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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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
- 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 aforesaid.

不是"快速"的现在分词,这种 是	ACCIDENT STATEMENT
Date Of Report	15/01/2018 11:18
Date Of Accident	13/01/2018 14:00
Exact Location Of Accident	COMMONWEALTH AVE WEST CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG466J
Insured/Policyholder	
Name Of Registered Owner	PROLEASE PTE LTD
Co Reg No	201706170K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90618450
Alternative Phone No	OFFICE-90618450
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088543387
Cover Note Number	
Driver	
Name of Driver	ABDUL RASHEED MOHAMED JEHABAR SADHIK
NRIC No	S7182098Z
Date Of Birth	14/04/1971
Occupation	INDOOR
Date Of Driving Pass	12/03/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90618450
Fax Number	
Contact Number	OTHERS-90618450

NOEMAIL



Address BLK 6 HOLLAND CLOSE

#02-34

Postcode 271006

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

YES

NO

NO

NO

2

: NAEEM

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

giveris

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED 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

GX7787H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver COMMERCIAL VEHICLE

GOH KIAN SIAN

NRIC/Passport Number

G2435315Q

Contact Number

Contact Numi

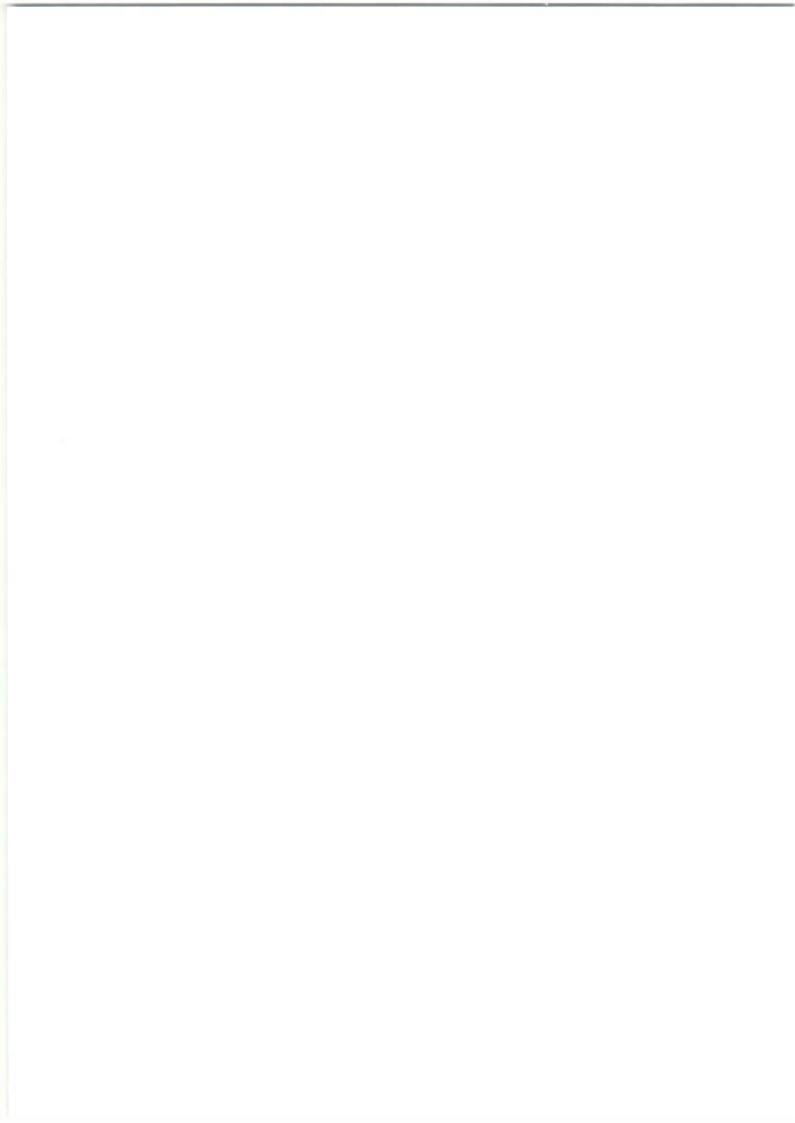
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



