

| | | | |
|----------------------------|--|------------------------|----------------|
| Date In: 19/14/18 09:02 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: MA1 INC18007243/h4 | E-mail (within 2hrs, A/C 2hrs) | | |
| Veh No: G2 1977E | i-Motor Claim Form | MT10991074 | 19/14/18 16:30 |
| D.O.A: 18/14/18 09:10 | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD / TP: Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / GW: (| Tel: | Fax: |
| TP Particulars: | Veh No: Unknown | INC () / Non-INC () |
| Owner / Driver: (| Tel: | |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: (| %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] | |
| Year of Registration: (| Warranty: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

| | | |
|---|-----------------------|---------|
| Remarks: (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| Claimant's Particulars :- | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 1st Bill | Add Bill |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | 30.00 | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments :- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idse DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services - | | |
| | Q1: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idse Mobile \$0 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

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 19/04/2018 09:02
 Date Of Accident 18/04/2018 09:10
 Exact Location Of Accident UBI AVE 1
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ1977E
Insured/Policyholder
 Name Of Registered Owner OS BAGUS FOODSTUFF
 Co Reg No 52999085K
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-67481363

Vehicle Particulars

Manufacturer TOYOTA
 Model DYNA 150 D
 Exact Purpose for which vehicle was being used at time of accident WORKING
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number 5077163257-02
 Cover Note Number -

Driver

Name of Driver ABU HASSAN BIN ABDULLAH
 NRIC No G2767805Q
 Date Of Birth 30/05/1981
 Occupation OUTDOOR
 Date Of Driving Pass 23/08/2016
 Driving Experience 1 YEAR AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-86719855
 Fax Number
 Contact Number
 Email Address NOEMAIL

| | |
|---|-----------------------------------|
| Address | 57 UBI AVENUE 1 #02-03 UBI CENTRE |
| Postcode | 408936 |
| Was driver an employee of the Insured's Company | YES |
| 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

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| 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

I WAS TRAVELLING ALONG UBI AVE 1 WHILE CROSSING A HUMP, SUDDENLY THE TAXI INFRONT OF ME STOP, DUE TO MY LORRY WITH HEAVY LOAD, I MANAGE MY BRAKE AND SWERVED TO RIGHT TO AVOID COLLISION BUT MY LORRY STILL TOUCH ONTO THE TAXI RIGHT REAR PORTION. AFTER THE INCIDENT, I ADVISED TO PRIVATE SETTLE AND PROVIDE MY MANAGER CONTACT NUMBER TO THE TAXI DRIVER TO CONTACT MY MANAGER. AFTER WAITING A DAY STILL DON'T HAVE ANY UPDATED FROM THE DRIVER, I ALSO NEVER TAKE DOWN ANY PHOTO AND CAR PLATE NUMBER OF THE TAXI.

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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| 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.

