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Owner / Driver: (			Tel:	. )	
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Confirmed by 1 (	1	Dates,	Times	100MI-08	,
Insured/Driver Liability: (	%) [Note Est Sinus (W	10): N: 0-20%	; P: 21079 Va. F:	80310011	
Year of Registration: (	) Warranty YES (	1/10/			
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# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

- 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
- 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.

#### **ACCIDENT STATEMENT**

Date of Submission 15/03/2021 19:42 (SGT) Date of Accident 13/03/2021 18:32 (SGT) **Exact Location of Accident** Holland Rd, Singapore Additional Location Information Country/State of Loss Singapore

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

Vehicle Registration Number FBD4485M

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SOUTHERN MOTOR Company Reg No 2XXXX700L **Email Address** sharwinpsp@gmail.com Mobile Phone No (Phone) +65-90235675 Alternative Phone No +65-90235675

#### VEHICLE PARTICULARS

Manufacturer Yamaha Model X-1r Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy Policy Number 5109280207-01 Cover Note Number

#### DRIVER

Name of Driver SHARWIN SAKTHI S/O SARAVANAN NRIC No TXXXX812I Date Of Birth 31/10/2000 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	08/02/2021 1 MONTH Male (Phone) +65-90235675 - sharwinpsp@gmail.com BLK 87 REDHILL CLOSE #05-586 - 150087 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 1 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	SMP8059R Private car
Postcode Insurance Company Name	-

Nature Of Damage
Details of property damaged in accident
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.
- 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, acknow ledge, 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.

00 62730369 10 010

Policyholder's Signature / Date & Time

9 15/3/21 17:00

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

Witnessed by Reporting Centre Personnel

Sketch Plan

FBD YYSS M
- Me (Rioler)

B - the cor
SMP 8059 R

Hollowo ROAC

Describe Circumstances of the Accident	
was doing delivery (dispatch). I was in a left the car on my right was coming too close did not pay attention ahead. By the time I look brakes in time as the car infront of me was slowing bike on his left rear. The speed I was trave I was not injured, neither the victim.	mania las las de de de
I felt the car on my right was coming the	merging lane. I got distracted as
did not pay attention ahead By the the	2 to me. so, I accelerated and
brakes in time as the car infract of an ince along	ted up, I could not apply my
my bike on his left year The good T	ng down to a stop. I ex crashed
T was not injured neither the winter	uring at was about 30 km/h.
injured, metter the violini.	

#### Declaration

We declare the foregoing particulars are true in every respect.



S. 15/3/21 17:00

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

## ACCIDENT'STATEMENT

ACCIDENT DATE: ( 13 / . 3. / 2021 ) (DD/MM/YYYY	(), TIME: ( 18 32 ) (HH:MM)
LOCATION: Holland Road	1
1. DETAILS OF VEHICLE  GIVEHICLE NUMBER: FBD 4485M  b) INSURANCE COMPANY: Income  C) POLICY NUMBER: S109280207 - DI - OC  d) POLICY TYPE: (COMPREHENSIVE / THIRD PAR  e) MAKE & MODEL: XIR (Yamaha),  f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY  g) VEHICLE CATEGORY: (PRIVATE / COMMERCI  h) PURPOSE OF USING AT ACCIDENT TIME:  i) ARE YOU CLAIMING UNDER YOUP OWN INSUI  IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE  2. INSURED / POLICY HOLDER  A) NAME: Southern Motor.	THIRD PARTY FIRE & THEFT)  Y / MOTORCYCLE / OTHERS)  AL / MOTORCYCLE /  DISP * + Ch  RANCE (YES/NO)
	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: c)ADDRESS:	_CONTACT:
C/ADDICESS.	
Cludding driver) DRIVER  Cludding driver) DRIVER  Charmin Satthi s/o Saravanav  DINRIC/FIN/PASSPORT: TD038812I  Claddress: Blk 87 Redwill Close #0	_CONTACT: 9023675
*d)DATE OF BIRTH: (31 / 10 / 2000 ) (DD/M e)OCCUPATION: (INDOOR / OUIDOOR) f)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH 5. d)WEATHER CONDITION: (CLEAR / RAINING / O b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO)	DZ   D'S COMPANY? (YES) (NO) I INSURED: 4 Highirer
7. a) REPORTED TO POUCE (YES (NO) 4	i jan
He of passenger of VEHICLE NUMBER: FBD 4485M  Clududing driver) b) DRIVER'S NAME.	MODEL: XIR
( ) RIC/FIN/PASSPORT:	_CONTACT:
No of passanger e) DRIVER'S NAME:	_MODEL:
(Including driver) f) NRIC/FIN/PASSPORT:	CONTACT:

