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Ref No: NA IN (18009777)24	SAS e-filing			
Veh No: 5W64 076	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 30/1/18-12:47	i-Motor Claim Form	M7/0996535-001	30/5/18 18:1	w
D.O.A	i-Motor W/O (Within: OD 2		7-73714 1833	7
OD / TP / Reporting Only	i-Photo Uploaded	nts, 17 40(3)		\$2. E
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: SC	F6159 INC			
Owner / Driver: (Tel:		
Policy No: ()	Period: (Cover Type: ()	-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	100%]	2
Year of Registration: ()	Warranty: YES () / NO ()		
	1,000 ()/\$2,000 ()	`		1110
General Remarks:-			5.09	W.,
() Walk-In Customer : Customer's i	nformation strictly Confidential & \$	Strictly NO refer of repairer.		
() Total Luss Case : to e-mail Ins		Fe		
		Towing Co: (-)
		3	2122-KNRSKE WCF.	
Remarks: (INC hothine: 6788 6616) y sales a la serie de la	Date&Time Completed	Done by	20
Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
			Visit West Consultation	
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NA 180 339 Laimant's Particulars:- iver/Owner: ontact No: amaged Portion:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insy 7) N1 : Idao D 3 8) NTUC Addi QD.*	cparation Checklist. at Reporting (\$30); c Assessment (\$100); INC (\$8 Fee \$40 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 section A + SMRT Survey tional Services.	Anit (\$) A 151 Bill A 152 Bill A 153 Bill A 153 Bill A 153 Bill A 153 Bill A	144
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NA 180 339 1 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Dames 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-ins 7) N1 : Idao D 3) NTUC Addi QD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	cparation Checklist. at Reporting (\$30); to Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2905) section A + SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination spair Inspection ollect Excess Coordination	Anit (\$) A (\$0) (\$518 Bill A (\$0) (\$5120 (\$300 (\$) \$575 \$5160 \$55 \$510 \$525 \$55	mt (3)
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SINGAPORE ACCIDENT STATEMENT

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,
- 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.
- 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

to be a training to the second	ACCIDENT STATEMENT
Date Of Report	30/05/2018 16:45
Date Of Accident	30/05/2018 12:45
Exact Location Of Accident	SLIP RD SEMBAWANG RD TWDS GAMBAS AVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW6407G
Insured/Policyholder	
Name Of Registered Owner	MIKE'S TRANSPORT
Co Reg No	53315782W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96196800
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097248000
Cover Note Number	
Driver	
Name of Driver	SANIAF BIN JASMAN
NRIC No	S1720668J
Date Of Birth	10/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1986
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96359785
Fax Number	
Contact Number	OFFICE-96359785
EMail Address	NOEMAIL

BLK 314 SEMBAWANG DRIVE Address

#11-450 750314

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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)

1

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 SLIP RD SEMBAWANG RD TWDS GAMBAS AVE. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKF615P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

Passenger 1 NAME:

GENDER: :

Passenger 2 NAME: ;

GENDER:

Passenger 3 NAME: :

GENDER:

SKETCH PLAN

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.
- 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:
 - 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.

Reg No 53315782W

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 .:

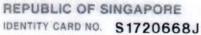
DECLARATION

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

Policyholder's Sig Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









SANIAF BIN JASMAN

MALAY

10-10-1965 Country of birth SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! PASS DATE Motorcycles not exceeding 200 co later Cars and Motor Tractors the weight of which unlader does not exceed 2500 kilogram Heavy Motor Cars and Motor Tractors the weight of which unlader exceeds 2500 kilogram Class 26

NP 428A





Policy No.	5097248000	Policyholder Name	MIKE'S TRAN	ISPORT	Policyholder NRIC	53315782W	
Address	BLK 763 #06-236 PASIR RIS ST	REET 71 SING	SAPORE 51076	3			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	09/01/2018	Effective Date	09/01/2018	00:00	Expiry Date	08/01/2019	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	g/Inexperience Driver Excess
Agent	UNIQUE RESOURCES PTE LTD	Agent Tel.	62507950		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 763 #06-236	Addr	ess 2	PASIR RIS STREET	71	Address 3	SINGAPORE 510763
Address 4			ress Type	Singapore address		Post Code	510763
Unit No.	06-236	Rela Num	ted Policy iber	5099741264			
) Insur	ed Object: SJW6407G						
	sements						
Seque	nce Date of Endorseme	ent	Endorsement	Туре	Endorsemen	t Status	Endorsement Content
							Thank you for giving us the opportunity to serve you. We would like to inform you that from 09 Jan 2018, you are entitled to 10% NCD under your policy. After the NCD adjustment, the revised premium is \$1,878.45(inclusive or GST). Please ignore this premium payment request if you have since made payment. Otherwise, we

cident MT/0996535					
cident M1/0446535			- Way Char		
Hicy No.	5097248000	Vehicle No.	SJW6407G	GST Registration No.	
olicyholder Name	MIKE'S TRANSPORT			Policyholder NRTC	53315782W
aduct Cade	MIVATE CAR INSURANCE	Cover Type	privo CLASSIC	Loading	0
ntact No.(Mobile)	96196600	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark	To	eCode	W. W.
	The second second		8		14.
К	® No ⊜Yes	TCA	® No ○Yes	eCode Reason	
D Protection	NO .	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
port Date	30/05/2018 18:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	30/05/2018	Time of Accident hh:mm	12:45	Country of Accident	Singepore
porting Centre		Orange Force		ICM No.	
cident Location	SLIF RD SENBAWANG RD TWDS GAMBAS	-V-10-20-19-00-		72 CO.	
	TEL NO SENERAL NO TRES GATORS				
Benefits					
Excess					
n damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00		
nt Perty Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa					
Registered	No		GST Registration Date		
Registration No.	03770		GST Status Verified	No	
ification History				8.32	
Company of the Company					
Policyholder Mailing Ad	dress				
ress 1	BLX 763 #06-236	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510763
tress 4		Address Type	Singapore address	Post Code	510763
R No.	06-236	Related Policy Number	5099741264		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	SANIAF BIN DASMAN	Oriver NRIC	517206683	Driver DOB	10/10/1965
pater Date of Driver License		Driver Age	52	Driving Expenence	31
	96359785				
ntect No.(Mobile)		Contact No.(Office)	9	Contact No.(Home)	0
druss 1	BUK 314	Address 2	SEMBAWANG DRIVE	Address 3	SINGAPORE 750314
descent di					
gress e		Address Type	Singapore address	Post Code	750314
	11-450	Address Type	Singapore address	Post Code	750314
it tyo. es he own a Singapore	11-450 ○ Yes ® No	Address Type Onver Vehicle No.	Singapore address	Post Code Driver Insurer Compa	
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t No. es he own a Singapore justered car?			Singapore address		
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ddresz 4 16 No. 196 Ne own e Singapore rgistered (ar? cdaration eatharyser or Blood Test	○ Yes ® No	Onver Vehicle No.			
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Attachment		Uploaded By/Date	Category	Urgency	Description	Msg Sent? Actio (CO)
MARK 4"	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-30	Edit
100	NAC_PAYA_UB1_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:55	SAS	Normal	SAS 2018-5-30	Edi
1-6	NAC_PAYA_UB1_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2016 18:54	Photos	Normal	Photos 2018-5-30	Edit
THE	NAC_PAYA_UBJ_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:54	Photos	Normal	Photos 2018-5-30	Edit
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	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:54	Photos	Normal	Photos 2018-5-30	Edit
Video List	Uploaded By/Date	Folder Date	File Name	9	Source	Action