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Done Driver: Tel: Policy No. Period: Date: Time:	TP Particulars: Veh No: 1406	SOTT INC		ax:
Policy No. (Owner / Driver: (, met		
Confirmed by: (Date: Time:)	Policy No: () Per	riod: (
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79% F: 80-100%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer's information strictly Confidential & Strictly NO rafer of repaire. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () Remarks: (INC horline: 6788 6616) 1) Apply for Transj-ort Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Dais/Time Actions Action	Confirmed by : (Date:		
Year of Registration: () Warranty: YES () / NO () Excess: (S) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO rafer of repairer. () Yould-In Customer: Customer's information strictly Confidential & Strictly NO rafer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co () Remarks: (IN C horline: 6788 6616) Date-Clime Completed () Done by 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date-Clime Actions Date-Clime Actions 1) DAR: Accident Reparing (\$50; fight) Add to the complete of the comple	Insured/Driver Liability: (%) [N			000/1
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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 ability.
- 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 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

	ACCIDENT STATEMENT
Date Of Report	22/12/2017 18:01
Date Of Accident	21/12/2017 13:40
Exact Location Of Accident	BEFORE JUNC TEMASEK AVE & RAFFLES AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG4601D
Insured/Policyholder	
Name Of Registered Owner	R.A.D MARINE TRANSPORT SERVICES
Co Reg No	53287545A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE DX 3.0 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093075127
Cover Note Number	
Driver	
Name of Driver	AZHAR BIN SANAYI
NRIC No	S7628261G
Date Of Birth	10/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	02/04/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96185251

OFFICE-96185251

NOEMAIL

Address

BLK 250 CHOA CHU KANG AVENUE 2

#03-456

Postcode

680250

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

_

0

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

? NO

Number of vehicles 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

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: -

GENDER:

: MALE

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

REFER TO STATEMENT.

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

SHC6895J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

ROSSAFARIN BIN KOSNO

NRIC/Passport Number

S1784950F

Contact Number

Address

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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 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)
 - (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' 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.

Policyholder's Signature Date & Time:

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

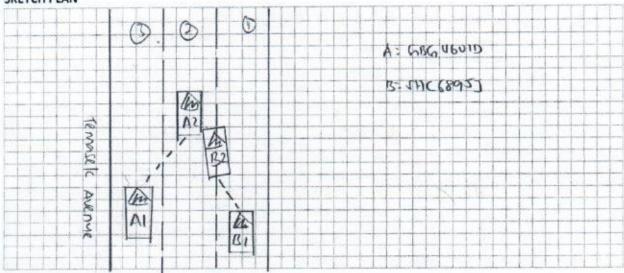
Date & Time:

Reporting Centre sonnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 21/1:	ו רו/ג	3:40	ュ レ	as tra	velling	ahng	Tema	sele A	re 1	ane 1
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DECLARATION

I/We declare the top paing particulars are true in every respect.

Policyholder's ignatur Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Name:

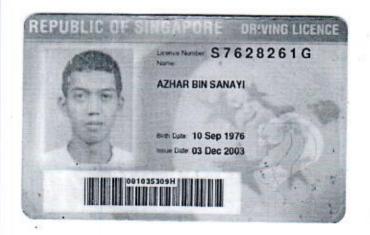
Reporting Centre Personnel's Signature

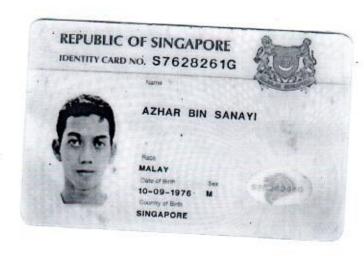
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 24/ 12/)(DD/MM/	YYYY), TIME:(. 40)(H	H:MM)
LOCATION: AN MACE	junction	Temastle	Ave b	takies Ave
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: 6 b) INSURANCE COMPAN	Y: NTJC	* with		
d)POLICY NUMBER: 5 of d)POLICY TYPE: (COMPR e)MAKE & MODEL:	EHENSIVE / THIRD	~	*	
f)TYPE:(SALOON / COUPE g) VEHICLE CATEGORY: (P h) PURPOSE OF USING AT i) ARE YOU CLAIMING UNI	RIVATE / COMMI ACCIDENT TIME:_ DER YOUR OWN I	RCIAL / MOTOR	CYCLE)	
IF NO, PLEASE STATE (THI 2. INSURED / POLICY HOLDE A) NAME: 2. A.D. M b) NRIC/FIN/PASSPORT:	R narine Transp	bring the	NLY) MALE / FEMA T: 9618 J	LE)
cJADDRESS:				≯ Ho of bscenger
* CONTINUE TO 3.d IF DRIV 3. DRIVER a) NAME: Azha (); n b) NRIC/FIN/PASSPORT: S c) ADDRESS: 11/C 250	Syray.	CONTAC	1ALE / FEMA!	
*d)DATE OF BIRTH: (RIENCE:) 4	D/MM/YYYY)	3)	
 WAS DRIVER AN EMPLOY IF NO, RELATIONSHIP OF a)WEATHER CONDITION: (0 b)ROAD SURFACE: (DRY) 	THE DRIVER W	/ITH INSURED: /OTHERS	NY? (YES'/	NO)
WAS ANYBODY INJURED (YE A)REPORTED TO POLICE (YE IF YES, PLEASE STATE WHICH	ES (NO)		•	
8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: 11- b) DRIVER'S NAME: 12-5	c 68951	MODEL:		*No of passo
c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:	SIFFYSTOP	CONTACT	•	= (Including do
e) DRIVER'S NAME:		CONTACT:		Ho of passi (Including d
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Qmail = fax =