email = Sharwinpsp@gmail.com

#### Claim Handling

Accident	MI/1	124489

The second section of the second seco				
Policy No.	5109280207-01	Vehicle No.	FBD4485M	GST Registration No.
Certificate No.	5109280207-01-000012			
Policyholder Name	SOUTHERN MOTOR			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90235675	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Report Date	15/03/2021 19:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/03/2021	Time of Accident hh:mm	18:32	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	HOLLAND ROAD			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		The state of the s
OD Standard Excess		TP Standard Excess	4 500 00	
YIED OD Excess	0.00	YIED TP Excess	1,500.00	* 1 T T T T T T T T T T T T T T T T T T
Additional Excess		1125 11 2.0233	1,500.00	Driver is Covered?
Total OD Excess Applicable	0.00	Total TP Excess Applicable		
	5.00	Total Tr Excess Applicable	3,000.00	
	ation			
GST Registered	Yes		GST Registration Date	18/06/2001
GST Registration No.	23414700L		GST Status Verified	Yes
Modification History				
	dress			
Address 1	BLK 1006 #01-10	Address 2	BUKIT MERAH LANE 2	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109280207-01	rost code
OI Driver Info		V. 10.	3133233237 31	
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SHARWIN SAKTHI S/O SARAVA	Driver NRIC	T0038812I	Driver DOB
Register Date of Driver License	08/02/2021	Driver Age	20	Driving Experience
Contact No.(Mobile)	90235675	Contact No.(Office)	-	Contact No.(Home)
Address 1	BLK 87 #05-586	Address 2	REDHILL CLOSE	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	05-586			7031 0000
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBD4485M	Driver Insurer Company
-				
Declaration  Breathalyser or Blood Test				
Reading?	0 mg	Any injury?	Yes No	
Modification History				
Claim 001 New				
10 88 88				
Claim Type *	OD-MX 🔻	Insured Name	COUTTUENUMENT	Distriction of the second
Contact No.(Mobile)	7	Insured Name	SOUTHERN MOTOR	Insured NRIC
Email Address	soumotor@singnet.com	Contact No.(Home)		Contact No.(Office)
Claim Description	soumotor@singnet.com.sg	OI Vehicle Number	FBD4485M	TP Vehicle Number
Preferred Workshop Contact	FBD4485M / SMP8059R ON 13 Mar 2021	S27 97 75 80 0		Name of Preferred Workshop
No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes 🗸	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	15/03/2021 19:52	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			
Print AK letter				
			Save Submit	
N			22.2	
Attachment				

### Claim Handling(accident reporting Claim Task )

Accident No.

MT/1124489

Claim No.

Last Doc. Received

Yes ○ No

Upload Date

15/03/2021 19:53

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#### Attachment List

	Uploaded By/Date Folder Date	File	e Name		P Sou
1	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	SAS		Normal	SAS 2021-3-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	Photos		Normal	Photos 2021-3-15
75	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	Photos		Normal	Photos 2021-3-15
v.	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 19:53	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 19:53	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 19:53	Photos		Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 15 Mar 2021 19:53	Photos		Normal	Photos 2021-3-15
Attachment	Uploaded By/Date	Category	9	Urgency	Description

Display in New Window Scan and uploading



#### 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: 5109280207-01-000012

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBD4485M

Chassis Number

: 453010043

2. Name of Policyholder

. +330100+3

Pote of location

: SOUTHERN MOTOR

3. Effective Date of Insurance

: 07 May 2020

4. Expiry Date of Insurance

: 06 May 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)	:		
INSURE WITH COE	:	N/A	
NAMED DRIVER (1)		N/A	
NAMED DRIVER (2)	:	N/A	
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

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 09 Apr 2020 12:17 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive