Date In: 30/7/18-13:54	Jeb description	M NA 118 0 69 988 Date & Time Completed	Done by	
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D.O.A: 30 1/18-08:40	i-Motor Claim Form	M 0996539-001	30/1/19/19:	13
OD TP Reporting Only	i-Motor W/O (Within: Of	2hrs, TP 4hrs)		20
ob raparang any	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repo	rt j		_
11 moutor,	Ass't Report by Fax / Ha	nd to Owner/Wksp		_
Preferred Wksp / INC Assign Wksp / QW: ((Tel: F	ax:	
TP Particulars: Veh No: 65	MI . YITIFA	C()/Non-INC()		_
Owner / Driver: (Tcl:)	_
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	_
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-1	100%]	
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SINGAPORE ACCIDENT STATEMENT

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.
- 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

alolesalu,	
	ACCIDENT STATEMENT
Date Of Report	30/05/2018 13:54
Date Of Accident	30/05/2018 08:40
Exact Location Of Accident	PIE (CHANGI) BEFORE LORNIE RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GU8114J
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	LITEACE 5 DR
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5083753294-01

Policy Number

5083753294-01

Cover Note Number

Driver

MUHAMMAD HASBULLAH BIN HASSAN Name of Driver

NRIC No S9129362E 23/08/1991 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 22/01/2018

0 YEAR AND 4 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-92762523 Mobile Number

Fax Number

OFFICE-92762523 Contact Number

EMail Address NOEMAIL Address BLK 314 BUKIT BATOK STREET 32

#02-63

Postcode 650314

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 - 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

NO

Was any body injured in the Accident? 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, MY VEHICLE WAS STATIONARY ALONG LANE 2 PIE (CHANGI) BEFORE LORNIE RD EXIT AS IT WAS CONGESTED, 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?

YES
VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBA7151Y

Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

 Name of Driver
 PEH AH KEE

 NRIC/Passport Number
 \$1090575C

 Contact Number
 90083765

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

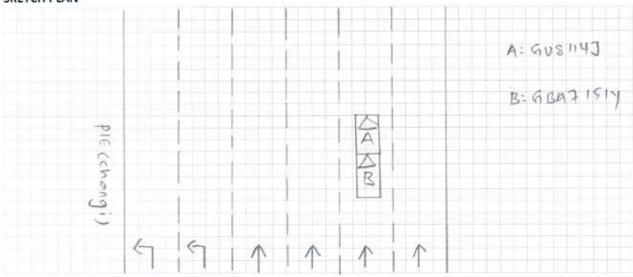
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	
7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

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)

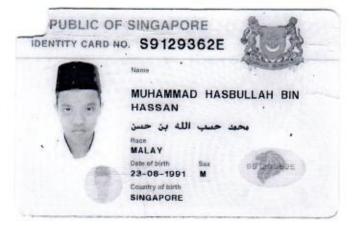
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





eBaoTech							GeneralClaim			
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My Desktop	Polic	cy Query								5.0
Notice of Loss	Policy N	10.				Date of Ac	cident	30/05	/2018 08:40	
	Vehicle No. (For Motor)		GU81143							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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ses he own a singapore igistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Compa	arty	
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		Address Type	Singapore address	Post Code		
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ntact No.(Mobile)	92762523	Contact No.(Office)	0	Contact No. (Home)	0	
gister Date of Driver License		Driver Age	26	Driving Experience	0	
named shiver Name	MUHAMMAD HASBULLAH BIN H.	Driver NRIC	59129362E	Driver DOB	23/08/1991	
ver Name	Unnamed Driver	Driver Type	Unnamed Driver			
OI Driver Info						
it No.		Related Policy Number	5053091594-06			
idress 4		Address Type	Singapore address	Post Code	536203	
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Policyholder Mailing Ad		205.000			92000000	
odification History						
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ccident Location	PIE (CHANGI) BEFORE LORNIE RD EXIT					
eporting Centre		Orange Force		ICM No.		
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sport Date	30/05/2018 19:11	Academ Report Within 24 hrs	Yes	Accident Type	Collision - Her	ed to Rear
Accident Details	01.00000000000000000000000000000000000	GEOGRAPHICA CONTRACTOR			995,000,000	10001200
a Applicant Property	No	NCD Entitlement(%)	10	rates rate	2,550	
DI FINNELINII			10	Private Hire	No	
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niai Address K	AB) PTE LTD			Policyholder NRIC	2000097850	
entact No. (Mobile) nial Address K	AND OWN I TO	Vehicle No.	GU81141	GST Registration No.		

Attachment		uploaded By/Date	Category	Ŷ	Urgency	Description	Mag Sent? Action (CO)
10m + **	NAC_PAYA_UB1_800601(NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:14	NR3C/ Driving License		Normal	NR1C/ Driving License 2018-5-30	Edit
663		TIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:14	SAS		Normal	SAS 2018-5-30	Edit
to a	NAC_PAYA_UBI_800601(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:14	Photos		Normal	Photos 2018-5-30	Edit
	MAC_PAYA_LIET_BOOGD1(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:14		Photos		Normal	Photos 2018-5-30	Edis
9	NAC_PAYA_UBI_800601(NAT	FIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:14	Photos		Normal	Photos 2018-5-30	Edit
	NAC_PAYA_UBI_800501(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:14	Photos		Normal	Photos 2018-5-30	Edit
		FIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:14	Photos		Normal	Photos 2018-5-30	Edit
2	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:14	Photos		Normal	Photos 2018-5-30	Edit
3	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2016 19:14	Photos		Normal	Photos 2018-5-30	Edit
5	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2016 19:13	Photos		Normal	Photos 2018-5-30	tan
WANT.	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:13	Photos		Normal	Photos 2015-5-30	Edit
-	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:13	Photos		Normal	Photos 2018-5-30	Edit
	NAC_PAYA_UBI_B00601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:13	Photos		Normal	Photos 2018-5-30	Edit
		TIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:13	Photos		Normal	Photos 2018-5-30	Edit
2	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:13	Photos		Normal	Photos 2018-5-30	Edit
	Uploaded By/Date	Folder Date	File Name		9	Source	Action

Display in New Window Scan and uploading