Date In: 9 5 18 - 84: 44	Jcb description	Date &Time Completed	Done by
Re[No: NA] NC 800 852 4 24	SAS e-filing		More species of the second
	E-mail (within Shrs, AIC 2hr	5)	
Veh No: 69 67R	i-Motor Claim Form	MT/0993717-001	9/4/8 19:46
71: VI- 81 (X)CD.	i-Motor W/O (Within: Of		
OD . TP . Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repo	rt	12-500700
TP Insurer:	Ass't Report by Fax / Ha		
Preferred Wksp / INC Assign Wksp / QW:			Fax:
TP Particulars: Veh No: 5		C()/Non-INC()	Le
Owner / Driver: (1751770	Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
	6) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. F: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO		
Excess: (\$) Loading: \$			
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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.
- 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
09/05/2018	09:44

Date Of Report

Date Of Accident

07/05/2018 14:15

Exact Location Of Accident

PIE (CHANGI) BEFORE CHANTEK FLYOVER

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GQ65R

Insured/Policyholder

Name Of Registered Owner

ABJ PTE LTD

Co Reg No

200009785D

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-62555333

Vehicle Particulars

Manufacturer

TOYOTA

Model

TOYOTA HIACE VAN TURBO 5 DR MANUAL

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

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

NO

Fleet Policy Policy Number

5072997119-02

COMPREHENSIVE

Cover Note Number

Driver

Name of Driver

MUHAMMAD KAMALUDDIN BIN ABDUL KARIM

NRIC No. Date Of Birth S8004662F 11/02/1980

Occupation

OUTDOOR

Date Of Driving Pass

18/05/2001

Driving Experience

16 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-94241473

Fax Number

Contact Number EMail Address

OFFICE-94241473

NOEMAIL

Address

BLK 338A ANCHORVALE CRESCENT

#03-85

Postcode

541338

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NAME:

GENDER:

: MALE

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 LANE 2 PIE (CHANGI) BEFORE CHANTEK FLYOVER, AND SUDDENLY I HEARD A SOUND. THEN I REALIZED THAT VEHICLE B HAS HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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

SFF3133C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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.
- 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.:

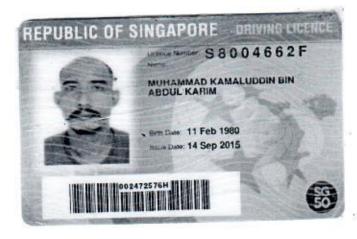
Policyholder's Signature Date & Time:

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

Name:

NRIC/FIN No.:







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

EFFECTIVE DATE

Class 3 - Motor Cars =< 2000kg with =<7 passengers, exclusive 18 May 2001 of the driver; and other motor vehicles == 2500kg

NP 428A



eBao Tech			1000	LA CITA		NA .			Gene	ralClaim
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My Desktop	Polic	cy Query								
Notice of Loss	Policy N	10.				Date of Acci	dent	07/0	5/2018 14:15	
	Vehicle	No.(For Motor)	GQ65R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072997119- 02	ABJ PTE LTD	200009785D	GCV	Comprehensive	GQ65R	GQ65R	04/08/2017	03/08/2018
						Continue				

Policy No.	5072997119-02	Policyholder Name	AB) PTE LTI	D	Policyholder NRIC	200009785D	
Address	14 NEW INDUSTRIAL ROAD #02	-06 HUDSON	INDUSTRIAL	BUILDING SINGAPO	RE 536203		
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	10/07/2017	Effective Date	04/08/2017	7 00:00	Expiry Date	03/08/2018 23:	59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	BIZFOLIO MOTOR TRADING	Agent Tel.	62444464		GST Flag	Y	
Co- insurance Flag Open	No						
Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	14 NEW INDUSTRIAL RO	AD Add	iress 2	#02-06 HUDSON	INDUSTRIAL E	Address 3	SINGAPORE 536203
Address 4		Add	iress Type	Singapore address		Post Code	536203
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Suct Code	COMMERCIAL VEHICLE INSURA	Cover Type				No.(Home)		0	
mect No.(Mobile)	a a	Contact No (Office)	62555333		eCode Second				
ari Address		Special Remark	The Company of the		eCode Reason				
0	® No ○ Yes	TCA	⊕ No- ○ Yes					20	
D Protection	No	NCD Entitlement(%)	50		Private	Hre		No	
Accident Details									
	09/05/2018 19:44	Accident Report Within 24 hrs	Yes		Acoden	it Type	1	Collision - Chi	inge / Cross lane
oort Date	UNION 2010 13.45	Time of Accident Nhumm	14:15		Country	y of Accident		Singapore	
op of Accident	07/05/2018	Time of Accident recomm	14.13		ICM No				
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ordent Location	PIE (CHANGI) BEFORE CHANTEK FLYDVER								
Benefits									
Excess									
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		Outside Singapore OD Excess							
named Driver Excess	0.00	Outside Singapore TP Excess							
rd Party Excess	0.00	Consider Sergapore in Economic							
GST Registered Informa			GSTR	egistration Date					
T Registered	No			tatus Verified		No			
T Registration No.			07.000						
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idress 4		Address Type	Singapore ad		1300.00	****			
ic No.		Related Policy Number	5053091594	-06					
OI Driver Info									
river Name	Unnamed Driver	Driver Type	Unnamed Dri	ver	NERWAN			11/02/1980	
nnamed driver Name	MUHAMMAD KAMALLIDDIN BIN	Driver NRIC	S8004662F		Driver				
igister Date of Driver License	18/05/2001	Driver Age	38			g Expenence		16	
ontact No.(Mobile)	94241473	Contact No.(Office)	0		Contac	ct No.(Home)		0	
ddress 1	BCK 1384	Address 2	ANCHORVAL	E CRESCENT	Addres	98 3		ANCHORVAL	EPARKVIEW
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Attachment	1	ploaded By/Date	Category	Ŷ	urgency	Description	Hag Sent? Action (CO)
67 MH	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma y 2018 19:47	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-9	Edit
663	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma y 2018 19:46	SAS		Normal	SAS 2018-5-9	Edit
-	NAC_PAYA_UB1_800001(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma y 2010 19:46	Photos		Normal	Photos 2018-5-9	Edit
	NAC_PAYA_UBI_800801(NATIO	NAL ASSESSMENT CENTRE SERVICES) on D9 Ma y 2018 19:46	Photos		Normal	Photos 2018-5-9	Edit
	NAC_PAYA_UBI_BOOKOI(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma y 2018 19:46	Photos		Normal	Photos 2018-5-9	Edit
	NAC_PAYA_UBI_BD0003(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 00 Ma y 2018 19:46	Photos		Normal	Photos 2018-5-9	Edit
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	NAC_PAYA_UB1_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma y 2018 19:46	Photos		Normal	Photos 2018-5-9	Edit
2331	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma v 2018 19:46	Photos		Normal	Photos 2018-5-9	Edit
	NAC_PAVA_URI_BOOGOT[NATIO	WAL ASSESSMENT CENTRE SERVICES) on 09 Ma y 2016 19:46	Photos		Normal	Photos 2018-5-9	Edit
	NAC_PAYA_UB1_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma y 2018 19:46	Photos		Normal	Photos 2018-5-9	Edit
-21	NAC_PAYA_UBI_800601(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 09 Ma y 2018 19:46	Photos		Normal	Photos 2018-5-9	Edit
♥ Video List					0		
	Uploaded By/Date	Folder Date	File Name		Y	Source	Action