Date In: 37/4/18-19:01	Job description	Date &Time Completed	Don	e by
Ref No: NA / MK18009333/24	SAS e-filing			
Veh No: JAL7785R	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 2/1/18-17:/0	i-Motor Claim Form	MT 0995487-001	22/2/18	19:4
	i-Motor W/O (Within: OD 2hr			
OD / (TP) Reporting Only	i-Photo Uploaded			
TRI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tel: F	ax:	700
TP Particulars: Veh No:	JH9747J . INC()/Non-INC()		Miles ex
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-2	0%: P: 21-79%. P: 80-1	100%]	-
Year of Registration: ()		1		-
Excess: (\$) Loading: \$				
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Drive-In ()/ Towed-In (); Invo	pice: YES() / NO(); T	owing Co: (Ť.,)
Remarks: (INC hotline: 6788 6616	Control of the second	u vasili i i	79.79.79.79.70	X
	C-10-70 (Dates: Limb Comple 34	Done	ру
	/ Courtesy Car ()	*		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 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	22/05/2018 14:05
Date Of Accident	22/05/2018 13:10
Exact Location Of Accident	ALONG UBI AVE 1 OPP PAYA UBI INDUSTRIAL PARK
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGL7785B
Insured/Policyholder	
Name Of Registered Owner	MOHAMED MUSTHAFAH BIN NAINAMUSAH
NRIC No	S1311278I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90268216
Alternative Phone No	OFFICE-90268216
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
Policy Number	5023722175-10
Cover Note Number	
Driver	
lame of Driver	MOHAMED MUSTHAFAH BIN NAINAMUSAH
IRIC No	S1311278I
Pate Of Birth	19/09/1958
occupation	INDOOR
ate Of Driving Pass	22/03/1979

39 YEARS AND 2 MONTHS

(LOCAL) +65-90268216

OFFICE-90268216

MALE

NOEMAIL

BLK 220 SERANGOON AVENUE 4 Address

#12-244

Postcode 550220

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

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 RAINING Road Surface WET

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?

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

ON STATED DATE AND TIME, I WAS STATIONARY STOPPED ALONG UBI AVE 1 AS I WANTED TO MAKE A RIGHT TURN TO PAYA UBI INDUSTRIAL PARK SO I TURN ON MY INDICATOR LIGHT. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES 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

SJH9747J

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE PHAIK LIAN

NRIC/Passport Number

S6831421F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER:

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.
- 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
- 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:

- 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.

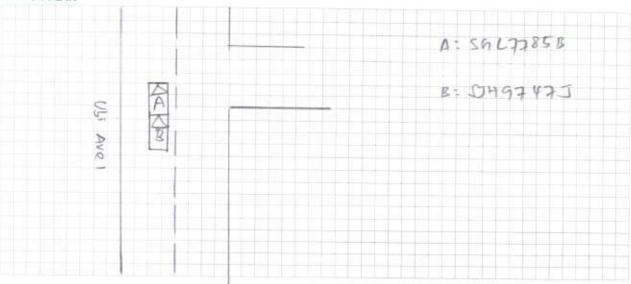
Policyholder's Signature Date & Time:

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

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No :



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

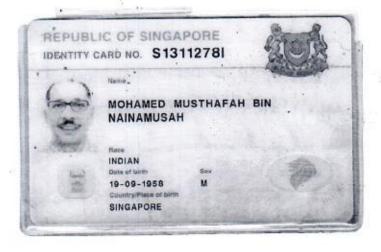
(If driver is not the policyholder)

Date & Time:

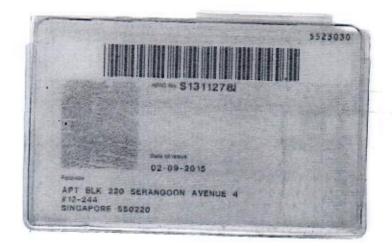
Reporting Centre Personnel's Signature

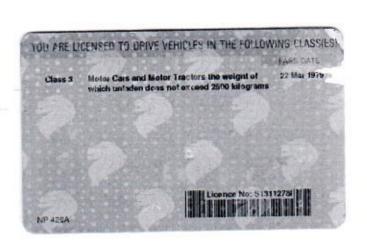
Name:

NRIC/FIN No.:









eBaoTech								Gene	eralClaim	
Hello, NAC_PAYA_UBI_80	0601						Change Lar	guage	Change Passwo	ord • Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	io,				Date of Acc	ident	22/05	/2018 13:10	
	Vehicle	No.(For Motor)	SGL7785B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5023722175- 10	MOHAMED MUSTHAFAH BIN NAINAMUSAH	S1311278I	GPC	drivo CLASSIC	SGL7785B	SGL77858	27/09/2017	26/09/2018
					- 1	Continue				

