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Date In: 4/6/18 - 09:54	Jeb description	Date & Time Completed	Don	ie by
Ref No: NA/IN (18010127/24	SAS e-filing	i a		
Vch No: 551699]	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 4 6118 -09:10	i-Motor Claim Form	M10997203-001	4/6118	20:54
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hr	s, 7P 4brs)		
OD (IF) Reporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report	i l		
IF illsurer.	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tel: F	ax:	
TP Particulars: Veh No: 16	1F2872Y . INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
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General Remarks:-	6.7		Som S	× . P
() Walk-In Customer : Customer's i	information strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins	surer URGENTLY.			
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO(); T	owing Co: ()
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()			
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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.
- 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

ACCI	רבאיז	T CTAT	44.0	CAIT
ACC	DEN	DIA	117	ENI

 Date Of Report
 04/06/2018 09:54

 Date Of Accident
 04/06/2018 09:10

Exact Location Of Accident PIE (TUAS) BEFORE BEDOK NORTH AVE 3 EXIT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS1699J

Insured/Policyholder

Name Of Registered Owner AKMAL BIN ARIFFIN

NRIC No S9046074I Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97286667

 Alternative Phone No
 OFFICE-97286667

Vehicle Particulars

Manufacturer HYUNDAI

Model I30 (FD) 1.6 DOHC AUTO

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

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 PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5095264873

Cover Note Number

Driver

Name of Driver AKMAL BIN ARIFFIN

 NRIC No
 \$9046074I

 Date Of Birth
 17/11/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 02/11/2010

Driving Experience 7 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97286667

Fax Number

Contact Number OFFICE-97286667

EMail Address NOEMAIL

Address BLK 840 SIMS AVENUE

#02-860

Postcode 400840

Was driver an employee of the Insured's Company NO

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3 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.

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 TRAVELLING ALONG LANE 1 PIE (TUAS). SUDDENLY VEHICLE C BRAKE HIS VEHICLE. I MANAGED BRAKE MY VEHICLE IN TIME. VEHICLE B WAS TRAVELLING VERY FAST AND HIT ONTO MY VEHICLE REAR PORTION. AFTER THE IMPACT, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE C 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 SGF2872Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver PEH XIAN BIN, EUGENE (BAI XIANBIN)

NRIC/Passport Number S9126416A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLJ3981D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

BALA MURUGAN S/O KANNIAH

NRIC/Passport Number

S7427627Z

Contact Number

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

NRIC/FIN No.:

SKETCH PLAN		
		A: SJS 1699J
ble (Inus)		E: SAF28727 C: SLJ 39812
DESCRIBE CIRCUMSTANCE		
Refer to state	mend.	
= _		
DECLARATION I/We declare the foregoing part	iculars 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.:

GARANTE STERCHARAM SEMENT

2



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S90460741





AKMAL BIN ARIFFIN

اکمل بن عارفین MALAY

17-11-1990

SINGAPORE

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 02 Nov 2010 of the driver; and other motor vehicles =< 2500kg

NP 428A

3800609 S9046074 23-11-2005 APT BLK 840 SIMS AVENUE #02-860 SINGAPORE 400840 NRIC No: \$90460741 Date: 16/02/2008 No: 5885930

eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	guage	Change Passw	ord • Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N Vehicle	Na.(For Motor)	S3S16993			Date of Acc	ident	04/06	5/2018 09:10	
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095264873	AKMAL BIN ARIFFIN	590460741	GPC	drivo CLASSIC	SJS1699J	SJS1699J	26/10/2017	30/01/2019
					- 1	Continue				

		Policyholder			Policyholder	10000-000000000	
Policy No.	5095264873	Name	AKMAL BIN	ARIFFIN	NRIC	S9046074I	
Address	840 SIMS AVENUE #02-860 EUN	OSVILLE SIN	GAPORE 400	840			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	26/10/2017	Effective Date	26/10/2017	00:00	Expiry Date	30/01/2019 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	ST INSURANCE AGENCY PTE. LT	Agent Tel.	64649098		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	840 SIMS AVENUE	Addre	ess 2	#02-860 EUNOSV	ILLE	Address 3	SINGAPORE 400840
Huuress A		2000		Turner and the service of the servic		Post Code	400840
		Addre	ess Type	Singapore address			(1000)
Address 4			ed Policy	Singapore address			3333
Address 4 Unit No.	ed Object: SJS1699J	Relat	ed Policy	. 15 55 548 15 EM MAN			
Address 4 Unit No.		Relat	ed Policy	. 15 55 548 15 EM MAN			

