Date In: 13/10-13/21 Date In: 13/10-13/21 Ref No: 146 [Le world] Jeb description Date & Time Completed Done Ref No: 146 [Le world] SAS e-filing E-mail (within Shir, Aic 2hrs) DOA: 17/10-13/21 Assessment/Survey Report Ass't Report by Fax/ Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tol: Fax: INC () / Non-INC (). Owner / Driver: (Tel:) Confirmed by: (Date: Time:) Confirmed by: (Date: Time:) Confirmed by: (Date: Time:) Year of Registration: () Warranty: YES () / NO () Excess: (S) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-10 Customer: customers information strictly Confidential & Strictly NO refer of repalier. () Total Loss Case: to e-mail Insurer URGENTLY. Drive-In () / Toved-In (); Invoice: YES () / NO (); Towing Co: (1 Remarks: (INC horline: 6788 6616) Date Time Comple St. () Actions Actions Date/Time Actions Date/Time Actions	W: ()
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1) AR: Accident Reporting (\$30); 1) AR: Accident Reporting (\$100); INC (\$80)	
Plaimant's Particulars:- 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45	
AN ET : Follow-Through Survey \$120	
5) FT : Follow-Through Survey (Resurvey) 330	
6) TR: Re-inspection	-
arnaged Portion: 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services:-	
OD*	-
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* N8: DV / Collect Excess Coordination 33	
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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.
- 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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/08/2020 17:59
Date Of Accident	12/08/2020 15:10
Exact Location Of Accident	8 KAKI BUKIT AVE 4
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ4686T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD IZZUDDIN BIN MOHD YA'AKUB
NRIC No	SXXXX214E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93366200
Alternative Phone No	OFFICE-93366200
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 NS MANUAL
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
Fleet Policy	NO
Policy Number	5117440931
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD IZZUDDIN BIN MOHD YA'AKUB
NRIC No	SXXXX214E
Date Of Birth	29/08/1994
Occupation	INDOOR
Date Of Driving Pass	25/03/2020
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93366200
Fax Number	
Contact Number	OFFICE-93366200
EMail Address	NOEMAIL

18 LENGKONG TIGA Address 417428 Postcode 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident Weather Conditions CLEAR DRY Road Surface Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 3 involved in the accident 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) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO STATEMENT. Attachment(s) Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SKG7656U Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR 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 OTHER VEHICLE PROPERTY 2**

SKB9330Y

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)

PRIVATE CAR

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.
- 7. 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:
 - 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;
 - (ii) 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
 - 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 (c) Purposes.
 - rny 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.
 - the information so collected under (d) above may be shared / disclosed: (e)
 - (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
 - (i) for complying with requirements under any regulations, laws or court orders.

0020

Date Policyholder's Signature

& Time:

Driver's Signature

(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

GIARMC SpechPlanForm, V3

& Time:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 12 / 08/2020 (dd/mm/yy)	Time of Accident: 15: 10 (24-HR-FORMAT)
Vehicle No.: FBJ 4686T Vehicle Make &	& Model:
Exact location of Accident: 8 Kaki Bukit	Ave 4 #05 Outside Shop (VOLKS)
Policyholder's Name / IC No. : Muhammad	Izzuddin Bin Mohd Ya'akub 39430214E
Driver's Name (IC No. :	(As Above)
Driver's Contact No.: 93366200 Co	ompany Contact No (Company Veh Only):
Driver's Address:	
Email address: magroupoffice @ gmail .	Com Insurance Company: MT4C
	g / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one	
Own Insurance / Other Vehicle (The one y	ou want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	*No. of Passengers (Including Driver):
*Passanger Name:	Gender: Male / Female *Passanger Gender: Male / Female
Weather condition & Road conditions? (On the da	v of accident)
	ter-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camer	Yes / No
Any Injuries: Yes / No (If YES) Injur	red Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YE	S) Which Police Station:
	The Other Party(s) Details:
Driver's Name / IC No:	Vehicle No. 51KG 7 6564
Driver's Contact No:	
	Vehicle No:
49 00 00 00 00 00 00 00 00 00 00 00 00 00	Insurance Company :
*Independent Witness (If Any):	
Preferred Workshop Name:	Contact No:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5117440931

Cover : Third Party

1. Index mark and Registration Number of Vehicle

FBJ4686T

Chassis Number

: MD2A36FZ8ECM68031

2. Name of Policyholder

: MUHAMMAD IZZUDDIN BIN YA'AKUB

Effective Date of Insurance

: 07 May 2020

Expiry Date of Insurance

: 06 May 2021

Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MUHAMMAD IZZUDDIN BIN MOHD YA'AKUB
NAMED DRIVER (2)	: AMIRULAZHAR BIN MOHAMMAD
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

DIRECT BUSINESS DEPT (00000600280)

Date of Issue

: 07 May 2020 21:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_8	00601		CAN BE AND ADDRESS.		1000	• Change	Languag	e · Chan	ge Password	· Log Out
My Desktop	Policy Query					3	9.8		ā: -	
Notice of Loss	Policy No.	511744	10931		Date o	of Accident		12/08/2020 1	15:10	
	Vehicle No.(Far Motor)	FBJ468	6T		Certifi	cate Number	1			
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5117440931		MUHAMMAD 1ZZUDDIN BIN MOHD YA'AKUB	S9430214E	GMC	Third Party	FB)46861	FBJ4686T	07/05/2020	06/05/2021

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