Duta las 3 lees 1	tre Services wer + Janios M	VH (1007 4 - 7]	
Date In: 3/6/18-14:43	Jeb description	Date &Time Completed	Done by
Re[No: NA] IN(1801 0444) 24	SAS e-filing	1 80	
Veh No: 508242H	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 7/6/18-12:30	i-Motor Claim Form	M7/0997764-001	7/6/18 20:21
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2h		
OB : 17 + Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
ir iisurei.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: JD	GISTE . INC ()/Non-INC()	7*
Owner / Driver: (Tel:)
Policy No: () Po	eriod: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]
	Warranty: YES ()/NO ()	
	000 ()/\$2,000 ()	<u> </u>	
	h 1.2500 100 100 100 100 100 100 100 100 100		12.5
General Remarks :-		stant respective contests in the	Con Paris
() Walk-In Customer: Customer's info	ormation strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Insur	er URGENTLY.	4	
		having Co. (· · ·
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO(); T	owing Co: (
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/(Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	 	
- / Chock / Fusi & chan inspection			
	20003		
	3000] ()		
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3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	3000] ()		
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B) Upload Resurvey Photo [Repair Cost > \$: Injury:	3000] ()		
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Upload Resurvey Photo [Repair Cost > \$: Injury: Onte/Time Actions Actions UA 80 3587 uimant's Particulars:-	Invoice Prej	Reporting (\$30); Assessment (\$100); INC (\$80	friğiji Add
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Onte Time Actions Actions VA 20 3587 Aimant's Particulars:- ver/Owner:	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Tr 5) FT: Follow-Tr	Reporting (\$30); Assessment (\$100); INC (\$80 rough Survey \$ strough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005)	[\$1.Bill Add] 0) 545 120 530
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Upload Resurvey Photo [Repair Cost > \$: Injury: Onte Time Actions WA 80 3587 Limant's Particulars:- ver/Owner: ntact No: maged Portion:	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing Fi 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8	Reporting (\$30); Assessment (\$100); INC (\$86 to \$400 trough Survey \$ trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion SMRT Survey \$	
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Onte/Time Actions NA 80 3587 Injury: Diment's Particulars: Interved Portion: Checked by (Engr-In-Charge): ditors! Comments:	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Tr 5) FT: Follow-Tr For claiming as 6) TR: Re-inspec 7) N1: Idae DA 3) NTUC Additio OD* *N5: Courtesy *N6: Repair Cc *N7: Fost Repair TP (N11): TP	Reporting (\$30); Assessment (\$100); INC (\$86); Assessment (\$100); INC (\$100); Assess	
3) Upload Resurvey Photo [Repair Cost > \$: Injury:	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8 8) NTUC Additio OD: N5: Courtesy N6: Repair Cc N7: Fost Repair N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$86); Assessment (\$100); INC (\$100); Assess	

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.
- 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.
- 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
Data Of Basad	and period will have an explain
Date Of Report Date Of Accident	07/06/2018 14:43 07/06/2018 12:30
Exact Location Of Accident	SLIP RD AYER RAJAH AVE TWDS NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ8242H
Insured/Policyholder	
Name Of Registered Owner	SHEIKH SAJID MAQBOOL
NRIC No	S2727584B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97887644
Alternative Phone No	OFFICE-97887644
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
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	REPORTING ONLY
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	5100906657
Cover Note Number	
Driver	
Name of Driver	SHEIKH SAJID MAQBOOL @SAJID MAQBOOL
NRIC No	S2727584B
Date Of Birth	11/08/1967
Occupation	INDOOR
Date Of Driving Pass	05/11/2005

12 YEARS AND 7 MONTHS

(LOCAL) +65-97887644

OFFICE-97887644

MALE

NOEMAIL

Address 42 NORTH BUONA VISTA ROAD

#01-12

Postcode 118166

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

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.

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 SLIP RD AYER RAJAH AVE TWDS NORTH BUONA VISTA RD. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY HIT ONTO VEHICLE B 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 SJP6151E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver JASPER KUAR

NRIC/Passport Number

Contact Number 91520730

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.:

	A: 530 82 42H
North Buong vista Rd	B: SJP6151E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to state	nent.		
	/		
	/		

DECLARATION

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

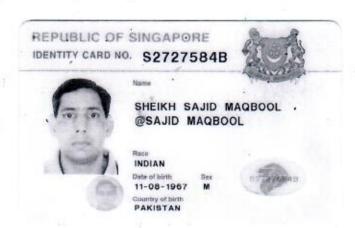
Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

Salater seasons and a second









eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	guage	· Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								19
Notice of Loss	Policy N	lo.				Date of Acc	ident	07/0€	5/2018 12:30	
	Vehicle	No (For Motor)	SJQ8242H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100906657	SHEIKH SAJID MAQBOOL	S2727584B	GPC	drivo CLASSIC	SJQ8242H	SJQ8242H	28/05/2018	27/05/2019
						Continue				

