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Date In: 23/4/18-11:55	Jeb description	Date to Time of inputsion	
Ref No: NA   INC18007491/24	SAS e-filing		
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D.O.A .: >2 4/18-01:30	i-Motor Claim For	m M7 6991544-001	23/4/18 19:20
OD TP Peporting Only	i-Motor W/O (Within	n: OD 2hrs, TP 4hrs)	
OD . TP . Reporting Only	i-Photo Uploaded		+
	Assessment/Survey P	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	EV27737	INC( )/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	)
Confirmed by : (	Date	e: Time:	)
Insured/Driver Liability: ( %	(WO):	N: 0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: ( )	Warranty: YES ( )/N	10( )	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time: Actions  NA   80   27   4    Liumant's Particulars:  river/Owner:  ontact No:  nmaged Portion:  C. Checked by (Engr-In-Charge):	Inve	ice Preparation Checklist  Accident Reporting (330);  Damage Assessment (\$100); INC ( Towing Fee S  Follow-Through Survey  Follow-Through Survey (Resurvey)  glaiming against INC Only (wef 10 Jan 20);  Re-inspection  Idae DA + SMRT Survey  UC Additional Services:  Courtesy Car / Tpt Allowance  Repair Co-ordination  Fost Repair Inspection	\$10 \$25 \$25
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time   'Actions'  NA   802534'  Inimant's Particulars:- river/Owner:  Ontact No:  Inmaged Portion:  C Checked by (Engr-In-Charge):  uditors: Comments:-	Inve	ice Preparation Checklist.  : Accident Reporting (\$30); : Damage Assessment (\$100); INC ( : Towing Fee S : Follow-Through Survey (Resurvey) glaiming against INC Only (wef 10 Jan 20) : Re-inspection : Idae DA + SMRT Survey UC Additional Services:  : Courtesy Car / Tpt Allowance :: Repair Co-ordination : Fost Repair Inspection : DV / Collect Excess Coordination	\$80) 40/\$45 \$120 \$30 \$25 \$160 \$5 \$10
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. 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.

  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 accounts.

	ACCIDENT STATEMENT
Date Of Report	23/04/2018 11:55
Date Of Accident	22/04/2018 01:30
Exact Location Of Accident	JUNC JLN EUNOS & SIMS AVE EAST
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV6821A
Insured/Policyholder	
Name Of Registered Owner	CARSONRENT
Co Reg No	53320759B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097641556
Cover Note Number	
Driver	

Driver	
Name of Driver	MOHAMED BIN AMAN

S1246272G NRIC No 02/07/1957 Date Of Birth OUTDOOR Occupation 19/06/1973 Date Of Driving Pass

44 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-84681063 Mobile Number

Fax Number

OFFICE-84681063 Contact Number

NOEMAIL EMail Address

**BLK 880 TAMPINES AVENUE 8** Address

#06-288

520880 Postcode

Was driver an employee of the Insured's Company

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

COLLISION - HEAD TO REAR

CLEAR Weather Conditions DRY Road Surface

Other Information

Type Of Accident

Was any foreign vehicle involved in this accident? NO

2 Number of vehicles involved in the accident

YES 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 NAME:

> : MALE GENDER:

Passenger 2

NAME:

MALE GENDER:

Passenger 3

NAME:

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

NO

NO

If Yes, Please state which Police Station

TAMPINES NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-5871999 - FAX NO: 65871699 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180423/2002.

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

Vehicle Registration Number

SKV2773T

Vehicle Make/Model/Colour

**Details Of Properties** 

Page 2 of 20

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## **DETAILS OF INJURED PERSON 1**

MOHAMED BIN AMAN Name

Approximate Age

NECK Injuries Sustain SLV6821A Injured person in which vehicle? Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

YES

NO

#### 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.
- 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

Jus

(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:

onnel's Signature Reporting Centre Per Name:

NRIC/FIN No.:

20 loc	to police report- 1/20/80/23/2002.	
-c-1(1	To price soft	

# 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.:





1 of 3

Report No. T/20180423/2002

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

REPORT OF A T	AFFIC	ACCIDENT
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	ne Report M 18 00:14	lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ılars		2.000 1000 1000 1000 1000 1000 1000 1000
Name of	Informant: ED BIN AN		Address: APT BLK 880 TAMPINES AVI 520880	ENUE 8 #06-288 SINGAPORE
ID Type	/ ID No.: D / S12462	72G	Contact No.: Home/Office:	Mobile: 84681063
National		CIPANII C	Email;	
Sex: Male	Age:	Date of Birth: 02/07/1957	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupat			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/04/2018 01:30	Type of Location T-Junction
JALAN EUNO				Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Rear		Anyone conveyed by ambulance: No

Details of V	Strate Constant	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	The second secon	- SAMMENTER	7		0
SKV2773T	Car	MITSUBISHI	OUTLANDE R 2.4 CVT AWD S/R FACELIFT	Grèy		
SLV6821A	Car	HONDA	CIVIC 1.6L 5AT	Red	Slightly Damaged	3





2 of 3

Report No. T/20180423/2002

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Any Pedestrian In	volved: No			and the second second	111
No. of Pedestrian	s Injured: NIL	Use of Pe	destrian	Crossi	ng: NA
Driver				term	14000175
Name	DARREL JEROME CHEE		ID No.		S9422217F
Related Vehicle	SKV2773T (Car)		Contac	t No.	96285131
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	
No of Days gran	ted Medical Leave NIL	Degree o	of Injury	NIL	
Driver					040400700
Name	MOHAMED BIN AMAN		ID No.	el el	S1246272G
Related Vehicle	SLV6821A (Car)		Conta	ct No.	84681063
Hospital/Clinic	CHANGI GENERAL HOSPIT	AL	Class Driving Licento Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	22/04/2018	Date Dis	charge	NIL	
Date Treatment	nted Medical Leave 04	Degree	of Injury	Sligh	it

Brief Details. On 22/4/2018 at about 0130hrs, I was driving along Jln Eunos towards Sim Avenue East. I had then came to a stop at the traffic light at the junction.

As I was stationary in my lane, all of a sudden there was an impact from the rear. I had then made a check with my passengers and they informed that they were not injured. My passengers had then subsequently left towards their location which was nearby.

I had then made a check with the other driver. There were no visible injuries on the parties involved. I had then exchanged particulars with the other driver and took photos of the scene.

After which, I had proceeded to Changi General Hospital as I felt ache in my neck. I was given 4 days of medical leave(22/4/2018-25/4/2018) as a result of the accident.

My vehicle suffered some dents and scratches to the rear as a result of the impact.





3 of 3

Report No. T/20180423/2002

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

## Sketch Plan

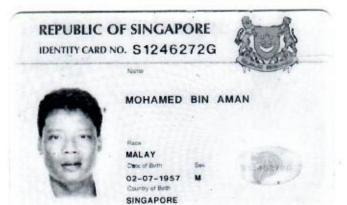
NP168

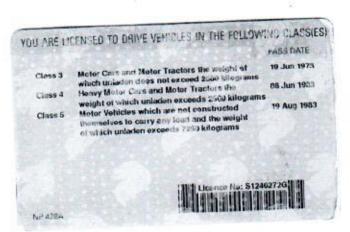
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 BRYAN LIM GHIM SONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/04/2018 00:14
Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No.: 65476220	Classification Of Case:









eBaoTech				225					Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601			The state of	ALL DESCRIPTION OF THE PARTY OF		Change Lan	guage	· Change Passwo	rd · Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0,				Date of Acc	ident	22/04	1/2018 01:30	
	Vehicle I	No.(For Motor)	SLV6821A							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5097641556	CARSONRENT	533207598	GPC	drivo CLASSIC	SLV6821A	SLV6821A	24/01/2018	14/11/2018

