NATIONAL Assessment Cer	itre Services. partial	PY0010311AHM 180114			
Date In: 20 1/18-14:16	Job description	Date & Time Co	mpleted	Done	py
Ref No: NA / INC180012 38/24	SAS e-filing				
Neh No. VC 64211	E-mail (within Shrs, AI	C 2hrs)			
D.O.A : 21/18-W:00	i-Motor Claim For	m M0978695	20/1	118 14	:41
	i-Motor W/O (Withi	n: OD 2hrs, TP 4hrs)			
OD TP Reporting Only	i-Photo Uploaded				
TD:	Assessment/Survey I	leport			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No: 5	47174	INC ()/Non-INC	()		
Owner / Driver: (Tel:)	
Policy No: (Period: () Cover Type: ()	
Confirmed by : (Dat	The second secon)	
Insured/Driver Liability: (%	Note-Est. Status (WO):	N: 0-20%; P: 21-79%	F: 80-100%]		
Year of Registration: ()	Warranty: YES ()/1	40()			
Excess: (S) Loading: S	\$1,000 () / \$2,000 ()				
General Remarks:-			STATE OF STATE		
() Walk-In Customer: Customer's	information strictly Confiden	tial & Strictly NO refer of	repairer.		
() Total Loss Case : to e-mail In			1		
) ; Towing Co: ()
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO (), towing co. (
Remarks:- (INC horline: 6788 6616	5)	Date&Time Co	mple od	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection	()	282			
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ()			. 4	
Injury:		44		華	
		AND THE RESIDENCE OF THE PERSON OF THE PERSO		CPC AX	
Date/Time Actions			Kalifer Barrer	MONEY ARY	
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NA18004 60 .	Inv	pice Preparation Check	dist	Anit (S)	Amt (\$) Add Bill
	36833	: Accident Reporting (\$30);	0.000	THE DILL	Alen Dill
Claimant's Particulars :-	2) DA	: Demege Assessment (\$100);	INC (\$80)		
Driver/Owner:	3) TF	: Towing Fee : Follow-Through Survey	\$40/\$45	-	
	51 FT	: Follow-Through Survey (Resu	rvey) \$30	276	
Contact No:		claiming against INC Only (we	of 10 Jan 2003) \$75		
Damaged Portion:		: Re-inspection : Idao DA + SMRT Survey	\$160	-	
	3 8) NI	TUC Additional Services -			
C Checked by (Engr-In-Charge):	<u>01</u>	5: Courtesy Cer / Tpt Allowance	\$5		
7,1-8	• N	6: Repair Cu-ordination	510		
Auditors' Comments :-		7: Fost Repair Inspection 8: DV / Collect Excess Coordina	\$25 stion \$5		
at 1:		(N11): TP (N-n INC) against I			
Sh. As	9) N	2: Idne Mobile	30		Chemis 2
at 2/3:		Charles and the control of the contr	Fee Charged Fee Charged		
	Invol	ce dated	war with the Bart	- Audit Only	

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.
- 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 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.	
NEW CONCRETE SHARES	ACCIDENT STATEMENT
Date Of Report	20/01/2018 14:16
Date Of Accident	20/01/2018 05:00
Exact Location Of Accident	TAMPINES LINK BEFORE GOLDEN PAGODA BUDDHIST TEMPLE
Country/State of Loss	SINGAPORE
Bright of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC6452T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AZRI FAIQ BIN ABDUL AZIZ
NRIC No	S9028516E

Mobile Phone No (LOCAL) +65-91548518

Alternative Phone No OFFICE-91548518

Vehicle Particulars

Email Address

Manufacturer VOLKSWAGEN

Model JETTA 1.4 TSI AT 1623Q5

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

NOEMAIL

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 5093090740

Cover Note Number

Driver

Name of Driver MUHAMMAD AZRI FAIQ BIN ABDUL AZIZ

 NRIC No
 S9028516E

 Date Of Birth
 28/07/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 30/10/2009

Driving Experience 8 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91548518

Fax Number

Contact Number OFFICE-91548518

EMail Address NOEMAIL

BLK 443 TAMPINES STREET 43 Address

#03-55 520443

Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

2 Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLS7417Y**

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

2 No. Of Passenger (Including Driver)

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.
- 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.
- 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

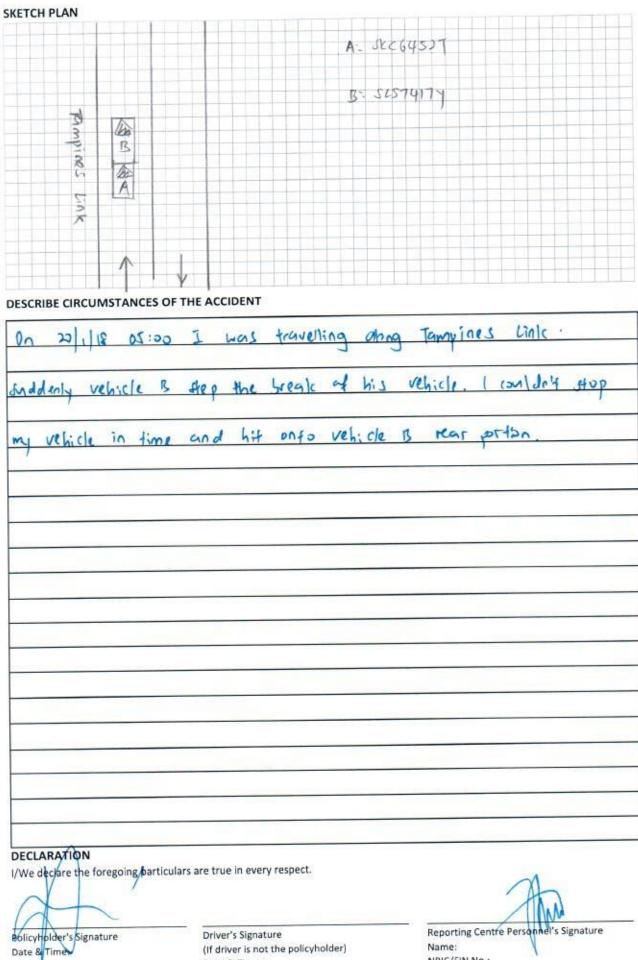
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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

