Date In: 6 3 18- 15:03	Jeb description		Date &Time Completed	Done	pi.
Ref No: NA IN (1800 4495 /24	SAS e-filing				
Veh No: SKB 6784R	E-mail (within Shrs	, AIC 2hrs)			
D.O.A : 8/3/18-14:00	i-Motor Claim I	orm	M10985286	813/18	6:03
	i-Motor W/O (w	ithin: OD 2hrs,	7P 4hrs)		
OD . (TP) Reporting Only	i-Photo Uploade				
	Assessment/Surve	y Report			
TP Insurer:	Ass't Report by F		Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (And the second second	de dio de		Fax:	
TP Particulars: Veh No: St		INC ()/Non-INC()		
Owner / Driver: (7.	Tel:)	C0180 156
	Period: ()	Cover Type: ()	OVER STATE
Confirmed by : (and the second s	Date:	Time:)	
	Note-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 80	-100%]	
Year of Registration: ()		/NO()		100
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General Remarks:		9 X Y N Y E	Description (Const. Co.		
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() Total Loss Case : to e-mail Inst					
Drive-In ()/ Towed-In (); Invo	oice: YES () / NO	(); To	wing Co: (
2) OC Check / Post Censis Inspection	/ Courtesy Car ()			1000	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury:	()				
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3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions.	() \$3000] ()	AR : Accident DA : Damage	Reporting (\$30); Assessment (\$100); INC	fæBill	A CONTRACTOR
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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 ladgement 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

ACC	IDENT	L STA.	TEM	IENT

08/03/2018 15:03 Date Of Report 08/03/2018 14:00 Date Of Accident

UBI AVE 1 OUTSIDE OF 53 PAYA UBI IND PARK Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SKB6784R Vehicle Registration Number

Insured/Policyholder

MOHAMMAD FIRDAUS BIN SURIADY Name Of Registered Owner

S9220336J NRIC No NOEMAIL Email Address

(LOCAL) +65-91772224 Mobile Phone No OFFICE-91772224 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

CIVIC 1.8L 5AT Model

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?

THIRD PARTY

If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5098462380 Policy Number

Cover Note Number

Driver

MOHAMMAD FIRDAUS BIN SURIADY Name of Driver

S9220336J NRIC No 13/06/1992 Date Of Birth OUTDOOR Occupation 15/06/2015 Date Of Driving Pass

2 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91772224 Mobile Number

Fax Number

OFFICE-91772224 Contact Number

NOEMAIL **EMail Address**

BLK 110 TAMPINES STREET 11 Address

#05-257

521110 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

NO

YES

NO

NO

NO

General Information of the Accident

SIDE SWIPE 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? 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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

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 Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SBZ3251L

PRIVATE CAR

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

MOHAMMAD FIRDAUS BIN SURIADY Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK

SKB6784R

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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

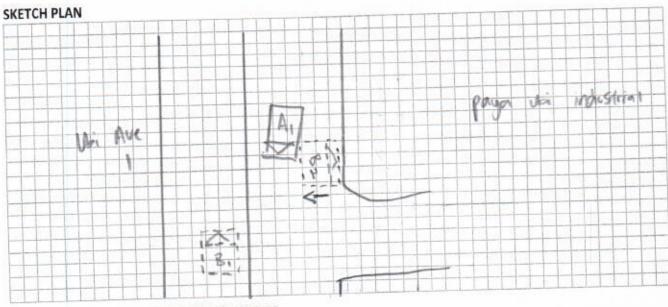
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



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				No.	

