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OD: 17 Reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey	Report			
	Ass't Report by Far	x / Hand to Owner/Wk	SD		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	F	ax:	
TP Particulars: Veh No: 5	IR 28577	INC()/Non-I	VC()		
Owner / Driver: (Tel:	20)	
Policy No: (Period: () Cover Type	:: ()	
Confirmed by: (Da	ite: Ti	me:)	
Insured/Driver Liability: (%	Note-Est. Status (WO):	N: 0-20%; P: 21-7	9%. F: 30-10	00%]	
Year of Registration: ()		NO()	100		
Excess: (\$) Loading: \$	31,000 ()/\$2,000 ()			
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() Total Loss Case : to e-mail Ins	urer URGENTLY.				
Drive-In ()/ Towed-In (); Invo	oice: YES () / NO (); Towing Co: ()
Remarks: (INC hotline: 6788 6616			828223 000042	101/101/2017 T	(day)
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	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
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ver/Owner:		: Damege Assessment (\$100 Towing Fee); INC (\$80) \$40/\$		
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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 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.
- 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 aforesaid.

and address.	
Mary International Property Control	ACCIDENT STATEMENT
Date Of Report	10/01/2018 15:40
Date Of Accident	09/01/2018 17:45
Exact Location Of Accident	AFTER JUNC SEMBAWANG RD & YISHUN AVE 5
Country/State of Loss	SINGAPORE
A Company of the Comp	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN7882H
Insured/Policyholder	
Name Of Registered Owner	ABDOLAH B LAMAT
NRIC No	S0182407D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98754429
Alternative Phone No	OFFICE-98754429
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5M 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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088662976
Cover Note Number	

Driver

Name of Driver ABDOLAH B LAMAT

 NRIC No
 S0182407D

 Date Of Birth
 03/02/1947

 Occupation
 INDOOR

 Date Of Driving Pass
 26/08/1965

Driving Experience 52 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98754429

Fax Number

Contact Number OFFICE-98754429

EMail Address NOEMAIL

Address 34 JALAN MATA AYER

Postcode 759117

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

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 1

Number of Passengers (Including Driver)

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 SJR2857T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver CHAN CHEE FOO

NRIC/Passport Number S1707495D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

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 <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>.
- 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 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:
 - 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)

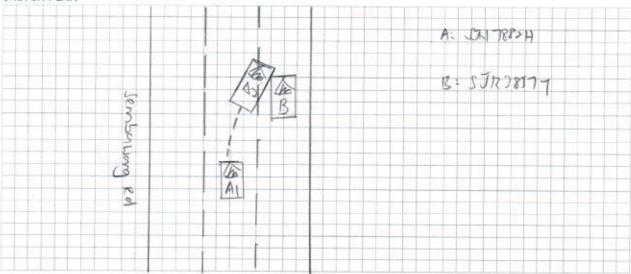
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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19/1/18 17:45 I was travelling along ambusing ed lune 2
wanted filter to lone I as there was no vehicle when I littler
Jignal my indicator and filtering to the right (lane 1), Anddenly
vehicle is was speeding along lone I and collided into my vehicle
tront right portion.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

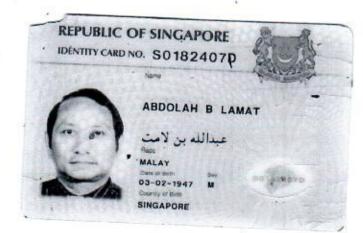
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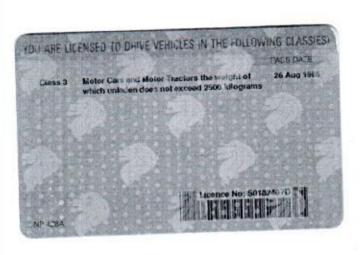
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









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My Desktop	Polic	y Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	09/01	/2018 17:45	3
	Vehicle	No.(For Motor)	SJN7882H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088662976	ABDOLAH B	S0182407D	GPC	drivo CLASSIC	SJN7882H	53N7882H	17/03/2017	16/03/2018
			14,50		-	Continue				

Policy No.	5088662976	Policyholder Name	ABDOLAH B LAMAT	Policyholder NRIC	S0182407D
Address	34 JALAN MATA AYER SEMBAWA	NG PARK SIN	GAPORE 759117		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	17/03/2017	Effective Date	17/03/2017 00:00	Expiry Date	16/03/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	LQ INSURANCE AGENCY PTE LT	Agent Tel.	63340783	GST Flag	Υ
Co- insurance Flag Open Policy Info	No				
Certificate Info					
Policyh	older Mailing Address				
Address 1	34 JALAN MATA AYER	Address 2	SEMBAWANG PARK	Address 3	SINGAPORE 759117
Address 4		Address Type	Singapore address	Post Code	759117
Unit No.		Related Policy Number	5088662976		
▶ Insure	d Object: SJN7882H				
▽ Endors	ements				
Sequence	ce Date of Endorsement	Endorse	ment Type E	ndorsement Status	Endorsement Content

Accident MT/0977225					
Policy No.	5088662976	Vehicle No.	53N7882H	GST Registration No.	
Policyholder Name	ABDOLAH 5 LAMAT		2017		announced the second
Product Code	PRIVATE CAR INSURANCE	Cover Type	01V0 CLASSIC	Policyholder NR3C	S01824070
Contact No.(Mobile)	98754429	Contact No.(Office)	0	Leading Contact No.(Home)	0
Email Address		Special Remark			
KFK	® No ○ Yes	TCA	0	eCode	NC ¥
NCD Protection	No		No ○ Yes	eCode Reason	
☑ Accident Details	No.	NCD Entitlement(%)	20	Private Hire	No
Report Date	10/01/2018 16:05				
		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	09/01/2018	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Drange Force		3CM No.	
Accident Location	AFTER JUNC SEMBAWANG RD & YESHUN AVE 5				
♥ Benefits					
₩ Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Innamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		100.00
Third Party Excess	0.00	Outside Singapore TP Excess			
₩ GST Registered Informa		- make anyapure in causes	0.00		
ST Registered	No		ner a		
GT Registration No.	95 N		GST Registration Date GST Status Verified		
fedification History			CONTRACTOR VERNING	Yes	
Policyholder Mailing Ad	drusy				
Address 1	34 JALAN MATA AYER	Address 2	SEMBAWANG PAICK	Address 3	Character was a v
Address 4		Address Type	Singapore address	Post Code	SINGAPORE 759117
init No.		Related Policy Number	5088662976	Post Code	759117
□ OI Driver Info		Samuel Carry Mariner	3000002976		
Priver Name	ABDOLAH 5 LAMAT	Oriver Type	Main Driver		
Innamed driver Name		Driver NR3C	S0182407D		
egister Date of Driver License	Deline mode			Driver DOB	03/02/1947
	25/08/1965	Driver Age	70	Driving Experience	52
oncact No. (Mobile)	98754429	Contact No.(Office)	0	Contact No. (Home)	0
Address 1	34 JALAN MATA AYER	Address 2	SEMBAWANG PARK	Address 3	SINGAPORE 759117
iddress 4		Address Type	Singapore address	Post Code	759117
int No.					
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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