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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 witholding of material facts may allow insurance companies to
- 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.
- 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

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A TO SHEET WHITE WAS A TO SHEET	ACCIDENT STATEMENT
Date Of Report	22/05/2018 09:52
Date Of Accident	21/05/2018 12:15
Exact Location Of Accident	KAKI BUKIT AVE 6
Country/State of Loss	SINGAPORE
Market of the Control	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA6718D
Insured/Policyholder	
Name Of Registered Owner	SUYATI BINTE SAPAR
NRIC No	S1580557I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86946786
Alternative Phone No	OTHERS-86946786
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE COMMUTER MANUAL
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
lf No, Please state action to be taken	REPORTING ONLY
/ehicle Category	BUS
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	5092839047
Cover Note Number	
Driver	
lame of Driver	ABDUL MALEK BIN HASSAN
IRIC No	S1583223A
ate Of Birth	20/03/1963
ccupation	OUTDOOR
ate Of Driving Pass	02/05/1997
	21 YEARS AND 0 MONTHS
ender	MALE
lobile Number	(LOCAL) +65-86946786
av Number	

OTHERS-86946786

NOEMAIL

BLK 769 WOODLANDS DRIVE 60 Address

#06-140

730769 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

YES

NO

1

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

GY5009D

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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.
- 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.
- 5. 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 personal Information to all insurer (collectively the "Personal Information") and disclose and transfer such vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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.:





VOCATIONAL LICENCE

Manuer ABOUL MALEK BIN HASSAN

Issue Date . 25/8/2014

Please visit www.lta.gov.sg to check the status of this vocational licence

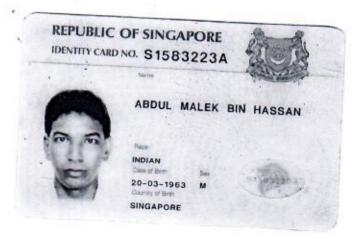
This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

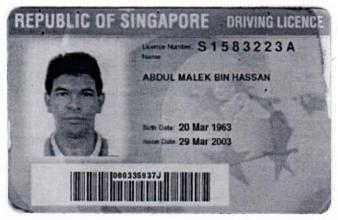
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30/09/2011 30/09/2011











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My Desktop Notice of Loss		cy Query					Change La	nguage	· Change Passwor	d , Log Out
0. 00.000400000000000000000000000000000	Policy N	lo. No.(For Mator)	PA6718D			Date of A	ccident	21/0	5/2018 12:15	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5092839047	SUYATI BINTE SAPAR	\$15805571	GBS	Third Party, Fire & Theft	PA6718D	PA6718D	21/07/2017	20/07/2018

Policy Information

Policy No.	E003030043	Dolicubalda			
	5092839047	Policyholder Name	SUYATI BINTE SAPAR	Policyholder NRIC	S1580557I
Address	BLK 769 #06-140 WOODLAND	DRIVE 60 ST	NGAPORE 730760	IVRIC	
Product Name	BUS INSURANCE	Plan	10AI OKE 730789	Group	20
Policy issue Date	21/07/2017	Effective Date	21/07/2017 00:00	Policy Flag Expiry Date	N 20/07/2018 23:59
Third Party Excess	3000	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0	2,003	8
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119		
Co- insurance Flag	No		00409119	GST Flag	Y
Open Policy Info					
Certificate nfo					
	older Mailing Address				
ddress 1	BLK 769 #06-140	Address 2	WOODLANDS DRIVE 60	Address 3	EINCAPORE TRANS
ddress 4		Address	Singapore address	Barrier Marie	SINGAPORE 730769 30769
nit No.	05-920	Related Policy Number	5092839047		orani porti Si
Insured	Object: PA6718D	Property (FOR Asia)			

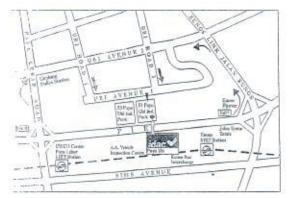
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Dequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content