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) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 0 insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident	0803 2018	(HH:MM)
Time of accident	14:00	The state of the s
Exact location of accident	UBLAVE I outside of 53	Paya Ubi Industrial Par

	DETAILS OF VEHICLE
Vehicle registration number	5K86794R
Vehicle make and model	HONDA CINC.
Type of vehicle	Saloon MPV CRV Van CRV Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	PRIVATE
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim ✓ Reporting only □

	INSURANCE INI	FORMATION	
Insurance company	NTUC .		
Policy number			TP only 🗆
Type of policy	Comprehensive 🗹	Third party fire & theft	TP OHIY L

	INSURED / POLICY HOLDER SHARIPD Y Male Female
Name	MOHAMMAD FIRDANS BIN SURMUL
NRIC / Fin / Passport number	897203365
Contact	9177 2274
Address	APT BLK 110 TAMPINES STILL #05-257 5521110"

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
	Male Female
Name	
NRIC / Fin / Passport number	
Contact	
Address	
Email address	FIRDAUS _ BIBI @ HOTWAIL . COM
Date of birth	13061992.
Occupation	Indoor Outdoor
Driving date pass	- 1506 2015

G CONTRACTOR OF THE CONTRACTOR	ENERAL INFO	RMATION	OF THE ACCIDENT	
las driver an employee of	Yes 🗹 N	0 🗆	over a series on one	
ne insured's company?	If no, relation	iship of th	e driver and insured	:
ccident captured by camera?		0 🗹		
Veather condition	Clear 🗹	Raining	Others:	
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lo of passenger	t			(Inclusive of driver
•				
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Name	Male 🗹	Female		
Gender	TVICE E			
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Gender	Ividic 5			
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Name		Female =		
Gender	Male 🗆	remaie L	J	ASSESSMENT OF THE PROPERTY OF
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Gender	Male 🗆	Female :		
		PASSENC	GER 5	
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Gender	Male □	Female t		
	US AND ST	PASSEN	GER 6	COMPLETE STATE OF THE STATE OF
Name				
Gender	Male 🗆	Female		
Centre			Marian and American	
	ОТ	HER INFO	RMATION	
Was anybody injured?	Yes 🗹	No 🗆		
Was other vehicle damaged?	Yes 🗹	No □	1 15.7	
was other remove and				
THE RESIDENCE OF THE PERSON	DETA	AILS OF PO	LICE ACTION	
Parastad to nolice?	Yes 🗆	No e	If yes, please state	which police station.
Reported to police? Police station name	100 2			
Police station flame				
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THE RESIDENCE OF THE PARTY OF T	No Park Silver			
Name				
		MUTA	ESS 2	
	AL LANGE	WITN	E33 2	Constitution and Constitution of the Constitut
Name				A CONTRACTOR OF THE CONTRACTOR

	THIRD PARTY VEHICLE 1
Vehicle registration number	6 B Z 3 2 S I L .
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	The second results of
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

A. 管理 [整元] [[] [] [] [] [] [] []	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7							
Vehicle registration number							
Vehicle make model							
Name							
NRIC / Fin / Passport number							
Contact							

		INJURED	PERSON 1			A CHICAGO LINE
lame	MOHAI	MMAD	FIRDAMS	BIN	SHRIADY	
njuries sustained	NECK					
Which vehicle person in?	SK 867	-84R	-010 E-200			
Were seat belts worn?	Yes 🗷	No 🗆				
Was injured conveyed to	Yes 🗆	No 🗗				
nospital by ambulance?			Legal Edul H			
				We de Milande		WEST THE PARTY OF
		INJURE	D PERSON 2			
Name	7.5					
njuries sustained						
Which vehicle person in?	1					
Were seat belts worn?	Yes □	No 🗆				
Was injured conveyed to hospital by ambulance?	Yes □	No □				
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Were seat belts worn?	Yes 🗆	No □				
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?	3.000					
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Which vehicle person in?			SEATH FOR			
Were seat belts worn?	Yes □	No □		1000		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆				
			ED BERCON E	-		
Name		INJUR	ED PERSON 5	A STATE OF	O PROPERTY AND ADDRESS OF	
Name Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes□	No 🗆				
hospital by ambulance?						
					NAME OF TAXABLE PARTY.	
	AND THE PARTY	INJUR	ED PERSON	0	CONTRACTOR CONTRACTOR	
Name						
Injuries sustained						
Which vehicle person in?						
Which vehicle person in.						
Were seat belts worn?	Yes □	No 🗆				

DELODEIO OF SINGAPORE

IDENTITY CARD NO. \$9220336J





MOHAMMAD FIRDAUS BIN SURIADY

محمد فيرداوس بن سوريادي

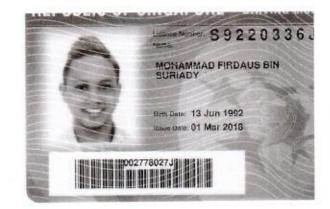


Race MALAY

13-06-1992 Country/Place of birth

SINGAPORE







Date of Issue 10-01-2018

APT BLK 110 TAMPINES STREET 11 #05-257 SINGAPORE 521110

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:59220336J

15 J

NP 428A

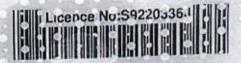
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor Cars =< 3000kg with =<7 passengers, exclusive 15 Jun 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A



4058069



NRIC No. S9220336J



Date of issue

15-06-2007

Address

APT BLK 110 TAMPINES STREET 11 #05-257 SINGAPORE 521110

259

tello, NAC_PAYA_UBI_80	0601					• (Change Lan	guage '	Change Passwo	rd • Log O
My Desktop		y Query								
Natice of Loss	Policy N	0.				Date of Acc	ident	08/03/	2018 14:00	
	17/	No (For Motor)	SKB6784R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098462380	MOHAMMAD FIRDAUS BIN SURIADY	S9220336J	GPC	drivo CLASSIC	SKB6784R	SKB6784R	02/03/2018	01/03/2019

olicy No.	5098462380	Policyholder	MOHAMMAD FIRDAUS BIN SURI	Policyholder NRIC	S9220336J
oney no.	R	Name			
ddress	BLK 110 #05-257 TAMPINES ST	REET 11 SING	APORE 521110		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	01/03/2018	Effective Date	02/03/2018 00:00	Expiry Date	01/03/2019 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	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
♥ Policy	nolder Mailing Address				
Address 1	BLK 110 #05-257	Address 2	TAMPINES STREET 11	Address 3	SINGAPORE 521110
Address 4		Address Type	Singapore address	Post Code	521110
Unit No.		Related Policy Number	5098462380		
	ed Object: SKB6784R				
) Insure	d objecti onio i				
▶ Insure ♥ Endor	ASSECTION OF THE PROPERTY OF T			ENANCE OF STREET	Endorsement Content

im Handling										
Ident HY/0965286			04067848		GST #	Registration No.				
cy No.	5098462380	Vehicle No.	SKB6784R			molder NRIC	S	92203361		
icyholder Name	MOHAMMAD FIRDAUS BIN SURTADY		drivo CLASSIC		Loadi		0			
duct Code	PRIVATE CAR INSURANCE	Cover Type	0		Conta	act No.(Hame)	0			
ritact No.(Mobile)	91772224	Contact No.(Office)			eCode	•	1	(¥		
ail Address		Special Remark	02002000			e Reason				
K	® No ○ Yes	TCA	® No ○Yes				N			
D Protection	No	NCD Entitlement(%)	0		Private	te Hire	8			
Accident Details										
	08/03/2018 16:01	Accident Report Within 24 hrs	Yes		Accid	ient Type	S	ide Swipe		
port Date	08/03/2018	Time of Accident hhimm	14:00		Coun	ery of Accident	S	ingapore		
ne of Accident	080002018	Orange Force			ICM I	No.				
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7 Benefits										
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wn damage Excess	0.00	Outside Singapore OD Excess		600.00						
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GST Registered Inform			GSTR	egistration Date						
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ddress 1	BLK 110 #05-257	Address 2	TAMPINES ST	TREET 11	Add	ress 3			de person	
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	A CARDADANE	Driver Age	25		Driv	ving Experience		2		
agister Date of Driver Licero	91772224	Contact No.(Office)	0		Con	vtact No.(Home)		ū.		
contact No. (Mobile)	91772224 BLK 110	Address 2	TAMPINES S	TREET 11	Add	dress 3		SINGAPO	RE \$21110	
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	05-257 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore ad	adress						
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