eBao Tech	Name of the last	他資本已		Mark Tighting	RAME OF THE PERSON NAMED IN		Gene	ralClaim		
Hello, NAC_PAYA_UBI_80	00601					,	Change La	nguage	Change Passwo	rd Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	21/12/	2017 13:40]
	Vehicle	No.(For Motor)	GBG4601D	X Total						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	8	5093075127	R.A.D MARINE TRANSPORT SERVICES	53287545A	GCV	Comprehensive	GBG4601D	GBG4601D	18/08/2017	17/08/2018

Policy No.	5093075127 Policyholder R.A.D MARINE TRANSPORT SE			NE TRANSPORT SER	Policyholder NRIC	53287545A		
Address	BLK 250 #03-456 CHOA CHU K		2 SINGAPORE	680250				
Product Name	COMMERCIAL VEHICLE INSURA	Plan			Group Policy Flag	N		
Policy issue Date	15/08/2017	Effective Date	18/08/2017 00:00		Expiry Date	17/08/2018 23:59		
Third Party Excess Additional Excess	0	Own damage Excess OS Premium	600		damage 600 Excess		Windscreen Excess	100
Outside Singapore OD Excess		Outside Singapore TP Excess						
Agent	AUTO WORLD PTE. LTD.	Agent Tel.	68169988		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
	older Mailing Address							
Address 1	BLK 250 #03-456	Address 2	CHOA CHU	KANG AVENUE 2	Address 3	SINGAPORE 680250		
Address 4		Address Type	Singapore address		Post Code	680250		
Unit No.	03-456	Related Policy Number	509307512	7				
▶ Insured	Object: GBG4601D							
	ments							
Sequence	Date of Endorsement	Endorser	ment Type	Endorsemen	t Status	Endorsement Content		
1	18/08/2017 00:00	Basic Inform Endorsement	ation	Endorsement Take	200 Septido Visido	Thank you for giving us the opportunity to serve you. We confirm that from 18 Aug 2017, the following amendment(s) is/are made to this policy: 1. PERIOD OF INSURANCE: 18 Aug 2017 TO 17 Aug 2018 2. ORIGINAL REGISTRATION DATE: 18 Aug 2017 3. VEHICLE REGISTRATION NUMBER: GBG4601D		
2	18/08/2017 00:00	POI Move		Endorsement Take	Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 18 Aug 2017		

Continue Cancel

Claim Handling Accident MT/0974876 5093075127 Vehicle No. G8G4601D GST Registration No. Policyholder Name R.A.D MARINE TRANSPORT SERVICES Policyholder NRIC Product Code COMMERCIAL VEHICLE INSURAL Cover Type Comprehensive Loading Contact No.(Mobile) Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode KFK No Yes S No I'l Yes eCode Reason NCD Protection NCD Entitlement(%) 0 Private Hire No **▽** Accident Details Report Date 22/12/2017 18:14 Accident Report Within 24 hrs Collision - Chang Accident Type Date of Accident 21/12/2017 Time of Accident hh:mm Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location BEFORE JUNC TEMASEK AVE & RAFFLES AVE **▽** Benefits ₩ Excess Own damage Excess 600.00 Additional Excess Windscreen Excess Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TP Excess GST Registered Information **GST** Registered **GST Registration Date** GST Registration No. **GST Status Verified** Modification History Policyholder Mailing Address BLK 250 #03-456 Address 2 CHOA CHU KANG AVENUE 2 Address 3 Address 4 Address Type Singapore address Post Code Unit No. 03-456 Related Policy Number 5093075127 ✓ OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name AZHAR BIN SANAYI Driver NRIC S7628261G Driver DOB Register Date of Driver License 02/04/2013 Driver Age Driving Experience Contact No. (Mobile) Contact No.(Office) Contact No.(Home) Address 1 BLK 250 Address 2 CHOA CHU KANG AVENUE 2 Address 3 Address 4 Address Type Singapore address Post Code Does he own a Singapore Yes @ No Driver Vehicle No. Registered car? Driver Insurer Company Declaration Breathalyser or Blood Test Any injury? Reading? Yes No Modification History Claim 001 New Claim Type * OD-MX R.A.D MARINE TRANSPORT SER Insured Name Insured NRIC Contact No. (Mobile) 96185251 Contact No.(Home) NIL Contact No.(Office) Email Address OI Vehicle Number G8G4601D TP Vehicle Number Claim Description GBG4601D / SHC6895) ON 21 Dec 2017 Name of Preferred Workshop Preferred Workshop Contact Insured Liability * Require Finalisation Preferered Repair Option Preferred Workshop, Name unknown 22/12/2017 18:17 Claim Close Date Report Taken By Jackson Print AK letter Save Submit Attachment Accident No. MT/0974876 Claim No. Last Doc. Received Yes 🖹 No Upload Date 22/12/2017 18:18 Category * Browse ... | Clear Please Select ▼ NO

