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Date In: Woo Soon United		time Completed	Done by
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	E-mall (within thes, Alt2 2hrs)		
Veh No FN 8/034	i-Motor Claim Form M	7/1/03/40-001	N/09/2020
D.O.A : 10107/80 14.12	I-Motor W/O (Within: OD 2hrs. TP 4h	144	11/70.
OD : TP / Pepoling Only	i-l'hoto Uploaded	3-1	
	Assessment/Survey Report		
TP fisurer:	Ass't Report by Fax / Hand to Own	ner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (To		ax:
TP Particulars: Veh No: SN	H 6997	Non-INC()	
Owner / Driver: (T-155 - F 15 BUNGAN AT	:1:	
Policy No: () Po	riod: () Cov	er Type: (
Confirmed by : (Date:	Time:	1
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%;	P: 21-79%. F: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	The state of the s		, , , , , , , , , , , , , , , , , , ,
General Remarks:		Recention	
() Walk-In Costomer: Customer's Info	rmation strictly Confidential & Strictly	NO refer of repairer	
() Total Loss Case : to e-mail Insur	er URGENTLY.	The state of the s	
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1) Apply for Transport Allowance ()/	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		<u> </u>
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()	1	
Injury:		MEANS WITH TIME	W. (1.2%)
			A A
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Date/Time Actions MODERY 8 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Involve Preparation of the second of the sec	porting (\$30); starment (\$100); IN: ugh Survey ugh Survey (Resurvey) ust INC Only (wef 10 Jan on IMRT Survey il Services:- ar/Tp Allownnice	C (580) 540/545 5120 530 2005) 575
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SINGAPORE ACCIDENT STATEMENT

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.
- Information provided must be as <u>truthful</u> and <u>accurate</u> 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.
- 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.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	11/09/2020 16:41
Date Of Accident	10/09/2020 14:15
Exact Location Of Accident	CTE EXIT TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
THE STATE OF THE STATE OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FN8703H
Insured/Policyholder	
Name Of Registered Owner	MOHD HASSAN S/O KONNA SYED SAHUL HAMEED
NRIC No	SXXXX766J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93824786
Alternative Phone No	OTHERS-93824786

Vehicle Particulars

Manufacturer VESPA

Model EXCEL-150CC P150XE (A)

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

5087556040-03

Cover Note Number

Driver

Name of Driver MOHD HASSAN S/O KONNA SYED SAHUL HAMEED

 NRIC No
 SXXXX766J

 Date Of Birth
 20/04/1951

 Occupation
 INDOOR

 Date Of Driving Pass
 01/02/1984

Driving Experience 36 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93824786

Fax Number

Contact Number OTHERS-93824786

EMail Address NOEMAIL

Address

BLK 106 BUKITPURMEI ROAD

#12-124

Postcode

090106

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

NO COLLISION

Weather Conditions

CLEAR

Road Surface

WET

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?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SMA6481X

Vehicle Make/Model/Colour

HONDA SHUTTLE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

81816146

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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 insurers) 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

Name:

NRIC/FIN No.:

SKETCH PLAN	CFE	EXIJ	TOWARDS	Found	Buki?	Marry
		A-	RIS			
A) FN 8307H B) SMA6481X			V/B			
B)5MB6481X		,				
	1	1				
DESCRIBE CIRCUMSTANCES O	OF THE AC	CIDENT				
DN 10/09/2020	A7 0	BOUT	14:15HRS	I WAS	EXIT F	Rom
CIFE NUMBROS.	BUKI	-		WAS A7	THE U	EFT MOST
UAST. WHEN	I W			ETWHEN	CARS	my umparall
9 WAS A SOR	my	MARK		THIM? A	CAR 9	mA6181X
DECLARATION						
/We declare the foregoing particu	lars are tru	e in every res	pect.			
HALLY					/ 11/2	
olicyholder's Signature	Drive	r's Signature		Reporting	Centre Personnel	Shienature
Date & Time: 15.40	(If dri	ver is not the & Time:	policyholder)	Name: NRIC/FIN I	FOR	L. WITTER
11/9/20						