Policy No.	5023722175-10	Policyholder Name	MOHAMED	MUSTHAFAH BIN NA:	Policyholder NRIC	S1311278I	
ddress	BLK 220 #12-244 SERANGOO	N AVENUE 4 SIN	GAPORE 55	0220			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy sue ate	25/09/2017	Effective Date	27/09/2017	00:00	Expiry Date	26/09/2018	23:59
xcess ype		All Claim Excess					
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
dditional xcess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
lgent	PEK CHEE KHEE LAWRENCE	Agent Tel.	67463438		GST Flag	Y	
co- nsurance lag Open Policy nfo Certificate nfo	No						
	holder Mailing Address						
ddress 1	BLK 220 #12-244	Addre	ss 2	SERANGOON AVEN	UE 4	Address 3	SINGAPORE 550220
ddress 4		Addre	ss Type	Singapore address		Post Code	550220
Init No.		Relat	ed Policy	5023722175-10			
) Insure	ed Object: SGL7785B	140111					
♥ Endor	sements						
Seque	nce Date of Endorsen	nent	Endorsemen	t Type	Endorsement	Status	Endorsement Content
1	27/09/2017 00:00		Information sement	Entry R	ejected		Thank you for giving us the opportunity to serve you. We confirm that from 27 Sep 2017, the following amendment(s) is/ar made to this policy: In view of the amendment, an additional premium of \$120.40 (Inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
iz	27/09/2017 00:00		Information sement	Endorse	ment Take Ef	fective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Sep 2017, the following amendment(s) is/ar made to this policy: 1. The cover is amended from Third Party Fire and Theft to drivo CLASSIC 2. The Endorsement M2 stated in the Policy is not applicable 3. Section 1 of this Policy is subject to an excess of \$\$600.00. In view of

Product Code PILIVATE CAR IN Contact No. (Mobile) 90268216 Email Address OFX ® No Yes WCD Protection Yes WCD Protection Yes WCD Protection Yes Was Accident Details Report Date 22/05/2018 19: Allong USI AVE Benefita 22/05/2018 AVE Benefita ALONG USI AVE Excess Worn damage Excess Winnamed Driver Excess Worn damage Excess Winnamed Driver Excess W GST Registered Information ST Registration No. World Party Excess W GST Registered Information ST Registration No. World Party Excess W GST Registered Information ST Registration No. World Party Excess W GST Registered Information ST Registration No. World Party Excess W GST Registered Information ST Registration No. World Party Excess W GST Registered Information ST Registration No. WOHAMED MUST Information World No. WOHAMED MUST Information World No. (Mobile) 90268216 Wes No No. World No. (Mobile) 90268216 World No. (Mobil	THAPAH BIN NAINAMUSAH YSURANCE 47 1 OPP PAYA UBI INDUSTR 600.00 0.00 0.00	Cover Type Contact No. (Office) Special flamark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mim Orange Porce	13:10 0 GST Registration D	00.00	GST Registration Policyholder NRIC Loading Contact No. (Home eCode eCode Reason Privace Hare Accident Type Country of Accide 1CM No. Windscreen Excee	cent	S1311278 0 0 7v. V No Collsion - r Singapore	II Head to Rear
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sport Date 22/05/2018 19: wile of Accident 22/05/2018 when of Accident 22/05/2018 popering Centre codent Location ALDNG USI AVE Excess wild amage Excess pharmed Driver Excess and Party Excess GST Registered Information FT Registration No. codification History Politicyholder Mailling Address Iddress 1 BLK 220 #12-24 Iddress 4 Int No. POT Driver Info There Name MOHAMED MUST Information Victoriae 22/03/1979 Information No.(Mobile) 90268216 Iddress 1 BLK 220 Iddress 2 BLK 220 Iddress 3 BLK 220 Iddress 3 BLK 220 Iddress 4 Iddress 1 BLK 220 Iddress 3 BLK 220 Iddress 4 Iddress 4 Driver License 22/03/1979 Iddress 5 BLK 220 Iddress 6 Driver License 22/03/1979 Iddress 7 Blood Text O Img. Iddress 8 Driver Mail O Img. Iddress 9 Driver Mail O Img. Iddress 1 Driver Mail O Img. Iddress 1 Driver Mail O Img. Iddress 3 Driver Mail O Img. Iddress 4 Driver Mail O Img. Iddress 5 Driver Mail O Img. Iddress 6 Driver Mail O Img. Iddress 7 Driver Mail O Img. Iddress 8 Driver Mail O Img. Iddress 9 Driver Mail O Img. Iddress 9 Driver Mail O Img. Iddress 1 Driver Mail O Img. Iddress 2 Driver Mail O Img. Iddress 3 Driver Mail O Img. Iddress 4 Driver Mail O Img. Iddress 5 Driver Mail O Img. Iddress 6 Driver Mail O Img. Iddress 7 Driver Mail O Img. Iddress 8 Driver Mail O Img. Iddress 9 Driver	1 OPP PAYA UBI INDUSTR 800.00 0.00 0.00	Accident Report Within 24 hrs Time of Accident hh:mm Orange Porce [AL_PARK Additional Excess Outside Singapore OD Excess	Yes 13:10 0 GST Registration 0		Accident Type Country of Accide 1CH No.		Collision - t	Head to Rear
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