	tre Services   well sanos M	NA 11800-1470		
Date In: 24/1/18-11: 08	Job description	Date & Time Completed	Don	e by
ROFNO: NA INC18009441/24	SAS e-filing			
Veh No: GW 775X	E-mail (within Shrs, AIC 2hrs)			-
D.O.A: 23/5/18-20:30	i-Motor Claim Form	M1/0995 688-001	24/5/18	11:4
OD : TD / D	i-Motor W/O (Within: OD 2hr	-		
OD / TP / Reporting Only	i-Photo Uploaded			
TDI	Assessment/Survey Report	1		
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			ax:	
TP Particulars: Veh No: 5k	H5921L INC(	)/Non-INC( )		-1775-27
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	V-0/10-10-10-10-10-10-10-10-10-10-10-10-10-1
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		1120
Excess: (\$ ) Loading: \$1	,000()/\$2,000()			
General Remarks:-		A STATE OF THE STA	वर हतान	
Drive-In ( )/ Towed-In ( ); Invoice	ce: YES ( ) / NO ( ); To	owing Co: (		
Care more survivors to the sale.	Charles and the second	100000000000000000000000000000000000000	140-140-00-01	6.3c 2.cc
		Date&Time Completed	Done	by
	Courtesy Car ( )	Date&Time Completed	Done	by
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	Date&Time Completed.	Done	by
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection	Courtesy Car ( )	Date&Time Completed.	Done	by
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### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number

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 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	24/05/2018 11:08
Date Of Accident	23/05/2018 20:30
Exact Location Of Accident	SLIP RD UPPER THOMSON RD TWDS SLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW7715X
Insured/Policyholder	
Name Of Registered Owner	MOO AUTO
Co Reg No	53373000K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	LITEACE 2.2M
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
Fleet Policy	YES
Policy Number	5097245554
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SYAFIEE BIN BAKRODIN
NRIC No	S8922118H
Date Of Birth	30/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE

(LOCAL) +65-82845536

OFFICE-82845536

NOEMAIL

Address BLK 403 JURONG WEST STREET 42

#09-557

Postcode 640403

Was driver an employee of the Insured's Company NO

Trus arror arromptoyee of are medical a company free

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

.

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)

4

### **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 SLIP RD UPPER THOMSON RD TWDS SLE. I CHECKED MY BLINDSPOT BEFORE I PROCEED TOWARDS SLE. I DID NOT REALIZE THAT VEHICLE B WAS STOPPED IN FRONT OF MY VEHICLE. I BRAKE MY VEHICLE HOWEVER DUE TO ROAD SURFACE WAS WET AND MY VEHICLE SKIDDED. IN A RESULT, MY VEHICLE HIT ONTO VEHICLE B LEFT 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?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKH5921L

Vehicle Make/Model/Colour

Details Of Properties

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)

3

Passenger 1 NAME:

GENDER: :

Passenger 2 NAME: ;

GENDER: :

### 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 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:
  - (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:

0

Σ

Co. Reg. No.

53373000K

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SLE	A: GW7715X
	8: SKH5921L

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CONTRACT AND STATE	9000 March 105 14	
Refer to	Statement.	
, /		
(O AU		

DECLARATION

I/We accient the foregoing porticulars are true in every respect

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

2

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8922118H



MUHAMMAD SYAFIEE BIN BAKRODIN

MALAY

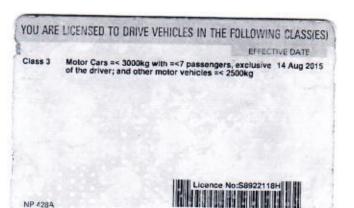
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SINGAPORE









<b>eBao</b> Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601					70	Change Lar	guage	Change Passw	ord • Log Ou
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	No.(For Motor)	GW7715X			Date of Ac	cident	23/05	5/2018 20:30	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097245554	MOO AUTO	53373000K	GFT	Third Party	GW7715X	GW7715X	08/01/2018	

Policy No.	5097245554	Policyholder Name	MOO A	ито	Policyholder NRIC	53373000	<
Address	317 OUTRAM ROAD #B1-37	0.000	PPING CE	NTRE SINGAPORE 16907			
roduct	FLEET INSURANCE	Plan		THE SHITCH ONE 1090/	Group	Sec.	
Vame Policy	The state of the s	ridii			Policy Flag	N	
ssue Date	08/01/2018	Effective Date	08/01/2	2018 00:00	Expiry Date	02/01/2019	9 23:59
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Type Third		Excess					
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Policyh	older Mailing Address						
ddress 1	317 OUTRAM ROAD	Addre	ess 2	#B1-37 CONCORDE	SHOPPING A	Address 3	SINGAPORE 169075
ddress 4		Addre	ss Type	Singapore address	F	ost Code	169075
nit No.	08-13	Relate	ed Policy	5100745627			
D Insured	Object: GW7715X	Numb	igi:				
□ Endorse     □	ements						
Sequen	ce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorsem	ent Status	Endorsement Content
	05/02/2018 00:00	Basic Informat Endorsement	ion	000001286749773	Endorsemer Effective		Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBA4247A 05-02-2018 \$1,080.32 2. GBA8272A 05-02-2018 \$1,080.32 In view of this amendment, an additional premium of \$2,160.64 (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 if 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 or NETS.
	19/02/2018 00:00	Basic Informati Endorsement	on	000001286758443	Endorsemen Effective	t Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover x additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBC2864X 19-02-2018 \$1,034.75 In view of this amendment, an additional premium of \$1,034.75 (inclusive of GST) is payable under your policy. Please

Accident MT/0995688								
lolicy No.	5097245554	2003031030	232300					
Policyholder Name	MOD AUTO	Vehicle No.	GW7715X		GST Registration			
Product Code					Pakcyholder NRII	c	53373	000K
Contact No.(Mobile)	FLEET INSURANCE	Cover Type	Tried Party		Loading		0	
	0	Contact No. (DMice)	0		Contact No.(Horn	ne)	0	
mail Address		Special Remark			eCode		410	į
CEN	® No ○ Yes	TCA	No ○ Yes		eCode Reason		7.11	
ICD Protection	No	NCO Entitlement(%)	0		Private Hire		No	
Accident Details							139	
eport Date	24/05/2018 11:39	Acodent Report Within 24 hrs	Yes					
ate of Accident					Accident Type		Collisio	in - Head to Rear
	23/05/2018	Time of Accident hh:mm	20:30		Country of Accide	ent	Singap	pre
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and Party Excess	1,500.00							
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T Registered								
T Registration No.	No		GST Registration Date					
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idress 4		Address Type	Singapore address		Post Code		169079	K.
it No.	08-13	Related Policy Number	5100745627					
OI Driver Info								
iver Name	Unnamed Driver	Driver Type	Unnamed Driver					
named driver Name	MUHAMMAD SYAFIEE BIN BAKE	Driver NKIC	58922118H	1	Driver DOS		30/06/3	989
gister Date of Driver License	14/08/2015	Driver Age	28		Onving Expensence		2	3550
ntact No.(Mobile)	82845536	Contact No. (Office)	0		Comact No. (Home			
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