DRIVING LICEMICA

ACCIDENT STATEMENT

ACCIDENT DATE: 10 19 120 20 HOD/MM/	YYYY), TIME:(): (HH:MM)-
LOCATION: CTE BUILT ME	rah_
DETAILS OF VEHICLE DIVERICLE NUMBER: FN 8 10 DINSURANCE COMPANY: N 199 CIPOLICY NUMBER: VOLVA D DIPOLICY TYPE: (COMPREHENSIVE / THIRD DIMAKE & MODEL:	D
f)TYPE:(SALOON / COUPE / MPV /VAN / LO g)VEHICLE CATEGORY:(PRIVATE / COMME h)PURPOSE OF USING AT ACCIDENT TIME: i)ARE YOU CLAIMING UNDER YOUP OWN IN IF NO, PLEASE STATE (THIRD PARTY CLAIM / 2. INSURED / POLICY HOLDER	SURANCE (YES INO)
DINRIC/FIN/PASSPORT:	CONTACT: 93824786
*CONTINUE TO 3.d IF DRIVER ALSO POLICY DRIVER CIncluding driver) DINRIC/FIN/PASSPORT: CIADDRESS:	A CONTRACTOR OF THE PARTY OF TH
*d)DATE OF BIRTH: () (DECEMBER OF BIRTH: () (DECEMBER OF THE INSULT OF THE DRIVER WILL	TH INSURED: OWILLIAM
6. WAS ANYBODY INJURED (YES /NO) 7. DIREPORTED TO POUCE (YES ANO) IF YES, PLEASE STATE WHICH POLICE STATION	N:
# He of passinger o) VEHICLE NUMBER: MA 6481 X (Including driver) b) DRIVER'S NAME:	MODEL: HONDA SHUTTUR
C) NRIC/FIN/PASSPORT:	CONTACT:
(Induding driver) f) DRIVER'S NAME: (Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT:
	32

email = VIDEO

Claim Handling

ccidunt MT/1103140					
		HILITANISA	V200202010	GST Registration No.	
otcy No.	5687556040-03	vehicle No.	PN#703H	GST REPSORDER NO	
ertificate No.				Modification toward	F-0.000
ulscynolder Name	MOHD HASSAN 5/O K.S.S. HARREED			Polityhutder NRUC	90278766
reduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Redy	Loading	0
ortect No. (Mobile)	93824796	Contact No. (Office)		Contact No.(Home)	
	244400000	Special Remark		eCode	No w
mail Address			# No Tes	eCode Reason	
FK	- No Yes	TCA			11846
(C3 Fritection	No	NCD Entitlement(%)	20	Private Hire	MB
Accident Details					
loport Date	12/09/2020 51:36	Accident Report Within 24 hrs.	Yes.	Accident Type	Others
		Time of Acodent Informati	14/15	Country of Accident	Singapore
late of Accident	10/09/2029		14113	TCM No.	Variable.
eporting Contre		Grange Funce		DEPT. FEB.	
codent Lacation	CTH EXIT TOWARDS IALAN BUKIT MERAH				
✓ Total Excess Applicable					
xcess Type	Par Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
VIED GO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covere
Additional Excess					
Tetal OD Exces Applicable	0.00	Total TP Excess Applicable	0.00		
	-				
w Benefits	ALTON CONTROL OF THE PARTY OF T				
SST Registered Informat	ion		webstranger		
ST Registered	50		IST Registration Date		
IST Registration No.			GST Status vented	Yes	
ludification History					
Policyholder Mailing Add		2/20/2012	TANAMAN AND PROPERTY	ON SECTION OF	SHADESON
Address 1	BLK 106 #12-124	Address 2	BUKIT PURMEI ROAD	Address 3	SINGAPOR
Address 4		Address Type	Singapore address	Print Code	090106
Unit No.		Related Policy Number	5087556040-03		
₩ OI Driver Info					
- Ot briver toro	MOHAMED HASSAN 5/0 KONNA SYED SAHI		WHEE		
Driver Name	HAMEED	Driver Type	Main Driver		
Unnersed driver Name		Driver NRIC	502787663	Driver DOS	20/04/19
Register Date of Driver License	01/02/1984	Driver Age	69	Driving Experience	36
		Contact No. (Office)	0.22	Contact No.(Horrie)	
Contact No.: Mobile)	93824786				
		And a state of the	Construction of the Constr		THE R. P. LEWIS CO., LANSING
Address 1	BCK 106 #12-124	Address 2	BUKET PURMEE BOAD	Address 3	
	BLK 106 #12-124	Address 2 Address Type	Singapore address		914GAPDI 990105
Address 1 Address 4	BLK 106 #12-124			Address 3	
Address 4 Unit No. Does he own a Singapore		Address Type		Address 3	SINGAPON SPECIOS NATUC
Address 4 Unit No. Does he own a Singapore	#LX 106 #13-1≥4 Pas II No		Singapore address	Address I Post Code	090106
Address 1 Address 4 Livet No. Does he own a Singapore Registered car)		Address Type	Singapore address	Address I Post Code	090106
Address 1 Address 4 Shot No.		Address Type Criver Vehicle No. Any Injury F	Singapore address	Address I Post Code	090106
Address 1 Address 4 Line No. Does he own a Singapore legistered sar) Declaration Breathabyse or Blood Test	Pas a No	Address Type Driver Vehicle No.	Singapure address Frea703M	Address I Post Code	090106
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Address 1 Address 4 Sint No. Does he own a Singapore Registered car) Declaration Brusthalyses or Blood Test Reading? Claim 061 New Claim 1994	Pas a No	Address Type Criver Vehicle No. Any Injury F	Singapure address Fix8703h Ves = 14e	Address I Post Code Driver Insurer Campany Sneared Mond MASSAN 5/ Name Contact 62743339	RTUC
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