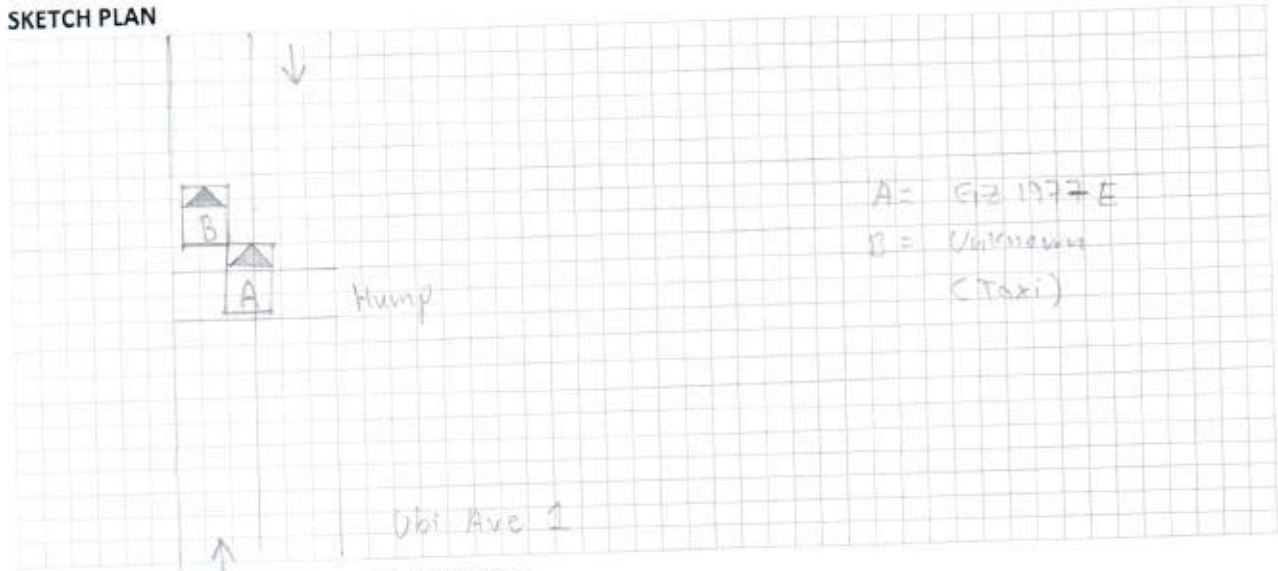


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number: **G2767805Q**
Name: **ADU HASSAN BIN ABDULLAH**

Birth Date: **30 May 1981**
Issue Date: **14 Jun 2017**
Valid Till: **22/08/2021**

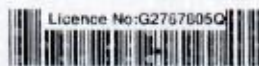
 002693614J

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

EFFECTIVE DATE

Class 3C: Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver 23 Aug 2016

NP 428A



Licence No: G2767805Q

20 MAR 2018

D13

FWPOL363e - Notification Letter - Issue (Reporting)

**Card Registration Completed!**

Please show your employer this letter.
We will deliver your card to the authorised
recipient(s) 4 to 5 working days later.
They will get the delivery details via SMS
the day before.

MINISTRY OF
MANPOWER

ABU HASSAN BIN ABDULLAH
OS BAGUS FOODSTUFF
57 UBI AVENUE 1
#02-03 UBI CENTRE
SINGAPORE 408936



400518580270218

For Immigration Use (To clear by FIN)



G2767805Q

16 Mar 2018

You need to make an appointment for Card Registration

Dear ABU HASSAN BIN ABDULLAH

We have received a request to issue your work permit on 16 Mar 2018. Now you need to come to the MOM Services Centre - Hall C by **23 Mar 2018** for card registration.

Please go to <https://services.mom.gov.sg/appointment> to make an appointment for Work Pass Card Registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work permit card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your card. It is valid from 16 Mar 2018 till 15 Apr 2018.

Yours sincerely

Mdm Chow Choon Yen
for Controller of Work Passes

YOUR NAME
ABU HASSAN BIN ABDULLAH
FIN
G2767805Q
WORK PERMIT NO.
4 00518580
DATE OF APPLICATION
27 Feb 2018
DATE OF ISSUE
16 MAR 2018
WORK PERMIT EXPIRY DATE
15 Mar 2020
DATE OF BIRTH
30 May 1981
SEX
MALE
NATIONALITY
MALAYSIAN
TRAVEL DOCUMENT NO.
A36729087
TRAVEL DOCUMENT EXPIRY DATE
23 Dec 2020
YOUR EMPLOYER'S NAME
OS BAGUS FOODSTUFF
SECTOR
SERVICE
OCCUPATION
DRIVER

▲ IMPORTANT

- If you fail to report to the MOM Services Centre - Hall C for card registration, your work permit may be cancelled.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the Immigration Checkpoints.

