san .
(2) NRIC/FIN/PASSPORT: S7281077E	
THING PARTI VEHICLE	
No of passinger d) VEHICLE NUMBER:	MODEL:
Induding driver f) NRIC/FIN/PASSPORT:	¥
/ NRIC/FIN/PASSPORT:	CONTACT:
	,

email = Sauti alwi agmant com
fax =





1 of 3

Report No. T/20200427/2014

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 11:56	Made:	Vide Report No.: Station Dia 38			
Informa	nt's Partic	ulars				
	f Informant: IMAD SAUI	FI BIN ALWI	Address: APT BLK 58 LORONG 4 TOA 310058	A PAYOH #03-41 SINGAPORE		
	/ ID No.: O / S93305	58B	Contact No.: Home/Office: Mobile: 97879537			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 26	Date of Birth: 24/08/1993	Type of Informant: Rider			
Race: Malay			Language: English	Institution / School Name:		
Occupat GRAB F	ion: OOD RIDE	:R	Driving Licence Information: Class: 2B,2A,2	Date of Expiry:		

General Infor	mation of the Acci			SO TELEVISION OF THE SECOND	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2020 12:35	Type of Location Slip Road	
THOMSON R		Road 2 Near Cube 8 Condomir Road Surface: Dry		Road Speed Limit:	
Traffic Flow:			-	Traffic Volume:	
One Way	e Way Not Controlled		L	Light	
Type of Collisi Between Movi	on: ng Vehicles - Head	To Rear	а	Anyone conveyed by ambulance:	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FBH9955U	Motorcycle	YAMAHA	FZ 16	Red		0		
SJK6205K	Car					1		

Details of V	ehicle Insurance		ESPECIAL PROPERTY.	WHILE SELECTION
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9955U	NTUC Income Insurance Co-Operative Limited	5105713741-01	28/11/2019	27/11/2020





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

2 of 3 Report No. T/20200427/2014

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No				
No. of Pedestria	ns Injured: NIL	Use of Pe	destriar	Cross	sing: NA
Rider	医型组织 对多数不多。1919年的1919年	A Property and			
Name	MOHAMMAD SAUFI BIN ALW		ID No		S9330558B
Related Vehicle	FBH9955U (Motorcycle)	Conta	ct No.	97879537	
Hospital/Clinic	NATIONAL HEALTHCARE GRO POLYCLINICS (TOA PAYOH)	Class of Driving Licence & Expiry Date		Class: 2B,2A,2 Date of Expiry: NIL	
Date Treatment	27/04/2020	Date Discl			/2020
No. of Days gran	ted Medical Leave 03	Degree of	Injury	NIL	
Driver		ACCOUNTS ON		akal sa	ERSONS MARKENAL
Name	WIDIANA HARTAWAN		ID No.		S7281077E
Related Vehicle	NIL		Conta	ct No.	96710711
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

Brief Details.

On 26/04/2020 at about 1235hrs, I was riding my motorbike FBH9955U along the slip road to Thomson Road near to Cube 8 Condominium. I then stopped at the stop line waiting for the incoming traffic to be clear before I could move off. When I was waiting, I felt an impact from the rear and I fell from my motorbike, the vehicle SJK6205K driver then came out from her vehicle to check on me. Both the driver and I had exchanged our particular and left the location. No police or ambulance activated and no government property damaged.

On 27/04/2020, I went to Toa Payoh Polyclinic for medical checkup and I was given 3 days medical leave.





T/20200427/2014

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

3 of 3 Report No. T/20200427/2014

CONTINUATION OF REPORT

Sketch Plan

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.

Signature Of Officer Reco E / Staff Sgt CHUA JUN JIE	rding The Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable	1	Date/Time: 27/04/2020 11:56
Officer In Charge Of Case TP / AEIT / Sr Staff Sgt ONG YONG I Contact No.: 65476436		Classification Of Case:
Authentication Stamp	SINGAPORE POLICE FORCE	SN 168
	SIGNA	TURE

dello, NAC_PAYA_UBI_80	0601				THE REAL PROPERTY.	CONCRETE SERVICE	, Change	e Language	1 Chan	no Bassword	· Log Ou
My Desktop	Poli	Policy Query Change Language Change Password						, rod on			
Notice of Loss	Policy 1	No.				Date o	of Accident	[2	6/04/2020 1	12:35	
	Vehicle	No.(For Motor)	FBH995	SSU		Certifi	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	5105713741- 01		MOHAMMAD SAUFI BIN ALWI	S9330558B	GMC	Third Party, Fire & Theft	FBH9955U	FBH9955U	28/11/2019	27/11/2020

