NATIONAL Assessment Cent	tre Services pur using	SIMUA MUNISONS	
Date In: 11/20 - 11:30	Jeb description	Date & Time Completed	Done by
Rel No: MALLYCWOOTTATIN	SAS e-filing		
Veh No: FBL 18844	E-mail (within Shrs, AIC 2	hrs)	
D.O.A: 15/12 10:30	i-Motor Claim Form	M7/1092849-01	8/5/20 12:04
	i-Motor W/O (Within: C		
OD / TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Rep	ort	
17 Insurer:	Ass't Report by Fax / H	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax: )
TP Particulars: Veh No: SUE	8996E II	NC( )/Non-INC( )	12
Owner / Driver: (		Tel:	)
Policy No: ( ) P	eriod: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N	: 0-20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO	( )	
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000 ( )		
General Remarks:-	else to a secretaria		13. G
( ) Walk-In Customer : Customer's inf			
( ) Total Loss Case : to e-mail Insu		Constraint of the constraint o	
		); Towing Co: (	· · · · · ·
Dive-in ( )/ /owed-in ( ); involu	ce: YES( ) / NO(	) , Towing Co. (	/
Remarks:- (INC hodine: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > \$	3000] ( )		
Frate-min .		340 30	
Injury:			
Date/Time Actions		Contracts (1997) 1997 (1997) 1998 (1997) 1997 (1997) 1	ROPIOANS.
	4		
		**************************************	
	3		
•			
(192002936	Invoice	Preparation Checklist	Ant (5) Amt (5)
		cident Reporting (\$30);	
	2) DA : Da 3) TF : Tov	mage Assessment (\$100); INC (\$8	0) /\$45
river/Owner:	4) FT : Fol	ow-Through Survey	\$120
ontact No:	5) FT : Fol	low-Through Survey (Resurvey) ring against INC Only (wef 10 Jan 2005	\$30
J. D. of	6) TR : Re-		\$75
amaged Portion:		Dir Dillian	\$160
	8) NIUC /	Additional Services:-	
C Checked by (Engr-In-Charge):	*N5: Co	urlesy Car / Tpt Allowance	\$5
CONTRACTOR		pair Co-ordination at Repair Inspection	\$10 \$25
uditors' Comments :-	*N8: DV	/ Collect Excess Coordination	\$3
1:	TP (N11 9) N12: Ido	): TP (Non INC) against INC	30
2/3;	9) N12: Ide		1.14 (N. 1.14)
	Invoice dat	ed Fee Charged	

### 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.
- 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.

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學學的學術的意思的影響的影響的	ACCIDENT STATEMENT
Date Of Report	18/05/2020 11:30
Date Of Accident	15/05/2020 10:30
Exact Location Of Accident	PIE (CHANGI) TWDS TPE
Country/State of Loss	SINGAPORE
CONTRACTOR OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL1884Y
Insured/Policyholder	
Name Of Registered Owner	KIT DAVID KRISHNAM @ MUHAMMAD DANI ABDULLAH KIT
NRIC No	SXXXX320C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84987465
Alternative Phone No	OFFICE-84987465
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZN150
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	5117035761
Cover Note Number	
Driver	
Name of Driver	KIT DAVID KRISHNAM

 NRIC No
 SXXXX320C

 Date Of Birth
 26/10/1985

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/11/2004

Driving Experience 15 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84987465

Fax Number

Contact Number OFFICE-84987465

EMail Address NOEMAIL

Address BLK 117 PASIR RIS STREET 11

#10-521

Postcode 510117

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 Registration Number of Drivers Own Vehicle

criticie

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO

NO

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

was there any video captured by Car Camera:

140

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLE8996E

Vehicle Make/Model/Colour SSANGYONG XLV

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHD JASLEE BIN ASBIL

NRIC/Passport Number SXXXX456I Contact Number 83227565

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

### 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:
  - (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.

Date & Time:

Policyholder's Signature

Date & Time:

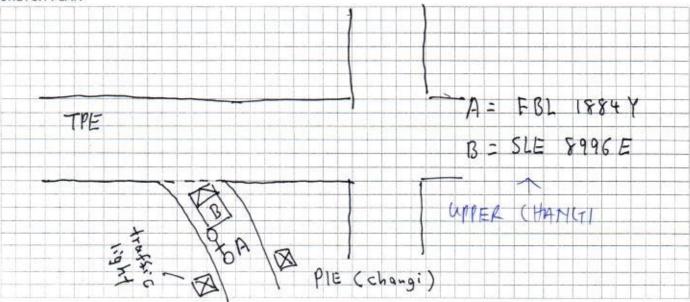
1745

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT UPPER CHANGE RD JUNICION FLYOVER, TOWARDS PASIK RIS, CPIE, TPE
TIME: 1032 am.
DATE: 15/5/20.
I was riding from PIE (CHANGI) exiting to TPE. at the
Slip road. I was checking the traffic on the right side.
when I turn and look forward, vehicle B suddenly stopped.
I tried to brake, but could not stop in time and hit the
year of vehicle Bonleff. I wish to state, the traffic light was
in my favour favour (areen). traffic on the main mad to TPE
from my POINT of VIEW, was slightly, and not conjected.
1 adda