DETAILS OF INJURED PERSON 1

ABDUL RASHEED MOHAMED JEHABAR SADHIK Name

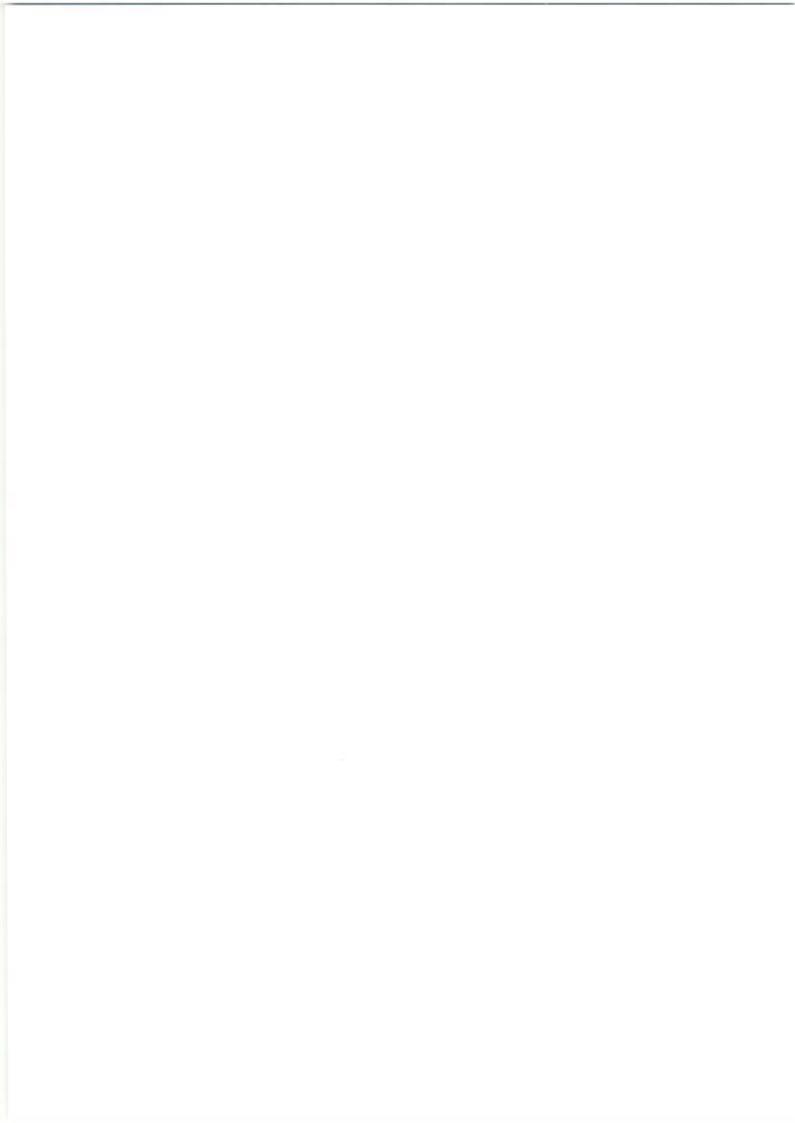
Approximate Age

SLIGHT Injuries Sustain SJG466J Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

Page 3 of 15



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>.
- 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:
 - (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:

Reg. No.