NATIONAL ASSESSMENT CENTRE SERVICES



51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315



Operated by
National Assessment
Centre Services

For enquiries, contact

Tel: 6841 0055

Fax: 6841 6315

Email: rspu@lkkauto.com

Fairness . Convenience . Professionalism

Claim Handling

Policy No.	5092839047	Vehicle No.	PA6718D	924222 (Sec. 2003) (Sec. 2003)	
Policyholder Name	SUYATI BINTE SAPAR		1707100	GST Registration No.	
Product Code	BUS INSURANCE	Cover Type	Third Book at a second	Policyholder NRJC	
Contact No.(Mobile)	86946786	Contact No.(Office)	Third Party, Fire & Theft 0	Loading	
Email Address		Special Remark		Contact No.(Home)	
KFK	= No Yes	TCA	* No Yes	eCode	1
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
Accident Details		115035	\$5.00	Private Hire	
Report Date	23/05/2018 09:48	Accident Report Within 24 h	irs Yes	2000 0000000000000000000000000000000000	
Date of Accident	21/05/2018	Time of Accident hh:mm		Accident Type	
Reporting Centre		Orange Force	12:15	Country of Accident	5
Accident Location	KAKI BUKIT AVE 6	orange roice		ICM No.	
▽ Benefits					
▽ Excess					
Own damage Excess	0.00	Additional Excess			
Unnamed Driver Excess	7.03	Outside Singapore OD Exces		Windscreen Excess	0.
Third Party Excess	3,000,00				
▼ GST Registered Information		Outside Singapore TP Excess	1		
55T Registered	No				
GST Registration No.			GST Registration Date		
Modification History			GST Status Verified	Yes	
▽ Policyholder Mailing A	ddress				
Address 1	BLK 769 #06-140	Address 2	NGC 2 12 (10 a) 10 a) 10 a)		
iddress 4		Address Type	WOODLANDS DRIVE 60	Address 3	SI
init No.	05-920	Related Policy Number	Singapore address	Post Code	73
♥ OI Driver Info		Actavad Policy Number	5092839047		
river Name	Unnamed Driver	Driver Type	700000000000000000000000000000000000000		
nnamed driver Name	ABDUL MALEK BIN HASSAN	Driver NRIC	Unnamed Driver		
egister Date of Driver License	02/05/1997	Driver Age	S1583223A	Driver DOB	20,
ontact No.(Mobile)	86946786	Contact No.(Office)	55	Driving Experience	21
ddress 1	BLK 769	Address 2	0	Contact No.(Home)	0
ddress 4		Address Type	WOODLANDS DRIVE 60	Address 3	
nit No.	#06-140		Singapore address	Post Code	730
es he own a Singapore gistered car?	Yes + No	Deline Statute No.			
40 30 FE TO LOTO NO.		Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test	0 mg	\$319000 oz			
ading?	o sig	Any injury?	Yes No		
dification History					
	D.				
Claim 001 OD-MX New					
im Type *	OD-MX ▼	facility of the			
tact No.(Mobile)	98950565	Insured Name	SUYATI BINTE SAPAR	Insured NRIC	\$15
ail Address	suyatisapar@gmail.com	Contact No.(Home)	NIL	Contact No.(Office)	566
m Description		OI Vehicle Number	PA6718D	TP Vehicle Number	GVS
erred Workshop Contact	PA6718D / GY5009D ON 21 May 2018			Name of Preferred Workshop	515 666 GY5
		Insured Liability •	Partially at Fault		-
uire Finalisation	Yes •	Preferered Repair Option	Preferred Workshop, Name unknown	GIA seems	_
	23/05/2018 14:38	Claim Close Date	v v v v v v v v v v v v v v v v v v v	GIA report	Rec
ort Taken By	KRISHNASAMY	Workshop Repairer		Date Received	23/0
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Accident No.

MT/0995507

Claim No.

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Last Doc. Received

Yes No

Upload Date

23/05/2018 14:30

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Attachment	lies.		NO	Normal
	List			
Attachment	Uploaded By/Date	Category	Urgency	Descr
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1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2016 14:29	SAS	Normal	SAS 201
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	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 14:28	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 14:28	Photos	Normal	Photos 20
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	AC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 14:27	Photos	Normal	Photos 20:
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List	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 14:27	Photos	Normal	Photos 20