Date In: 29/1/18 - 10: 22	Jeb description		Date & Time Completes	1 Don	e pi.
Ref No: NA/ INC 1800 168 424	SAS e-filing	- Hall	1		
Veh No: STG21475	E-mail (within 8)	hrs, AIC 2hrs)			
D.O.A : 27/1/18-15:25	i-Motor Clain	Form	M710979797	29/1/18	11.28
	I-Motor W/O	(Within: OD 2hrs			
OD TP Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: 5	JJ 3698X	. INC()/Non-INC()		//====
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. F: 80	0-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: 5	\$1,000 ()/\$2,000 ()			
General Remarks:-		The state of the s			
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() Total Loss Case : to e-mail Ins					
Drive-In ()/ Towed-In (); Inv	oice: YES () / No	O(); T	owing Co: ()
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SINGAPORE ACCIDENT STATEMENT

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 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.

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.
- 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 STATEMEN	H
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29/01/2018 10:22 Date Of Report 27/01/2018 15:25 Date Of Accident

ALONG CTE BEFORE SLIP RD PIE (TUAS) Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

SJG2147S Vehicle Registration Number

Insured/Policyholder

SUHAIMI BIN ZAINAL Name Of Registered Owner

S6815968G NRIC No. NOEMAIL **Email Address**

(LOCAL) +65-98519605 Mobile Phone No OFFICE-98519605 Alternative Phone No.

Vehicle Particulars

TOYOTA Manufacturer

WISH 1.8 AUTO Model

Exact Purpose for which vehicle was being used at

time of accident

If No, Please state action to be taken

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

PRIVATE USE

PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5092085825 Policy Number

Cover Note Number

Driver

SUHAIMI BIN ZAINAL Name of Driver

S6815968G NRIC No. 29/04/1968 Date Of Birth INDOOR Occupation 03/11/1994 Date Of Driving Pass

23 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98519605 Mobile Number

Fax Number

OFFICE-98519605 Contact Number

NOEMAIL EMail Address

BLK 491F TAMPINES STREET 45 Address

#04-260

525491 Postcode

NO Was driver an employee of the Insured's Company

OWNER If No, Relationship of the Driver with the Insured

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES 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

NO

2

NAME:

: FEMALE GENDER:

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG CTE BEFORE SLIP RD PIE (TUAS). SUDDENLY THERE WAS AN ACCIDENT IN FRONT OF MY VEHICLE. SO I ATTACHED THE BREAK OF MY VEHICLE TO AVOID THE COLLISION, SUDDENLY VEHICLE B COLLIDED ONTO MY VEHICLE REAR PORTION, SO MY VEHICLE MOVE FORWARD HOWEVER I DID NOT HIT THE FRONT VEHICLE.

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

SJJ3698X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TAN SUE YING, AUDREY (CHEN XUEYING)

NRIC/Passport Number

S8636616I

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:

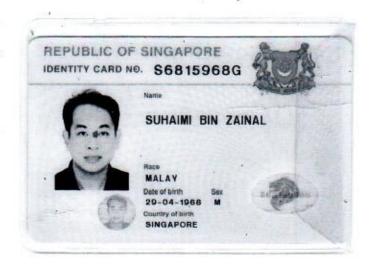
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN		
		A GC NUN
		A: 5621475
		B: 5D3698X
		B. J.D 3G98X
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ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	- 100
Refer to statement	4.	
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DECLARATION	₩	
	iculars are true in every respect.	and
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:









eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601				All Party See		Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Polic	y Query		8						
Notice of Loss	Policy N Vehicle	o. No.(For Motor)	SJG2147S			Date of Acc	ident	27/01	/2018 15:25	
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092085825	SUHAIMI BIN ZAINAL	S6815968G	GPC	drivo CLASSIC	SJG2147S	SJG2147S	23/06/2017	24/06/2018
					E	Continue				

olicy No.	5092085825	Policyholder Name	SUHAIMI BIN ZAINAL	Policyholder NRIC	S6815968G
Address	BLK 491F #04-260 TAMPINES 5	STREET 45 SIN	GAPORE 525491		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	22/06/2017	Effective Date	23/06/2017 00:00	Expiry Date	24/06/2018 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate	No				
Info	holder Mailing Address				
Address 1	BLK 491F #04-260	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE 525491
Address 4		Address Type	Singapore address	Post Code	525491
Unit No.		Related Policy Number	5092085825		
) Insure	ed Object: SJG2147S				
▽ Endor	sements				
	ice Date of Endorsement	Endore	ement Type Endor	sement Status	Endorsement Content

aim Handling					
dent MT/0979797					
y Na.	5092085825	Vehicle No.	53021475	GST Registration No.	S6819968G
cyholder Name 5	SUHAIMI BIN ZAINAL	\$50 miles		Policyholder NRIC	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
	98519605	Contact No.(Office)	0	Contact No.(Home)	0
	7024	Special Remark		eCode	NC V
at Address	® No ⊜YES	TGA	® No ○Yes	eCode Reason	
	No.	NCD Entitlement(%).	0	Private Pire	No
	NO				
Accident Details		Academ Report Within 2	14 hrs. Yes	Accident Type	Collision - Head to Rear
	29/01/2018 11:25	Time of Accident hnimm		Country of Accident	Singapore
e of Accident	27/01/2018		19169	ICM No.	
porting Centre		Cyange Force			
ident Location	ALONG CTE BEFORE SLIP RO	PIE (TUAS)			
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nd Party Excest	0	00 Outside Singapore TP E	icess 0.00		
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it Registered. It Registration No.	1		GST Status Verified	Yes	
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Policyholder Hailing Add	franc	*			
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	and the state of t	Address Type	Singapore address	Post Code	525491
tdress 4		Related Policy Number	5092085825		
nit No.		Medica Parcy Manual	30320000		
OI Driver Info		X-10-11-22-16	Main Driver		
river Name	Suhaimi Bin Zainal	Driver Type Driver NRIC	56815968G	Driver DOB	29/04/1968
nnamed driver Name			49	Driving Experience	23
egister Date of Driver License	03/11/1994	Driver Age		Contact No.(Home)	0
onsact No. (Mobile)	98519605	Contact No.(Office)	0		SINGAPORE 525491
ddress 3	BLK 491F	Address 2	TAMPINES STREET 45	Address 3	
ddress 4		Address Type	Singepore address	Post Code	525491
mt No.	04-260				
coes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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Staim Type *	OD-MX	Insured Name	SUHAIMI BIN ZAINAL	Insured NRIC	\$6815968G
	98519605	Contact No.(Home)	63841164	Consact No.(Office)	
Contact No. (Mobile)	96919000	OI Verson Number	53921475	TP Vehicle Number	53/3696X
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9	Photos 2018-1-29	Normal		Photos	NAC_PAYA_URI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 11:28	
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