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	ort by Fax / Hand to (Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax		
TP Particulars: Veh No: SBE 2211) INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: () (Cover Type: ()	
Confirmed by : (Date:	Time:)	***************************************
Insured/Driver Liability: (%) [Note-Est State	as (WO): N: 0-20%	; P: 21-79%. F: 80-100	%]	
Year of Registration: () Warranty: YES	S()/NO()			
Excess: (\$) Loading: \$1,000 () / \$2,	000()			
General Remarks:		Mary State State of		
() Walk-In Customer: Customer's information strictly	Confidential & Strict	ly NO rafer of repairer.		
() Total Loss Case : to e-mail Insurer URGENTI	Y.			
Drive-In () / Towed-In (); Invoice: YES ()	/ NO () ; Tow	ring Co. (V
	, , , , , , , , , , , , , , , , , , ,			
The Control of the Co		Date&Time Completed	Done	by
Apply for Transport Allowance () / Courtesy Car (OC Charles B. Car (October 1988))			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury:				
Date/Time Actions	Part of the same	SERVICE OF THE SERVICE		-
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river/Owner:	3) TF : Towing Fee	\$40/\$45		-51-11-1
ontact No:	4) FT : Follow-Throu 5) FT : Follow-Throu	gh Survey \$120 gh Survey (Resurvey) \$30	-	
NEW YORK OF THE PARTY OF THE PA	For claiming again	st INC Only (wef 10 Jan 2005)		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

THE PART OF THE PA	ACCIDENT STATEMENT
Date Of Report	18/06/2018 17:30
Date Of Accident	16/06/2018 15:55
Exact Location Of Accident	AYE TOWARDS TUAS NEAR LAMP POST 73F
Country/State of Loss	SINGAPORE
MOMENTAL SECTION OF THE PERSON OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV2069E
Insured/Policyholder	
Name Of Registered Owner	ISKANDAR ZULNURAIN BIN BURHANUDIN
NRIC No	S8418925A
Email Address	DEEDRZUL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91851767
Alternative Phone No	OTHERS-91851767
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	5095919444
Cover Note Number	
Driver	
Name of Driver	ISKANDAR ZULNURAIN BIN BURHANUDIN
NRIC No.	S8418925A
Date Of Birth	26/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91851767
Fax Number	

OTHERS-91851767

DEEDRZUL@GMAIL.COM

Address

BLK 409 WOODLANDS STREET 41

#05-103

Postcode

730409

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: BROTHER

GENDER:

: MALE

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

PLEASE REFER TO SKETCH PLAN

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

SBE828D

Vehicle Make/Model/Colour

BMW

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LOH CHEONG KWAI

NRIC/Passport Number

S0312314F

Contact Number

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.
- 3. 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.
- 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. 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.
- 7. 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:

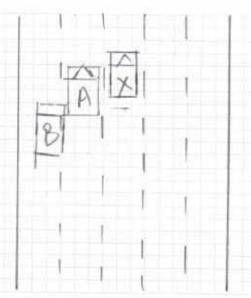
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (i) 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
- 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.
- 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

18 JUNE 2018

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

Reporting Centre Personnell's Signature:
Name:
NRIC/FIN No.: KOS LI WAHA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 1	16/06/2018	AT ABOU	17 15:5	THR3	I was	TRAVELLING
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DECLARATION

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

Policyholder's Signature

Date & Time: 18 June 18

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

Reporting Centre Personnel's Signature Mame:
NRIC/FIN No.:

ACCION DE LA HABBE

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Claim Handling(accident reporting Claim Task)

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100	NAC_BUKIT_HERAH_BD0679 UKIT MI	(MATIONAL ABSESSMENT CENTRE SERVICES (B RAM)) on 18 Jun 2018 17:59	549	Normal	SA5 2018-6-18	Ent
5	NAC_BUKIT_MERAM_800674 UKIT ME	N NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) en 18 Jun 2018 17:59	Phytins	Normal	Photoe 2018-6-18	Edis
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ACCIDENT STATEMENT