eBaoTech

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5077163257-02 | OS BAGUS FOODSTUFF | 52999085K | GCV | Third Party, Fire & Theft | GZ1977E | GZ1977E | 18/01/2018 | 17/01/2019 |

Claim Handling

Accident MT/0991074

| | | | | | |
|---|----------------------------|-------------------------------|---------------------------|------------------------|------------------|
| Policy No. | 5077163257-02 | Vehicle No. | GZ1977E | GST Registration No. | M90357916L |
| Policyholder Name | OS BAGUS FOODSTUFF | Cover Type | Third Party, Fire & Theft | Policyholder NRIC | 52999085K |
| Product Code | COMMERCIAL VEHICLE INSURAT | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 67481363 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | No Yes | eCode | No |
| KFK | No Yes | NCD Entitlement(%) | 20 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 19/04/2018 16:22 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 18/04/2018 | Time of Accident hh:mm | 09:10 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | UBI AVE 1 | | | | |
| Benefits | | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore DD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| GST Registered Information | | | | | |
| GST Registered | Yes | GST Registration Date | 01/01/2015 | | |
| GST Registration No. | M90357916L | GST Status Verified | No | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 57 UBI AVENUE 1 | Address 2 | #02-03 UBI CENTRE | Address 3 | SINGAPORE 408936 |
| Address 4 | | Address Type | Singapore address | Post Code | 408936 |
| Unit No. | | Related Policy Number | 5077163257-02 | | |
| 01 Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 30/05/1981 |
| Unnamed driver Name | ABU HASSAN BIN ABDULLAH | Driver NRIC | GZ767805Q | Driving Experience | 1 |
| Register Date of Driver License | 23/08/2016 | Driver Age | 36 | Contact No.(Home) | |
| Contact No.(Mobile) | 86719855 | Contact No.(Office) | | Address 3 | SINGAPORE 408936 |
| Address 1 | 57 UBI AVENUE 1 | Address 2 | #02-03 UBI CENTRE | Post Code | 408936 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 02-03 | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No | | |
| Modification History | | | | | |

Claim 001 New

| | | | | | |
|---|------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | DD-MX | Insured Name | OS BAGUS FOODSTUFF | Insured NRIC | 52999085K |
| Contact No.(Mobile) | 90229177 | Contact No.(Home) | NIL | Contact No.(Office) | 66378387 |
| Email Address | | 01 Vehicle Number | GZ1977E | TP Vehicle Number | |
| Claim Description | GZ1977E ON 18 Apr 2018 | | | Name of Preferred Workshop | 0 |
| Preferred Workshop Contact No. | 0 | Insured Liability * | Partially at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 19/04/2018 00:00 |
| Date Registered | 19/04/2018 16:29 | Claim Close Date | | | |
| Report Taken By | LIEW SHAN HUI | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |
| <div>Save Submit</div> | | | | | |

Attachment

| | | | |
|----------------------------|---|---------------------|------------------|
| Accident No. | MT/0991074 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 19/04/2018 16:30 |
| Path * | | Category * | Confidential |
| Choose File No file chosen | | Clear Please Select | NO |
| Choose File No file chosen | | Clear Please Select | NO |
| Choose File No file chosen | | Clear Please Select | NO |
| | | Urgency * | Normal |
| | | | Normal |
| | | | Normal |

4/19/2018

Claim Handling(accident reporting Claim Task)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

| | | | |
|-------|---------------|----|--------|
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |

Sen

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|--|-----------------------|---------|---------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 16:30 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-4-19 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 16:30 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-4-19 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 16:30 | SAS | Normal | SAS 2018-4-19 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 16:30 | Photos | Normal | Photos 2018-4-19 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 16:29 | Photos | Normal | Photos 2018-4-19 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 16:29 | Photos | Normal | Photos 2018-4-19 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 16:29 | Photos | Normal | Photos 2018-4-19 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Apr 2018 16:29 | Photos | Normal | Photos 2018-4-19 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window

Scan and uploading