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Owner / Driver: (		Tel;	)
Policy No: ( ) Period:	)	Cover Type: (	
Confirmed by ; (	· Dates,	Timat	)
Insured/Driver Liability: ( %) [Note	Est Sinus (WO): N: 0-	20%; P: 21-79%. P	: 80-100%)
	intyi YES ( )/NO (	)	
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1) Apply for Transport Allowance ( )/ Court	esy Car ( )		
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SN08212F000A / National Assessment Centre Services [159721] ENTRY DATE & TIME: 15/02/2021 20:20 (SGT) SÜBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (15/02/2021 20:20 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

#### **ACCIDENT STATEMENT**

Date of Submission 15/02/2021 20:20 (SGT)
Date of Accident 10/02/2021 13:45 (SGT)
Exact Location of Accident Bukit Ho Swee Cres, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBP9448A

#### INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No
SXXXX634H
Email Address
Allifizaini84@gmail.com
(Phone) +65-87429796
Alternative Phone No

No
No
SITI NURFATIN BINTE NATARAWY
(Phone) +65-87429796
(Phone) +65-87422821

#### VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

Yamaha

SNIPER T150

Employment

your vehicle?

No - Claiming third party
Vehicle Category

Motorcycle

# INSURANCE COMPANY

Name of Insurance Company
Type of Coverage
ThirdPartyFireTheft
Fleet Policy
Policy Number
5110860471-01
Cover Note Number

#### DRIVER

Name of Driver
NRIC No

MOHAMMAD ALLIFI BIN ZAINI SXXXX511J

- Date Of Driving Pass	13/07/2009
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87422821
Alt. Phone Number	-
Email Address	allifizaini84@gmail.com
Address	BLK 55 LENGKOK BAHRU #13-407
Address complement	•
Postcode	151055
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Turn of Annidant	O. W. in a Country Decembry High
Type of Accident	Collision - Opening Door of Vehicle
Weather Conditions Road Surface	Clear
Road Surface	Dry
OTHER INFORMATION	
Was and a state of the state of	Ale
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	No Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	*
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
We the selfent recented to the nelice?	V
Was the accident reported to the police?	Yes
Police Station Name Police Station Phone No	Queenstown Neighbourhood Police Centre (Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No. 3 Queensway #01 ob emgapore 140070
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20210210/2150	
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 OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBE7566M
Vehicle Manufacturer	Nissan
Vehicle Model	
Vehicle Variant	•
Vehicle Colour	
Vehicle Category	Commercial vehicle
Marida III.1 Wilder	

Contact Number	(Phone) +65-81250115
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

# INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	MOHAMMAD ALLIFI BIN ZAINI
Address	
Address Complement	÷"
Post Code	#C
Approximate Age Years Old	9
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBP9448A
Were seat belts worn?	·
Was this injured conveyed to hospital by ambulance?	No

#### 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.
- 3. 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>.
- 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. 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 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.
- 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' law yers/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;
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time

Sketch Plan

LORRY B

LORRY B

Driver's Signature (If driver is not the policyholder) / Date Personnel

BUKIN HO SWALL CAUS CENT

LORRY B

B) FRP 9448A

B) GRETStom

Trong bhatu Plaza

besome officialistances of the Accident	
REFFER TO POLICE REPORT 1/20210210/2150	
POTOS 10 18210E PUBL 1 11/02/03/0/ 1/30	
claration	

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## ACCIDENT'STATEMENT

	ACCIDI	ENT DATE:	1/02/20	2/ )(DD/MM/	YYYY), TIME:	@13 . ×	5 WHEMMI
		ON: Bukrt			1	,	
SV		DETAILS OF VE a) VEHICLE INI b) INSURANCE c) POLICY NUN d) POLICY TYPE	IMBER: 7 COMPANY: 5/10	XTUC 0860971-	01	<u> </u>	
	f 9 1	B)MAKE & MO )TYPE:(SALOO B)VEHICLE CA 1)PURPOSE OF	DEL: YO PO N / COUPE / TEGORY: (PRIV USING AT AC	MPV /VAN / LOVATE / COMMI	ORRY MOTO	ORCYCLE TORCYCL	DOTHERS)
30	2., II A b	ARE YOU CLA  IF NO, PLEASE  NSURED / POLI  NAME:   NRIC/FIN/PA	STATE MHIRD CYHOLDER 4 Nurfat SSPORT: <u>C</u> E	PARTY CLAIM ON binte N	TREPORTING	(MALE (	FEMALE)
4.00 of passa	nge D	OONTINUE TO	3.d IF DRIVE	R ALSO POLICY	Y HOLDER		
(Including dr	c)	NRIC/FIN/PAS ADDRESS: 5	SPORT: 58	tossild Kugn	#13-407		
	6) f)( 4. W	DATE OF BIRT OCCUPATION OF DE	I: (INDOOR ( VING PASC IN EMPLOYE	OUTDOOR)	7-2009 URED'S COI	MPANY? (	YES (NO)
	5. a)	NO, RELATION WEATHER CON ROAD SURFACE AS ANYBODY	NSHIP OF T NOTION: (CL CE: (DRY) WE	HE DRIVER V EAR / RAINING T / OTHERS_	VITH INSUR OTHERS_	ED: Hus	bard'
الم ما	7. a)1	REPORTED TO YES, PLEASE S RD PARTY VEH	POUCE (YES) STATE WHICH II CLE	NOT "			
Ho of passing Including driv	(st.) (c)	VEHICLE NU DRIVER'S NA NRIC/FIN/PA RD, PARTY VEH	SSPORT: SE	Quin Seno		ACT: BU	
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email = Allifizaini 84@gmail com VIDRO