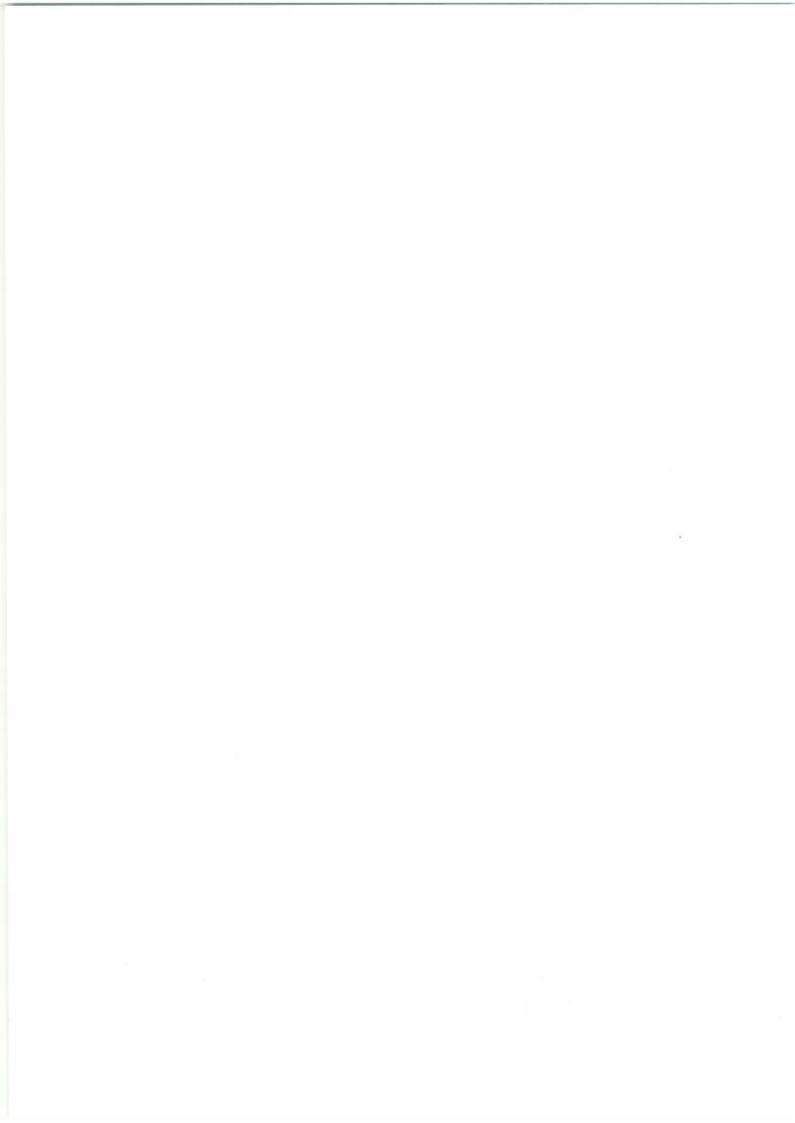
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



ETCH PLAN	Comm	onwealth	Ave	West	Co	irp.	ark	
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DECLARATION

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

Reg. No. 201706170K

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.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7182098Z





Name

ABDUL RASHEED MOHAMED JEHABAR SADHIK

INDIAN
Date of birth
14-04-1971
Country of birth
INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



S7182098Z

ABDUL RASHEED MOHAMED JEHABAR SADHIK

Berti Date 14 Apr 1971 Issue Date 18 Jan 2013



4925485



NRIC NOS7182098Z



31-12-2012

APT BLK 6 HOLLAND CLOSE #02-34 SINGAPORE 271006 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

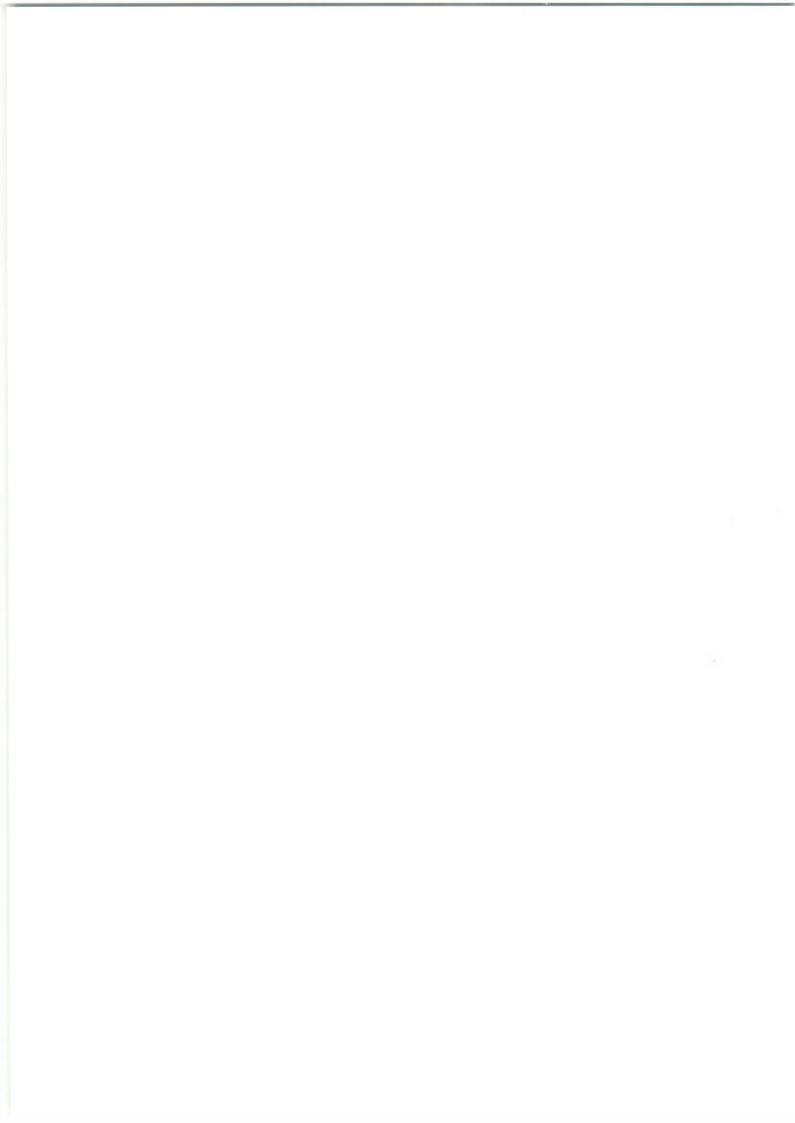
EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 12 Mar 2001 Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 12 Mar 2001 of the driver; and other motor vehicles =< 2500kg