-						
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13	EC	ΙД	$\kappa u$	4 I I	( )	N

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 Personner's Signature Name: NRIC/FIN No .:

# **ACCIDENT STATEMENT**

	ACCIDENT DATE: (15 105 12020) (DD/MM/YYYY), TIME: (10:32) (HH:MM)	
	LOCATION: UPPER CHANGI ROAD FLYOUER JUNCTION.	-
12	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: FBC 1884 Y	
	DINSURANCE COMPANY: MTUC	
81 93	- c)POLICY NUMBER:	20
8	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)	N
	e)MAKE & MODEL: YAMAHA FZN . 150.	
	f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE Y OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL (MOTORCYCLE)	
	h)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)	
111	2. INSURED / POLICY HOLDER	88
	VIII DAING VALEINIAA	6.
lumber of	D 352(1222)	
PACSANGER	CIADDRESS: POLIT RIS BIX 117 St 11 X10-521	
CHANNER	5/01/7 5/10 MIS BIE 117 STIL MIO-FEL	
childred dervial		
38	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER	
X5	VIT : DAMA VALORILAM	
	a e-20122	
2	DINRIC/FIN/PASSPORT: \$8534320 C CONTACT: 84987465.	
	CIADDRESS: PAJIR RIJ BIK 117 J. 11 #10-521	(6)
19	*d)DATE OF BIRTH: (26 / 10 / 1485)(DD/MM/YYYY)	
	FIDATE OF DRIVING PASS : 18 NOV 2004	
	1 WAS DRIVED AN EMPLOYEE OF THE THE	
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	34
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
	5. a) WEATHER CONDITION (CLEAR / RAINING / OTHERS	
Ж	b)ROAD SURFACE: ORY WET / OTHERS	
	6. WAS ANYBODY INJURED (YES AND)	10
	7. a) REPORTED TO POLICE (YES NO)	(3)
SER N CER	IF YES, PLEASE STATE WHICH POLICE STATION:	
(1)	TO ACCUMENTATION STRUCTURES SERVICE SERVICE AND ACCUMENTS OF THE PROPERTY OF T	VIN
June A da	b) DRIVER'S NAME: MOHD JASLEE BIN ASBIL	XLV
dumber of		
ASS AMGKR		
MONUG DEWAR	9. THIRD PARTY VEHICLE	
( )	d) VEHICLE NUMBER:MODEL:	13
umetel of	e) DRIVER'S NAME:	
	f) NRIC/FIN/PASSPORT:CONTACT:	
Passongur		
uding devale		74. 8
	i i	

1) EMAIL: DES dj Kitsg @ gmail. con >) VIDEO : ME.

<b>eBao</b> Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601			The same of the sa	THE PERSON NAMED IN COLUMN	and the same	· Change	e Language	· Chan	ge Password	· Log Ou
My Desktop	Polic	cy Query									્
Notice of Loss	Palicy No.						Date of Accident		5/05/2020		
	Vehicle No.(For Motor)		FBL188	FBL1884Y			Certificate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5117035761		KIT DAVID KRISHNAM @ MUHAMMAD DANI ABDULLAH KIT	S8534320C	GMC	Third Party	FBL1884Y	SE CONSTRUCTION OF THE CONTRACTOR OF THE CONTRAC	01/04/2020	11/01/2021
						Continue					