1 of 3

Report No. T/20210210/2150

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

### REPORT OF A TRAFFIC ACCIDENT

No. of the Control of	ne Report M 21 22:34	lade:	Vide Report No.:	Station Diary No.: 59	
Informa	nt's Particu	ulars			
	Informant: MAD ALLIF	I BIN ZAINI	Address: APT BLK 55 LENGKOK BAH	RU #13-407 SINGAPORE 151055	
ID Type I	/ ID No.: D / S84065	11J	Contact No.: Home/Office:	Mobile: 87422821	
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	1 1 1 1	
Sex: Male	Age:	Date of Birth: 09/03/1984	Type of Informant:		
Race: Malay			Language: English	Institution / School Name:	
Occupation: GRAB FOOD RIDER		R	Driving Licence Information: Class: 2B	Date of Expiry:	

Type of Accident:	Injury Others	Drive:	Date/Time of Accident: 10/02/2021 13:45	Type of Location Straight Road
Weather:	WEE CRESCENT	Road Surface:		Road Speed Limit:
Clear Traffic Flow: One Way		Dry		
1 T BERGER 194		Traffic Control: Traffic Light - Working	a	Traffic Volume: Heavy

Details of Vo	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBP9448A	Motorcycle	YAMAHA	SNIPER T150	Blue	Seriously Damaged	
GBE7566M	Lorry	NISSAN		White	Slightly Damaged	1

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





2 of 3

Report No. T/20210210/2150

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

Rider			Single Office		SECTION OF THE SECTION
Name	MOHAMMAD ALLIFI BIN ZAINI		ID No.		S8406511J
Related Vehicle	FBP9448A (Motorcycle)			ct No.	87422821
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			of g e & Date	Class: 2B Date of Expiry: NIL
Date Treatment	10/02/2021	Date Disc			2/2021
No. of Days granted Medical Leave 03 Degree of					
Driver		A PAGE BUREAU	ASSOCIATION.		Service artists of the property of the
Name	Poon Quin Seng		ID No.		S8107268Z
Related Vehicle	GBE7566M (Lorry)			et No.	81250115
Hospital/Clinic	NIL			of J e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	He file
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	M144652

### Brief Details.

On 10/02/2020 at about 1.45pm, I was riding along Bukit Ho Swee Crescent beside Tiong Bahru Plaza, I was a lorry in front of me came to a stop however the lorry stopped more toward the right side. As I see there is space on the left side for me to pass, I then ride toward it. however when I was near the lorry, the passenger door suddenly open, I brake right away nowever I still collided on to the door. The driver then drive off to park his lorry while the passenger stay. We then exchange particular and I then went to NUH to see doctor and gotten 3 days MC.

I wish to state that that road is a single white zig zac line and the loory are not suppose to stop there





3 of 3

Report No. T/20210210/2150

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

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 Recording The Report: D / Sgt 3 LEE HONG HAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2021 22:34
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp E SN 49	
SICMATURE	

#### Rosli

From: Sent:

ODsupport <ODsupport@income.com.sg> Thursday, 18 February, 2021 10:43 AM

To:

Rosli; ODsupport

Subject:

RE: MT/1120835 FBP9448A

Pse quote MT/1120835-001 when billing.

Thank you.

Theresa Vimala
Senior Adminstrator
Operations, Motor and Personal Lines
T+65 6430 7898
www.income.com.sg





From: Rosli [mailto:rosli@lkkauto.com]
Sent: Monday, 15 February 2021 8:24 PM

To: ODsupport

Cc: Theresa Vimala D/O Balagangadharan

Subject: MT/1120835 FBP9448A

Hi the above mention claim cannot create ebao thanks.

Thanks & Best Regards,

**ROSLI WAHAB** 

NACS Bukit Merah Tel: 6898 0055 Fax: 6271 8802

Email: rosli@lkkauto.com

#### Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



#### 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: 5110860471-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBP9448A

Chassis Number

: MH3UG0740K0153085

2. Name of Policyholder

: SITI NURFATIN BINTE NATARAWY

3. Effective Date of Insurance

: 02 Jul 2020

4. Expiry Date of Insurance

: 01 Jul 2021

5. 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

EXCESS (THEFT OUTSIDE SINGAPORE)

PLEASE REFER OVERLEAF

INSURE WITH COE

NAMED DRIVER (1)

: MOHAMMAD ALLIFI BIN ZAINI

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

H H MOTOR CO PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue

: 01 Jul 2020 15:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive