

Date In: 20/03/2018 18:05	Job Description	Date & Time Completed	Done by
Ref No: NBA/INC/00052131	SAS e-illing		
Veh No: STH 9326R	E-mail (with photo, AIO, etc)		
D.O.A: 19/03/2018 15:00	1-Motor Claim Form	ML109816916	20/03/2018 18:27
OD (TP) Reporting Only	1-Motor VVO (with photo, etc, etc)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ()

TP Particulars: Yell No: **STB 502&T**, INC () / Non-INC ()

Owner / Driver: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: B1, Status (WO): NI 0-20%; PI 21-79%; PI 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Work-in-Guarantee: Customer's information strictly Confidential & Strictly NO refer of reporter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Removals: () (Job Line: 6788/6016)

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time: ()

Action: ()

NA1801799

Invoice Preparation	Qty	Unit Price	Amount	Remarks
1) ARI Accidental Reporting (\$30)	1		\$30	
2) DA1 Direct Assessment (\$100)	1	INC (\$40)	\$40	
3) TP1 Towing Fee	1	\$40/15	\$40	
4) PT1 Follow-Through Survey	1	\$150	\$150	
5) PT1 Follow-Through Survey (Recovery)	1	\$20	\$20	
Reimburse against INC Only (over 10 Jun 200)				
6) TR1 Re-Inspection	1	\$25	\$25	
7) NI1140 DA + SMRT Survey	1	\$160	\$160	
8) NTUC Additional Services	1			
Oil				
9) NI1 Courtesy Car / Tol Allowance	1	\$3	\$3	
10) NI1 Repair Coordination	1	\$10	\$10	
11) NI1 Post Repair Inspection	1	\$25	\$25	
12) NI1 DY / Collect Excess Coordination	1	\$5	\$5	
13) TP (NI1) / TP (Non-INC) / collect INC	1	\$50	\$50	
14) NI1140 Invoice	1	\$0	\$0	

Checked by (Bugr-In-Charge): ()

Will (6/3) Comments: ()

Invoice date: ()

Rate Group: ()

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 withholding 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.**
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.
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.

ACCIDENT STATEMENT

Date Of Report	20/03/2018 17:40
Date Of Accident	19/03/2018 15:00
Exact Location Of Accident	TAMPINES AVE 5 BESIDE MASJID DARUL GHUFRAN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH9326R
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	THENZG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85228291
Alternative Phone No	OFFICE-85228291

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096197639
Cover Note Number	

Driver

Name of Driver	SAMAD BIN ALI
NRIC No	S1389386A
Date Of Birth	25/07/1959
Occupation	INDOOR
Date Of Driving Pass	06/08/1980
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85228291
Fax Number	
Contact Number	OTHERS-85228291
EMail Address	THENZG@GMAIL.COM

Address	BLK 775 WOODLANDS CRESCENT #06-18
Postcode	730775
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	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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?	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
Number of Passengers (Including Driver)	1

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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	SJB5028J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MABEL CHONG BUAI HOON
NRIC/Passport Number	S1570122F
Contact Number	90086707
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 **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.
5. **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) of:
 - (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.

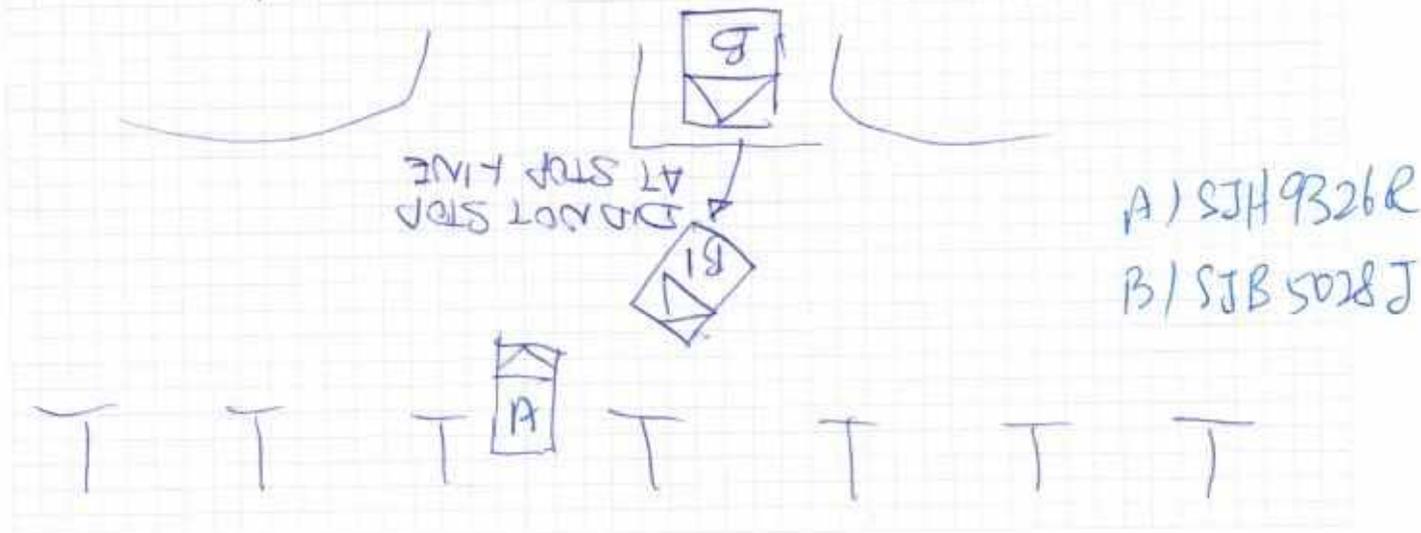


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *Rafiqul Haq*
NRIC/FIN No.:

SKETCH PLAN TAMPIER AVE 5 BESIDE MASJID DAARIL GILUFRAW CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had come out of the parking lot. Suddenly opposite of me I saw a vehicle coming forward without stopping at the stop line.

I immediately stop my car however the lady driver still move forward towards my direction and bumped me.

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: 
 Name: 
 NRIC/FIN No.:

Claim Handling

Accident MT/0986916

Policy No.	5096197639	Vehicle No.	SJH9326R	GST Registration No.	
Policyholder Name	TODDS PARTNERS PTE. LTD.			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drvo CLASSIC	Loading	
Contact No.(Mobile)	95228291	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

↳ **Accident Details**

Report Date	20/03/2018 18:20	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	19/03/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE S BESIDE MASJID DABUL GHUFRAN CARPARK				

↳ **Benefits**

↳ **Excess**

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

↳ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

↳ **Policyholder Mailing Address**

Address 1	BLK 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	
Unit No.	01-75	Related Policy Number	5098920369		

↳ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	SAMAD BIN ALI	Driver NRIC	S1389306A	Driving Experience	
Register Date of Driver License	06/08/1980	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	85228291	Contact No.(Office)		Address 3	
Address 1	BLK 775 #05-18	Address 2	WOODLANDS CRESCENT	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	05-18				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJH9326R	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TODDS PARTNERS PTE. LTD.	Insured NRIC	
Contact No.(Mobile)	97707613	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJH9326R	TP Vehicle Number	
Claim Description	SJH9326R / SJH5028J ON 19 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	20/03/2018 18:24	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0986916	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2018 18:27
Path *		Category *	Confidential Urgency
		Browse Clear Please Select	Normal

SINGAPORE ACCIDENT STATEMENT

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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 judgement 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 if needed.

ACCIDENT STATEMENT

Date Of Report 20/3/18
Date Of Accident / Time 19/3/18 3pm
Exact Location Of Accident Tampines Ave 5 beside masjid Darul Ghufuran carpark
Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH9326R
Insured/Policyholder
Name Of Registered Owner / Company Todds Partwara Pte Ltd
NRIC No / CO-REG NO. 201533177E
Email Address henzg@gmail.com
Mobile Phone No
Alternative Phone No
Vehicle Particulars
Manufacturer Toyota
Model Axio
Exact Purpose for which vehicle was being used at time of accident HIRER
Are you claiming under your own insurance policy for repair to your vehicle? TP
If No, Please state action to be taken
Vehicle Category
Insurance Company
Name of Insurance Company NTUC
Type Of Coverage
Fleet Policy
Policy Number 5096197639
Cover Note Number
Driver
Name of Driver Samad Bin Ali
NRIC No S1339386A
Date Of Birth 25/7/1959
Occupation HIRER
Date Of Driving Pass 6/8/1980
Driving Experience
Gender M
Mobile Number 85228291
Fax Number
Contact Number
EMail Address henzg@gmail.com

SJH9324R.

Id card : 29/N/17.

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1389386A



Name
SAMAD BIN ALI

اسمك بن علي
 Race
MALAY

State of birth
26-07-1959

Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. **S1389386A**



SAMAD BIN ALI

Issue Date: **25 Jul 1999**
 Validity Date: **19 Aug 2002**



5517301



PRIC No. **S1389386A**



Date of issue
13-06-2014

APP BLK 775 WOODLANDS CRESCENT #05-18
 SINGAPORE 730775

License No. **S1389386A** 25/02/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	DESCRIPTION	PASS DATE
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2800 kilograms	06 Aug 1999
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2800 kilograms	15 Jul 2002

APP 420A

License No. **S1389386A**



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5096197639

Cover : drive CLASSIC

- | | |
|--|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJH9326R |
| Chassis Number | : NZE1416082466 |
| 2. Name of Policyholder | : TODDS PARTNERS PTE. LTD. |
| 3. Effective Date of Insurance | : 23 Nov 2017 |
| 4. Expiry Date of Insurance | : 27 Aug 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SININS AGENCY PTE. LTD. (00000615123)
 Date of Issue : 23 Nov 2017 17:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 2 MAY 18 038102 Vehicle Registration No: SJH 9326R

Name (as shown in NRIC) : SOMAD BIN ALI NRIC/FIN/Passport No : S1389386A

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 85228291

Email Address : _____

Date of Accident : 19/03/2018 Time of Accident : 15:00

Place of Accident : TAMPINES AVENUE 5 BESIDE MASJID DARUL GHIFRAN C/P.

Insurance Company: MTC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT SHOULD BE 19/03/2018

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.: _____
 Date: 20/03/2018

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : MN1A418038102-E1 Vehicle Registration No. : SJH9326R

Name (as shown in NRIC) : SHAMAD BIN ALI NRIC/FIN/Passport No. : S1389386A

(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 85228291

Email Address : _____

Date of Accident : 19/03/2018 Time of Accident : 15:00

Place of Accident : TAMPINAS AVE 5 BESIDE MESJID DARUL GHUFRAN C/P

Insurance Company : HLUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured ID to 201533177E

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Reski Wahana
NRIC/FIN No.: _____
Date: 21/03/2018