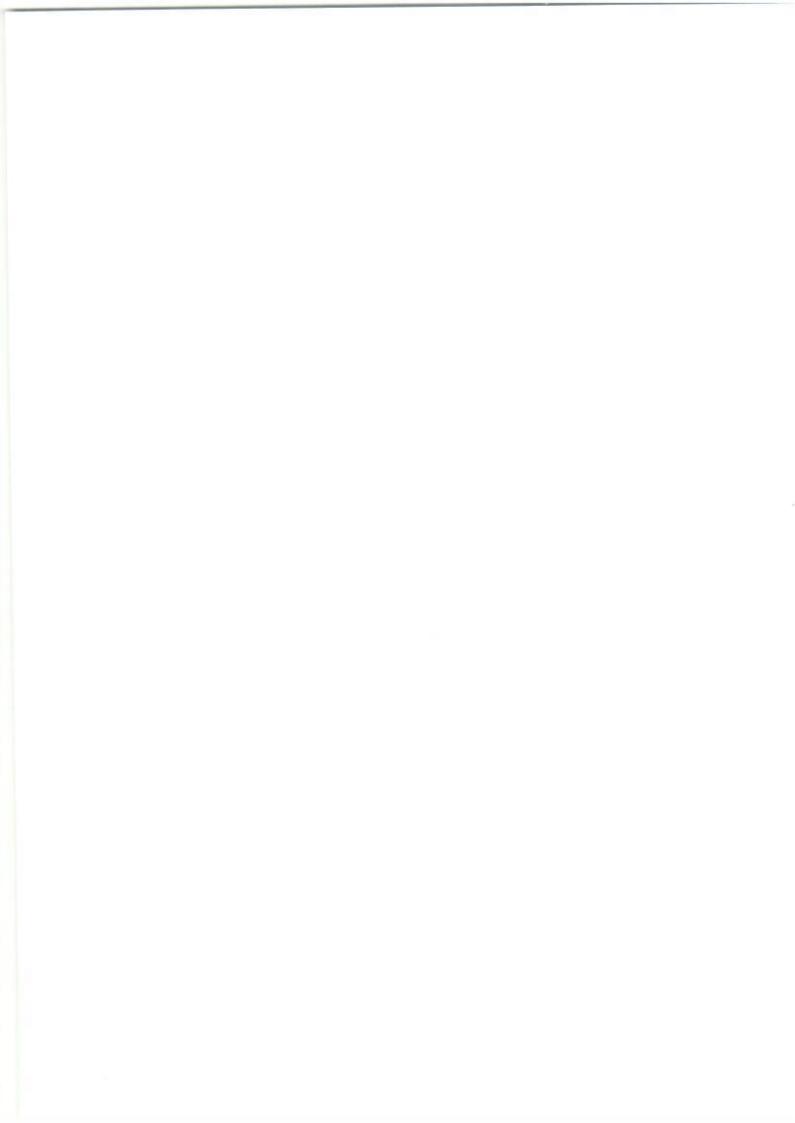
NP 428A

Licence No: \$71820987

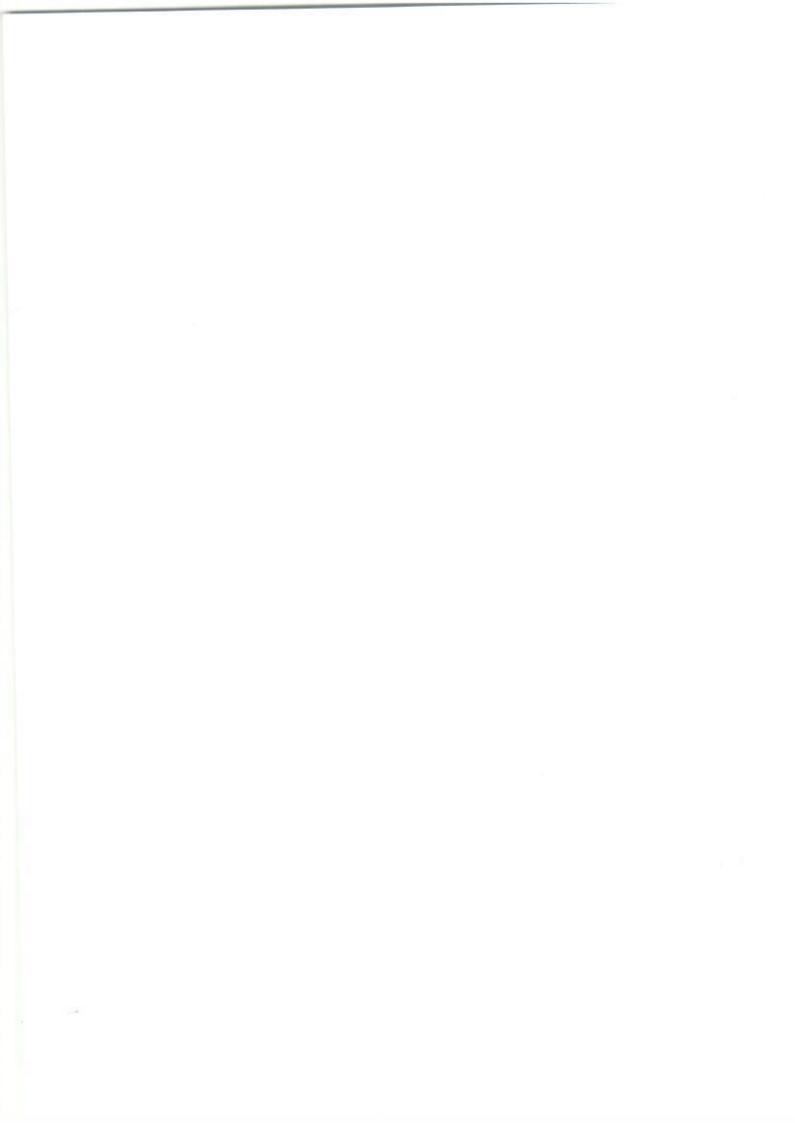
Email: sts 34/0 @ gmail. com



eBaoTech Hello, NAC_BUKIT_MERAH_800676									Gen	eralClaim
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My Desktop	Poli	cy Query							Secretal Children	
Notice of Loss	Policy N	io.				Date of Acc	ident	13/0	1/2018 14:00	7
	Vehicle No.(For Motor)		SJG466)	SJG466)		- Indiana				
Sele						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088543387	PROLEASE PTE	201706170K	GFT	drivo CLASSIC	S3G4663	SJG4661	23/06/2017	



Policy No.	5088543387	Policyholder Name	PROLEASE PTE LTD	Policyholde NRIC	Z01706170K
Address	BLK 2021 #04-228 BU	KIT BATOK STREET 23	BUKIT BATOK INDUST	RIAL ESTATE PARK A S	INGAPORE 659526
Product Name	FLEET INSURANCE	Plan		Group	N
Policy issue Date	14/03/2017	Effective Date	13/03/2017 00:00	Policy Flag Expiry Date	12/03/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	ANIKA INS BROKERS &		66729988	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate	No				
Info					
Policyh	older Mailing Address				
Address 1	BLK 2021 #04-228	Address 2	BUKIT BATOK STREET	F 23 Address 3	BUKIT BATOK INDUSTRIAL EST
Address 4	SINGAPORE 659526	Address Type Related	Singapore address	Post Code	659526
Unit No.	04-228	Policy Number	5092856397		
1 Insured	Object: SJG466J				
© Endorse	ments				
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Ĺ	13/03/2017 00:00	Basic Information Endorsement	000001286524428	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Mar 2017, the following amendment(s) is/are made to this policy: HIRE PURCHASE COMPANY: GENIE FINANCIAL SERVICES PTE LTD VEHICLE REGISTRATION NUMBER: 1. SJK1497S 2. SJM7734H 3. SJN5522K 4. SLL5338M
	13/04/2017 00:00	Basic Information Endorsement	000001286539513	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 3 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJG1675R 13-04-2017 \$1,351.19 2. SJP7323U 13-04-2017 \$1,351.19 3. SLM3511L 13-04-2017 \$1,478.48 In view of this amendment, an additional premium of \$4,180.86 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate t if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC income" with your name and