aim Handling							
cident MT/0991544							
iscy No.	5097641555	Vehicle No.	SLV6821A		GST Registration No.	2080	
Scynolair Name	CARSONRENT				Policyholder NRTC		07598
educt Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSII		Loading	0	
ontact No.(Mobile)	0	Contact No. (Office)	0		Contact No.(Home)	а	-
mail Address		Special Remark			eCode.	Sec. N	
K	® Nú ⊜ Yes	TCA	® No ○ Yes		eCode Reason		
D Protection	No	NCD Emplement(%)	10		Private Hire	Yes	
- Accident Details	.037.0						
	23/04/2018 19:18	Accident Report Within 24 hrs.	ves		Accident Type	Colks	on - Head to Rear-
port Date		Time of Accident hh:mm	01:30		Country of Accident	Singe	pore.
ee of Accident	22/04/2018	Orange Force	04.30		ICH No.		
porting Centre	CONTRACTOR	Charge Force					
cident Location	JUNC JUN EUROS & SIMS AVE EAST						
> Senefits							
7 Excess					Windscreen Excess		100.00
un damage Excess	2,000.00	Additional Excess		0.00	Windscreen Excess		200000
named Driver Excess		Outside Singapore DD Excess		2,000.00			
ed Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00			
GST Registered Informa	stion						
T Registered	No		GST R	legistration Date			
T Registration No.			G51 S	Status Verified	Yes		
diffication History							
Policyholder Mailing Ad	61 USI AVENUE 2	Address 2	#06-048 AU	TOMOBILE MEGAM	Address 3	SIN	GAPORE 408898
Idress I	DE OUT AVENUE &	Address Type	Singapore ad		Post Code	406	596
dress 4	Charles .	Related Policy Number	5100030612				
nit No.	02-03	nessed roacy number	2.00030012				
OI Driver Info	TOP DESCRIPTION	Dalias Tuna	Unnamed Dri	LVMT			
river Name	Unnamed Driver	Driver Type Driver NRIC	S1246272G		Driver DOB	02/0	07/1967
named driver Name	MOHAMED BIN AMAN				Driving Expensace	44	
egister Date of Driver License	19/06/1973	Oriver Age	60			0	
ontact No. (Mobile)	84681063	Centact No (Office)	0		Contact No.(Home)		IPINES SPRING
10:ess 1	BLK 880	Address 2	TAMPINES A	VENUE 8	Address 3	1365	PINES SPRING
idress 4	SINGAPORE 520880	Address Type	Singapore ac	ddress	Post Code	520	500
		Address Type	Singapore ac	ddress	Post Code	520	600
Init No.	SINGAPORE \$20880 06-288 ○ Yes ® No.	Address Type  Driver Vehicle No.	Singapore ac	ddress	Post Code  Oriver Ensurer Comp		660
init No. loes he own a Singapore legistered car?	D6-288		Singepore ac	ddress			980
init No. Joes he own a Singapore legisteres car? eciaration greathalysier or Blood Test	D6-288		Singapore ac				500
oddress 4 Init No. Ioos Ne bwn a Singapore legistered car? ecclaration preathalyser or Blood Test leading?	06-288 ① Yes <b>®</b> No	Driver Vehicle No.					500
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nit No.  bes he own a Singapore registeres car?  cclaration reaths/wiser or Blood Test eaching?	06-288 ① Yes <b>®</b> No	Driver Vehicle No.					500
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Attachment		Uploaded By/Date	Category	Urgency.	Description	Meg Sant? Action (CO)
400 AT	NAC_PAYA_UB1_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap r 2018 19:21	NRIC/ Driving Licerce	Normal	NRSC/ Driving License 2018-4-23	Edit
46	NAC_PAYA_URI_800001( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 23 Ag + 2016 19:2)	SAS	Normal	SAS 2018-4-23	Edit
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73		FIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap / 2018 19:20	Phocos	Normal	Photos 2018-4-22	Edit
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1	NAC_PAYA_UBJ_800601( N/	rTIONAL ASSESSMENT CENTRE SERVICES) on 23 Ap. ; 2018 19:20	Photos	Normal	Photos 2018-4-23	Edit
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▽ Video List				9		(1883)
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