Policy No.	5117035761	Policyholder Name	KIT DAVIC	KRISHNAM @ MUHAI	Policyholder NRIC	S8534320C	
Certificate No.							
Address	BLK 117 #10-521 PASIR RIS	STREET 11 SING	APORE 510	117			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	01/04/2020	Effective Date	01/04/202	20 00:00	Expiry Date	11/01/2021 2	3:59
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	/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETI	NC Agent Tel.			GST Flag	Υ	
Co- insurance Flag Open	No						
Policy Info Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 117 #10-521	Addre	ss 2	PASIR RIS STREET	11	Address 3	SINGAPORE 510117
		Addre	ss Type	Singapore address	13	Post Code	510117
Address 4		D-L-L	d Policy	5117035761			
Address 4 Unit No.		Numb	er	0111000101			
Unit No.	d Object: FBL1884Y		er	,011,000,01			
Unit No.	2010 - Total Control of Control o		er	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Claim Handling										
Accident HT/1092809										
Policy No.	5117035761	Vehicle No.		FBL1884Y			GST Registra	tion No.		
Certificate No.										
Policyholder Name	KIT DAVID KRISHNAM @ MUHAMMAD DANI	ABOULLAH KIT					Policyholder	NRIC:	\$853	4320C
Product Code	MOTORCYCLE INSURANCE	Cover Type		Third Party			Loading		0	
Contact No. (Mobile)	84987465	Contact No.(Office)		0			Contact No.(	Home)	a	
imail Address		Special Remark					eCode	13 1 1 1 1 1	100.5	7/
(FK	® No ○ Yes	TCA		® No On			eCode Reaso		11000	
eCD Protection	Control of the Contro			4				10.00	200	
	No	NCD Entitlement(%)		0			Private Hire		No	
▼ Accident Details										
aport Date	18/05/2020 12:08	Accident Report With		Yes			Acodent Typ		Coits	ion - Head to Rear
lete of Accident	15/05/2020	Time of Accident hh:	mm	10:30			Country of A	ccident	Singa	pore
eporting Centre		Orange Force					ICM No.			
coident Location	PIE (CHANGI) TWOS TPE									
Total Excess Applicable										
xcess Type	Per Accident	Windscreen Excess								
D Standard Excess	0.00	TP Standard Excess			0.00					
ED OD Excess	0.00	YIED TO Excess			0.00		Driver is Cov	ered?	Not C	overed
Oditional Excess										
Hal OD Excess Applicable	0.00	Total TP Excess Apple	cable		0.00					
7 Senefits										
GST Registered Inform	ation									
T Registered	No			GST	Registration Date					
ST Regularation No.	10(21)				Status Verified		Yes			
odification History										
Policyholder Mailing Ad	ldress									
idress i	BLK 117 #10-521	Address 2	83	PASIR RIS	STREET 11		Address 3		5597	APORE 510117
odress 4		Address Type		Singapore a			Past Code		5101	
NE No.							rust cook		9101	16.
		Related Policy Number		511703576	1					
OI Driver Info										
iver Name	KIT DAVID KRISHNAM @ MUHAMMAD DANI ABDULLAH KIT	Driver Type	7.9	Hain Driver						
mamed driver Name		Driver NRIC	100	585343200			Driver DOB		26/10	0/1985
gister Date of Driver License	18/11/2004	Driver Age		34			Driving Expe	tience	15	
ritact No. (Mobile)	84987465	Contact No.(Office)	1	0			Contact No.()		0	
dress I			- 61					tomey	70	MANUFACTURE.
	BLK 117	Address 2		PASIR RIS :			Address 3			APORE \$10117
dress 4		Address Type		Singapore a	doress		Post Code		5101	17
et No.	10-521									
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.					Driver Insure	r Company		
eclaration										
reathalyser or Blood Test sading?	Omg	Any inpury?	- 1	○ Yes ® N	9					
odification History										
Claim 001 New										
im Type *	ор-мх	Insured Name	1	KIT DAVID	RISHNAM @ MUHA		Insured NRIC		\$853	4320C
rtact No. (Mobile)	84987465	Contact No.(Home)		65822454			Contact No.(0	Office)		The second process
ail Address	KIT-DIBLINE.COM	OI Vehicle Number	-	FBL1884Y			TP Vehicle Nu		SLEBS	196E
mant Type Claimant Type *	and the second s	Type of Benefit *	- 2	Please Sele	n V			10000	lares.	
imant Name *	Prease Select 2	Claimant NR3C *	1		~					
mant Name *	122	Secondin new 1	1				1			
	COLUMN ACTION OF THE PARTY OF T						Name of the last		_	
im Description	FBL1884Y / SLE8996E ON 15 May 2020						Name of Prefe	erred Workshop	p .	
ferred Workshop Contact		Insured Liability *	1	Fully at Fau	t V	II .			2000	
quine Finalisation	Yes	Preference Repair Opt	ion [	Preferred W	orkshop, Name unkn	own 🔻	GIA report		Rece	yed v
e Registered	18/05/2020 12:09	Claim Close Date	Ī				Date Receive	1	18/05	/2020 00:00
port Taken By	Jackson		97							
Print AK letter										
			5	eve Subr	rit .					
Attachment										
26										
,										
cident No.	MT/1092809	Claim No.			001					
st Doc. Received	Yes   No	Upload Do	ate		18/05/2020 12:	11				
	Path *				Category		Confident	sal Urg	ency •	Description
CHARLES TO SERVICE STATE OF THE PARTY OF THE			Browse	Clear	Please Select	0	10000000	∨ Normal		
			Browse		Please Select	-		y Normal		
		12			200000000000000000000000000000000000000		1000	100000000000000000000000000000000000000		
		- 02	Browse		Please Select	0		∨ Normal		
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		-	Browse	I leave to	States Salary	150	Est.	A Discount	101	