Policy No.	5105713741-01	Policyholder Name	МОНАММ	AD SAUFI BIN ALWI	Policyholder NRIC	S9330558B			
Certificate No.									
Address	BLK 58 #03-41 LORONG 4 TOA PAYOH SINGAPORE 310058								
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N			
Policy issue Date	07/11/2019	Effective Date	28/11/20	19 00:00	Expiry Date	27/11/2020 2	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	g/Inexperience Driver Excess		
Agent	TELESALES-DIRECT MARKETING Agent Tel.			GST Flag		Y			
Co- insurance Flag	No								
Open Policy Info									
Certificate Info									
→ Policyh	older Mailing Address								
Address 1	BLK 58 #03-41 Addres		SS 2 LORONG 4 TOA PAY		У ОН	Address 3	SINGAPORE 310058		
Address 4		Address Type		Singapore address		Post Code	310058		
Jnit No.	03-41 Related Policy Number			5105713741-01					
) Insured	l Object: FBH9955U	- 7-2200							
▽ Endorse	ements								

Claim Handling					
ccident MT/1091911					
BICY NO.	5105713741-01	Vehicle No.	P8H9955U	GST Registration No.	
ertificate No.				The second secon	
Okcynolder Name	MOHAMMAD SAUFI BIN ALWI			Policyholder NRIC	59330558B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Thaft		Secondary.
Centact No. (Mobile)	97879537	Contact No. (Office)	0	Loading Costact to the cost	•
mail Address		Special Remark	7.7	Contact No.(Home)	0
PK	® No ⊜ Yes	TCA	8	eCode	No. X
ACD Protection	No.		® No ○ Yes	eCode Reason	
Accident Details	100	NCD Entitlement(%)	20	Private Hire	No
sport Date	Carrier many controls	A ASSETTION AND AN ADVISOR OF THE OWNER.			
	27/04/2020 14:04	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
ate of Accident	26/04/2020	Time of Accident his mm	12:35	Country of Acadent	Singapore
aparting Centre		Drange Force		ICM No.	
crident Lacation	THOMSON RD OUTSIDE CUBE & CONDON	KINIUM			
▼ Total Excess Applicable					
icess Type	Per Accident	Windscreen Excess			
D Standard Excess	100				
	0.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Iditional Excess					
kal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
9 Senefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ag	tt				
lovess 1	BLK 58 #03-41	Address 2	LÓRONG 4 TOA PAYOH	Address 3	SINGAPORE 310058
Mress 4		Address Type	Singapore address	Post Code	310058
nit No.	03-41	Related Policy Number	5105713741-01		
OI Driver Info					
iver Name	MOHAMMAD SAUFT BIN ALWI	Driver Type	Main Driver		
named driver Name		Driver NRIC	59330558B	Driver DOB	24/08/1993
gister Date of Driver License	06/02/2014	Driver Age	26	Driving Experience	6
Mact No.(Mobile)	97879537	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BUK 58	Address 2	LORONG 4 TOA PAYOH	Address 3	SINGAPORE 310058
dress 4		Address Type	Singapore address	Post Code	319058
it No.	03-41				
es he own a Singapore gistered car ³	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
granered carre	500,00 Miles			Driver Insurer Company	
Daration					
eathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
Michigan Market					
dification History					
Claim 001 New					
2 May 1 May 1					
m Type *	00-MX	Insured Name	MOHAMMAD SAUFI BIN ALWI	Insured NRIC	\$93305588
tact No.(Mobile)	97879537	Contact No.(Home)		Contact No.(Office)	
ail Address	SAUFT. ALWIG GMAIL COM	Ol Vehicle Number	PBHOGSSU	TP Vehicle Number	53K6205K
sent Type Claimant Type • Please Salact		Type of Benefit +	Please Select		- mason
ment Name *	22	Claimare NRIC +			
mant Address					
m Description	PBH9955U / SIX6205K ON 26 Apr 2020			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability +	Not at Fault	The second of th	
uire Finalisation	res V				particular and a second
		Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	27/04/2020 14:05	Claim Close Date		Date Received	27/04/2020 00:00
ort Taken By	Jackson				
Print AK letter					
			COLUMN TO THE PARTY OF THE PART		
272		1	Save Submit		
tachment					
100.00	610000000	5600000000			
dent No.	MT/1091911	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	27/04/2020 14:06		
	Path *		Category *	Confidential Urgen	cy * Descriptio
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