Claim Handling					
Accident MT/0977990					
Policy No.	5001543387	Vehicle No.	and the second s		
Policyholder Name	PROLEASE PTE LTD	Taranta and	\$35663	GST Registration No.	
Product Code	FLET INSURANCE	Cover Type	District or America	Policyholder NRIC	
Contact No. (Mobile)	905 - 450	Contact No.(Office)	drivo CLASSIC	Loading	
Email Address		Special Remark		Contact No. (Home)	
KFK	G No. Yells	TC0	out the second s	eCode	
NCD Protection	No		thin Yes	eCode Reason	
Accident Details	800	NCD Entitlement(%)		Private Hire	Yes
Report Date	16/01/2018 09:38	WESTERS OF THE MALE BUT THE	version and the second		
Date of Accident		Accident Report Within 24 hirs	Yes.	Accident Type	Side
	13/01/2018	Time of Accident hhamm	14-00	Country of Accident	Singa
Reporting Centre	#Honorian college and an artist and a support of the college and a support	Orango Force		ICM No.	
Accident Location Benefits	COMMONWEALTH AVE WEST CAR PARK				
♥ Excess					
No. 11 of the Control	CONTRACTOR SAN				
Iwn damage Excess	2;200,00	Additional Eyensa	0.00	Windscreen Excess	
Innamed Driver Excess		Diffinite Singapore DD Excess	2,000.00		
hird Party Excess	1,500.00	Dutwife Singapore TI Excess	1,500.00		
GST Registered Inform					
ST Registered ST Registration No.	No		GST Registration Date		
odification History			GST Status Verified	Yes	
The state of the s					
Policyholder Mailing Ad	Idress				
ddress 1	B11 J121 #64-278	The same			
ddress 4	SII - NE 659-26	Address 2	BUY IT BAFOK STREET 23	Address 3	
nit No.	04	Address Type	Similarini intifress	Post Code	
OI Driver Info	94	Record Conv Number	5/ 11/16/197		
river Name	Direct Driver				
nnamed driver Name	A PASHEED MOHAMED JEE	Driver NHIC	Tomorroot Driver		
egister Date of Driver License			SHIRTHIRZ	Driver DOB	
ontact No. (Mobile)	90-1-150	Driver Age		Driving Experience	
idress 1	BUK	Contact No.(Office)		Contact No.(Home)	
Idress 4		Arthurs 2	HOLLAND CLOSE	Address 3	
nit No.	90000	Address Type	Simplification address	Post Code	
oes he own a Singapore					
egistered car?	Nu	Driver Vehicle No.		Driver Insurer Company	
elacation					
claration eathalyser or Blood Test					
sading?	G. Harris	Anii Infury 7	Yes O No		
dification History					
Claim 001 OD-MX New					
im Type *	0.00	Insured Name			
itact No.(Mobile)			COLUMN PIE 41D	Insured NRIC	
all Address		Contact No. (Home)		Contact No.(Office)	
	51: 17 (00778/N ON ST Lat 2018	Of entrice Symber	100	TP Vehicle Number	
ferred Workshop Contact	5.1 (7.10x77x/1) (3h.13.1m.2018			Name of Preferred Workshop	
		June (still anding *)	Frault +		
Juire Finalisation	Y/-	Promotion Sepair Option	▼ Workshop, Name unknown ▼	GIA report	-
	P. 2011/0.092502	Claim Claim Date		Date Received	
oort Taken By	e (ASAMY	Work than Repaired		Total Loss but Repaired	
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