Accident MT/0997203						Ex
Policy No.	5095264873	Vehicle No.	\$3\$16993	GST Registration No.		-
Policyholder Name	AKMAL BIN ARIFFIN			Policyholder NRIC	590460741	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	D	
Contact No.(Mobile)	97286667	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	m v	
KFK	® No ○Yes	TCA	® No ○Yes	eCode Reason	Academic Control of the Control of t	
NCD Protection	No	NCD Entitlement(%)	0	Private Mire	No	
Accident Details		COCK (4.00-310.00.00.00.00.00.00.00.00.00.00.00.00.0				
Report Date	04/06/2018 20:52	Accident Report Within 24 hrs	Yes	Accident Type	Photo Posterior	
Date of Acodem					Chain Collision	
	04/06/2018	Time of Accident hhumm	09:10	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	PIE (TUAS) BEFORE BEDOK NORTH	AVE 3 EXIT				
'₽ Benefits						
♥ Excess						
Own damage Excets	600.00	Additional Excess	0	Windscreen Excess	100.00	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00			
Third Party Excess	0.00	Outside Singapore TP Excess	0.00			
♥ GST Registered Inform	ation					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Venfied	Yes		
Modification History						
Policyholder Mailing Ad	biress					
Address 1		Value of the latest and the latest a	care and property are to		100000000000000000000000000000000000000	
	840 SIMS AVENUE	Address 2	#02-860 EUNOSVILLE	Address 3	SINGAPORE 400840	
Address 4		Address Type	Singapore address	Post Code	400840	
Unit No.		Related Policy Number	5095264873			
♥ OI Driver Info						
Driver Name	AKMAL BIN ARIFFIN	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	59046074[Driver DOB	17/11/1990	
Register Date of Driver License	02/11/2010	Driver Age	27	Driving Experience	7	
Coreact No. (Mobile)		Contact No. (Office)		Contact No.(Home)		
Address 1	840 SIMS AVENUE	Address 2	EUNOSVILLE	Address 3	519GAPORE 400840	
Address 4		Address Type	Singapore address	Post Code	400840	
imit No.	02-860	Address Type	Singapore address	Post Code	400840	
	02-860 ② Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	400840	
Lint No. Does he own a Singapore Registered car?			Singapore address		400840	
Unit No. Does he own a Singagore Registered car? Declaration			Singapore address		400840	
Limit No. Does he own a Singapore Registered car?			Singapore address ○ Yes No		400840	
Unit No. Does he own a Singapore Registered car? Declaration Sneathalysis or Blood Test	○ Yes ® No	Driver Vehicle No.			400840	
Imit No. Does he own a Singapore Registered car? Declaration Sreathalyser or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.			400840	
Imit No. Does he own a Singapore Registered car? Declaration Breathalysis or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.			400840	
Imit No. Does he own a Singapore Registered car? Declaration Breathalysis or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.			400840	
Imit No. Does he own a Singapore Registered car? Declaration Smalthalyser on Blood Test Reading? Modification History	○ Yes ® No	Driver Vehicle No.			400840	
Line No. Does he own a Singapore Registered car? Declaration Sreathalysis or Blood Test Reading? Modification History Claim 001 New	○ Yes ® No	Driver Vehicle No. Any injury?	○ Yes ® No	Driver Insurer Company		
Unit No. Does he own a Singapore Registered car? Declaration Sreathalysis or Blood Test Reading? Modification History Claim 001 New Claim Type +	Ones No	Driver Vehicle No. Any injury? Insured Name	○ Yes ® No	Driver Insurer Company Insured NRIC	400840 890460741	
Unit No. Does he own a Singapore Registered car? Declaration Sreathalysis or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No (Mobile)	0 mg	Driver Vehicle No. Any Injury? Insured Name Contact No.(Hume)	○ Yes ® No AKMAL BIN ARIFFIN NGL	Driver Indurer Company Insured NRIC Contact No.(Office)	\$90460741	
Uma No. Does he own a Singagore Registered car? Declaration Sheathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address.	○ Yes (a) No ô mg OD-MX 97289667 asmal3.7er/fin@gme6.com	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	○ Yes ® No	Driver Indurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	\$90460741 \$G\$2872Y	
Uma No. Does he own a Singapore Registered car? Declaration Seathalyser or Blood Test Reading? Modification History Claim 901 New Claim Type * Contact No. (Mobile) Email Address Claim Description	0 mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	AKMAL BIN ARIFFIN NIL 52516993	Driver Indurer Company Insured NRIC Contact No.(Office)	\$90460741 \$G\$2872Y	
Une No. Does he own a Singagore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type + Contact No. (Mobile) Email Address. Claim Description Perferred Workshop Contact No.	OD-MX S7286667 OD-MX S7286667 OBMAIL J J J J J J J J J J J J J J J J J J J	Driver Vehicle No. Any injury? Insured Name Contact No.(Hume) Of Vehicle Number Broured Libbitty •	AKMAL BIN ARIFFIN NIL S2516993 Noc at Faur	Driver Indurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	\$90460741 \$G\$2872Y	
Umit No. Does he own a Singagore Registered car? Declaration Seathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Notice) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	○ Yes (a) No ô mg OD-MX 97289667 asmal3.7er/fin@gme6.com	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	AKMAL BIN ARIFFIN NUL \$2516993	Driver Indurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	\$90460741 \$G\$2872Y	
Umit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim OD1 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OD-MX S7286667 OD-MX S7286667 OBMAIL J J J J J J J J J J J J J J J J J J J	Driver Vehicle No. Any injury? Insured Name Contact No.(Hume) Of Vehicle Number Broured Libbitty •	AKMAL BIN ARIFFIN NIL S2516993 Noc at Faur	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh	\$90460741 	
Umit No. Does he own a Singagore Registered car? Declaration Sheathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Notice) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	OD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Librity • Preference Repair Option	AKMAL BIN ARIFFIN NIL S2516993 Noc at Faur	Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh	\$90460741 \$GF2872Y 89	
Umit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim OD1 New Claim Type * Contact No. (Motile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OD-MX S7286867 OD-MX S7286867 Quinal 1 7 8 7 8 9 1	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Librity • Preference Repair Option	AKMAL BIN ARIFFIN NIL S2516993 Noc at Faur	Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh	\$90460741 \$GF2872Y 89	
Umit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Token By	OD-MX S7286867 OD-MX S7286867 Quinal 1 7 8 7 8 9 1	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Browled Liability * Preference Repair Option Claim Close Date	AKMAL BIN ARIFFIN MIL 52516993 Not at Fault Preferred Workshop, Name unknown	Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh	\$90460741 \$GF2872Y 89	
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