Policy No.	5100906657	Policyhold Name	er SHEIKH SAJI	D MAQBOOL	Policyholder NRIC	S2727584B	
Address	42 SOUTH BUONA VISTA ROAD	#01-12 BA	YVILLE CONDOM	NIUM SINGAPORE	118166		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	22/05/2018	Effective Date	28/05/2018 (00:00	Expiry Date	27/05/2019 23	:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
nfo	nolder Mailing Address						
nfo Policyl	nolder Mailing Address 42 SOUTH BUONA VISTA	ROAD Ad	dress 2	#01-12 BAYVILLE	CONDOMINIU	Address 3	SINGAPORE 118166
Certificate Info Policyl Address 1 Address 4				#01-12 BAYVILLE		Address 3 Post Code	SINGAPORE 118166 118166
info Policyl Address 1		Ad Re	dress Type S				
info Policyl Address 1 Address 4 Unit No.	42 SOUTH BUONA VISTA	Ad Re	dress Type S	Singapore address			
info Policyl Address 1 Address 4 Unit No.	42 SOUTH BUONA VISTA 01-12 d Object: SJQ8242H	Ad Re	dress Type S	Singapore address			

Claim Handling					• Exi
Accident MT/0997764					
Policy No.	6100906657	Vehicle No.	53Q8242H	GST Registration No.	
Policyholder Name	SHEIKH SAJID MAQBOOL			Policyholder NRIC	\$27275848
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	97887644	Contact No.(Office)	۵	Contact No.(Home)	0
Imali Address		Special Remark		eCode	11.00
OPK	® No ○ Yes	TCA	® No.○Yes	eCode Reason	
VCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	07/06/2018 20:19	Acodent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
		Time of Accident hhomm	12:30	Country of Accident	Singapore
Date of Accident	07/06/2018		12:30	2CM No.	arrigação e
Reporting Centre		Orange Force		SOH NO.	
Accident Location	SLIP RD AYER RAJAH AVE TWDS NORTH BUOK	NA VISTA RD			
⇒ Benefits			0.500.00		
Coverage Decess Weiver			Sum Insured		
© Excess			33333333.38		
	7000		b.	Value of the Control	100.00
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
innamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa					
IST Registered	No		GST Registration Date	Man	
SST Registration No.			GST Status Venfield	Yes	
Addition History					
m Ballandalan Mallina Adam					
Policyholder Mailing Ad					
Address 1	42 SOUTH BUONA VISTA ROAD	Address 2	#01-12 BAYVILLE CONDOMINIL	Address 3	SINGAPORE 118166
Address 4		Address Type	Singapore address	Post Code	118166
and No	01-13	Related Policy Number	5100906657		
□ OI Driver Info					
Driver Name	SHEIKH SAJID MAQBOOL & SAJID MAQBOOL	Onver Type	Main Driver		
Unnamed driver Name		Driver NRIC	\$27275848	Driver DOB	11/08/1967
Register Date of Driver License	05/11/2005	Driver Age	50	Driving Experience	12
Contact No. (Mobile)	97887644	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	42 SOUTH BUONA VISTA ROAD	Address 2	BAYVILLE CONDOMINIUM	Address 3	SINGAPORE 118166
Address #		Address Type	Singapore address	Post Code	118166
Unit No.	01-12				
Does he own a Singapore Registered car?	○ Yes ® No	Ortver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	325067	220/300728	Aut eur		
Reading?	D mg	Any injury?	○ Yes ® No		
Hodification History					
5 DE 6					
Claim 001 New					
Claim Type *	DD-MX	Insured Name	SHEIKH SAJID MAQBOOL	Insured NRIC	S2727584B
Contact No. (Mobile)		Contact No.(Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SJQ8242H	TP Vehicle Number	SJP6151E
Claim Description	S3Q8242H / SIP6151E ON 7 Jun 2018		1	Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Fully at Fault		2
40.	- TOTA		5515 THURSDAY - 99 - 1755 FEE - 5515	P11	Received
Require Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	07/06/2018 00:00
Date Registered	07/06/2018 20:21	Claim Close Date		Date Received	07/06/2016 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
- Committees of					
9					
Accident No.	MT/0997764	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	* 07/06/2018 20:22		
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		attendations			
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NAC.3	MAYA_UBI_BODSO1(NATIONAL ASSESSMENT CENTRE SERVICES) o n 2018 20:22	n 07 Ju SAS	Normal	SAS 2018-6-7	
NAC.	AYA_UB]_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 2018 20:22	n 07 Ju NA3C/ Driving License	Normal	NRIC/ Driving License 2018-5-7	
stachment	Uploaded By/Date	Category	P Urgency	Description	Mag Sent (CO)