	ACCI	DENT DATE: 16 /	06/2018/10	D/MM/YYYY),	TIME: 15 : 5	2) (HH:WW)
175	LOCA	TION: AYE T	nukani T.A.	(11000	ST 736)	
320	LUCA	MON: TIE	OWNIOS INHS	(LEAN E. C	al Fara	
W	1	DETAILS OF VEHIC	CLE			
:6	155	a) VEHICLE NUME		46		10
		b)INSURANCE CO				
	171	e)POLICY NUMBE		V1 C		
		d)POLICY TYPE: (0	COMPDEHENSIVE	/ THIRD BARD	VITUIDO PARTY E	IRE &THEFT
		e)MAKE & MODE	L. LA WEWAREN	SCHOOL	17 THIND PARTY	ince service of
		f)TYPE:(SALOON /	COURT / MRV /	VAN /I OPPY	MOTOPCYCLE	OTHERS
		g) VEHICLE CATEO				
		h)PURPOSE OF US				54).
		IJARE YOU CLAIM				
			ATE (THIRD PART)			
	2		CONTROL LANGE	WOILS- OTHER		
	4.	A)NAME ISKAN	DAR ZINDINA	AIN BIN BUR	HANUDIN	FEMALE)
		b) NRIC/FIN/PASSE	PORT: 58418	925A	CONTACT:	
		CIADDRESS: 40				
BROTHE	4 5		730409)	72. 3. 11		7.
		+ CONTINUE TO S		POLICY HOL	DER	7/
My No of passe	and3,	DRIVER				
Concluding d	1 Jan	a)NAME:			(MALE /	FEMALE)
1,140	(viver)	b) NRIC/FIN/PASSE	PORT:		_CONTACT:	
(2)		c]ADDRESS:				
				000	La researce	
	10	d)DATE OF BIRTH			W/IIII)	
		eJOCCUPATION:			14	
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	~,	IF NO, RELATION				
	5.	a) WEATHER CON				
	1000	b)ROAD SURFACE				
	6.	WAS ANYBODY IN				
		a) REPORTED TO PO		.71	2	
		IF YES, PLEASE ST				
o w	8.	THIRD PARTY VEHIC	CLE			
g the of briesin	ly:r	a) VEHICLE NUM	BER: SBE 8	78 D	MODEL: BM	V
Lindudian di	Ste tel	b) DRIVER'S NAM c) NRIC/FIN/PAS	ME: LOH	CHEONG	KWAI	
()	35 (1985)	c) NRIC/FIN/PAS	SSPORT: 5031	2314F	_CONTACT:	
7 1000	9.	THIRD PARTY VEHIC	CLE			
gipo di proce	9.101-	d) VEHICLE NUM	IBER:		_MODEL:	
11 11	10 March	TALK SIGN/LDD/1 In	(A = 4		De saroni morses na	79 27
Citizanding a	1,75,77	f) NRIC/FIN/PAS	SPORT:		_CONTACT:	
1 1			8			
- Tones						

email = deedrzulegnail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8418925A





ISKANDAR ZULNURAIN BIN BURHANUDIN



JAVANESE 26-06-1984 Country/Place of birth

SINGAPORE





5355943



HRIC No. S8418925A



24-09-2014

APT BLK 409 WOODLANDS STREET 41 #05-103 SINGAPORE 730409

YOU ARE UDENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 28 Motorcycles =< 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles > 400 CC
Class 3 Motor cars =< 3040 kg with =< 7 passengers, exclusive of the drivers and motor tractors/velicles =< 2500 kg
Class 4 Heavy motor vars and motor tractors > 2500 kg

28 Aug 2004 | 05 Dec 2004 09 Dec 2010 30 Apr 2007

\$8418925A

S / No. 9000147870

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