Name:

NRIC/FIN No.:

GIARMC SketchPlanFoom_V3

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9028516E



Name

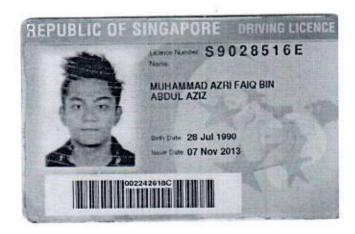
MUHAMMAD AZRI FAIQ BIN ABDUL AZIZ

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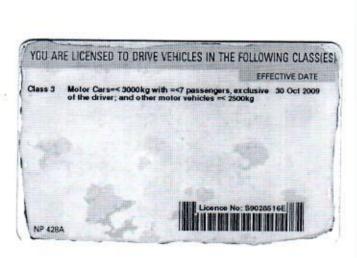
MALAY Date of birth 28-07-1990 Country/Place of birth SINGAPORE

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eBao Tech		SALES I			No. A			Gene	eralClaim	
Hello, NAC_PAYA_UBI_80	0601			A STATE OF THE PARTY OF THE PAR	Indiana belian	(*)	Change Lan	guage	Change Passwo	ord • Log Out
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Notice of Loss	Policy N	lo.				Date of Acc	odent	20/01	/2018 05:00	
	Vehicle	No.(For Motor)	SKC6452T							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093090740	MUHAMMAD AZRI FAIQ BIN ABDUL AZIZ	59028516E	GPC	drivo CLASSIC	SKC6452T	SKC6452T	02/08/2017	15/09/2018
	-		100000000000000000000000000000000000000		- 0	Continue				

Policy No.	5093090740	Policyholder Name	MUHAMMAD AZRI FAIQ BIN ABI	Policyholder NRIC	S9028516E	
Address	BLK 443 #03-55 TAMPINES ST	REET 43 SINGA	PORE 520443			
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N	
Policy ssue Date	02/08/2017	Effective Date	02/08/2017 00:00	Expiry Date	15/09/2018 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	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111	GST Flag	Y	
Co- insurance Flag Open Policy Info	No					
Certificate Info						
Policy!	nolder Mailing Address					
Address 1	BLK 443 #03-55	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 520443	
Address 4		Address Type	Singapore address	Post Code	520443	
Unit No.		Related Policy Number	5093090740			
▶ Insure	d Object: SKC6452T					
▼ Endors	ements					
Sequenc	ce Date of Endorsement Endors		ment Type Endorseme	nt Status	Endorsement Conten	

cident MT/0978695						
Discy No.	5093090740	Vehicle No.	SKC6452T	GST Registration No.		
xicyholder Name	MUHAMMAD AZRI FAIQ BIN ABDUL AZIZ			Policyholder NRIC	290285168	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
ontact No.(Mobile)	91548518	Contact No. (Office)	0	Contact No. (Home)	0	
nail Address		Special Remark		eCode	RC V	
K .	® No ○ Yes	TCA	® No ○Yes	eCode Reason		
к:				Private Hire	No	
D Protection	No.	NCD Entitlement(%)	0	PINE THE	100	
Accident Details						
port Date	20/01/2018 14:39	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - He	ed to Rear
	29/01/2018	Time of Academt hh:mm	05:00	Country of Accident	Singapore	
tw of Accident	2010172018	Orange Force	-	ICM No.		
porting Centre				2010120		
cident Location	TAMPINES LINK BEFORE GOLDEN PAGODA I	BUDDHIST TEMPLE				
Benefits						
Excess						
m damage Excess	600.00	Additional Excess	0.00	Windscreen Excess		100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00			
			0.00			
nd Party Excess	0.00	Outside Singapore TP Excess	11.00			
GST Registered Informa						
r Registered	No		GST Registration Date			
Registration No.			GST Status Venfied	Yes		
dification History						
STOREST (
Policyholder Malling Ad	dress					
fress 1	BUC 443 #03-55	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE	520443
dress 4	SERVICE (1) 180 5 19 (4)	Address Type	Singapore address	Pest Code	520443	
		Related Policy Number		20000000	CA3000	
ik No.		Kelaced Policy Number	5093090740			
OI Driver Info						
ver Name	MUHAMMAD AZRI FAIQ BIN ABDUL AZIZ	Driver Type	Main Driver			
named driver Name		Driver NRIC	59028516E	Driver DOB	28/07/1990	
gister Date of Driver License	30/10/2009	Driver Age	27	Driving Experience	8	
ntact No.(Mobile)	91548518	Contact No.(Office)	0	Contact No (Home)	0	
		Address 2	TAMPINES STREET 43	Address 3	SINGAPORE	520443
idress 1	BUK 443					
dress 4		Address Type	Singapore address	Post Code	520443	
	03-55					
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Attachment		Uploaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)
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× 12	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2018 14-42		NR3C/ Driving License		Normal	NRIC/ Driving License 2018-1-20	Edit
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