NATIONAL Assessment Cer	ntre Services. wells	2010SI MUN 118079097		
Date In: 14/6/18-16:34	Jcb description	Date & Time Complete	d Don	e by
RC[No: NA INC18011142 / 24	SAS e-filing			
Veh No: 311 1935R	E-mail (within Shrs, Al	C 2hrs)		•
D.O.A: 18/6/18-16:15	i-Motor Claim For	m _MT/0999275-00	1 (9/6)18	18:
	i-Motor W/O (Withi		1	
OD TP Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey F	enort		
TP Insurer:		Hand to Owner/Wksp	-	
Preferred Wksp / INC Assign Wksp / QW: (Tel:		
			Fax:	-
Owner / Driver: (2 44.0818	INC()/Non-INC()		-
Policy No: ()	Period: (
Confirmed by : (Date Date) Cover Type: (
		N: 0-20%; P: 21-79%. F: 80	1000(1	
Year of Registration: ()			-100%)	
	Warranty: YES ()/N 1,000 ()/\$2,000 ()	<u> </u>		N. SEED
General Remarks:	1,000 ()/32,000 ()	TOP . L. T. T. W. S. A. LOWERLAND, & P. PARTY CO.	SAME THE WAY	
() Walk-In Customer : Customer's in			STREET STREET	+ 7
() Total Loss Case : to e-mail Inst Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(); Towing Co: (
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance (Market 1 (100 (11) November 2010 (10) (10) (10)	Date&Time Completed	Done	by
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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,
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.

extransition acquising littles.	ACCIDENT STATEMENT
Date Of Report	19/06/2018 16:34
Date Of Accident	18/06/2018 16:15
Exact Location Of Accident	YISHUN AVE 2 TWDS LENTOR AVE BEFORE YISHUN CTRL 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL1935R
Insured/Policyholder	
Name Of Registered Owner	RED CASTLE CO PTE LTD
Co Reg No	201222975N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR
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	THIRD PARTY
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	5097963931
Cover Note Number	

Driver

Name of Driver MUHAMMAD SUFYAN BIN SABARI NRIC No S8535061G

 Date Of Birth
 04/11/1985

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/09/2011

Driving Experience 6 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91896635

Fax Number

Contact Number OFFICE-91896635

EMail Address NOEMAIL

Address

BLK 213A PUNGGOL WALK

#14-747

Postcode

821213

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 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.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: FEMALE

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

REFER TO STATEMENT.

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

YP4408B

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

ONG BOON KIONG

NRIC/Passport Number

S1381331J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- Any value 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)

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 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

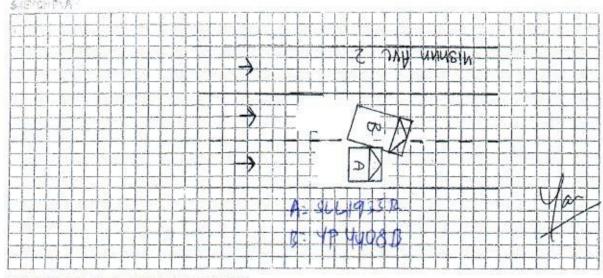
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMISTANCES OF THE ACCIDENT

I was travelling along the first lane Yishun Ave 2 towards Lentor Ave before Yishun Central. While travelling, vehicle B suddenly cut into my lane from the second lane causing our vehicles to collide. Vehicle B didn't stopped over but continued driving, so I chased after him and finally got him to stop at one side. When the driver of vehicle B came down and spoke to me, he said that he wanted to avoid the front vehicle in front of him which suddenly braked. Hence, he cut onto my lane and collided onto my vehicle.			8861/64
 before Yishun Central . While travelling , vehicle B suddenly cut into my lane from the second lane causing our vehicles to collide. Vehicle B didn't stopped over but continued driving , so I chased after him and finally got him to stop at one side. When the driver of vehicle B came down and spoke to me , he said that he wanted to avoid the front vehicle in front of him which suddenly braked . Hence , he cut 		I was travelling along the first lane Yishun Ave 2 towards Lentor Ave	
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	100	onto my lane and collided onto my vehicle.	-
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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:

Name:

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

JIMBAR DIE ACCIDENT STATE ABOUT

IMPORTANT GOTICE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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. Any false reporting may be referred to the traffic police department for investigation.

ACCRETATION OF THE PARTY OF	ACCIDENT DETAILS	A LONG LAND
Date of accident	18 June 2018	(DD/MM/YY)
Time of accident	4:15PM	(HM:MM)
Exact location of applicant	yishun Ave 2 towards Lentor Are before	Yishun Central 1

STATE SHOWING THE RESIDENCE OF STATE OF	DIETARUS OF VEKINGUE
Vehicle registration number	9LL19358
Vehicle make and model	Honda Shuttil
Type of vehicle	Saloon MPV CRV Van C
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you daiming under your own insurance company?	Yes D No if no, please select: Third part claim of Reporting only D

	INSURANCE IN	ROTH ANNAIGH	No ASH TELL
Insurance company	NTUC		
Policy number	1		
Type of policy	Comprehensive	Third party fire & theft a	TP only [

Name	Red Castic	DLICY HOLDER	Male o	Female :
	NO CHOIC	51.	IVIAIE LI	I ciliale L
NRIC / Fin / Passport number	20122297	- DN		
Contact	A THE STATE OF THE PARTY OF THE			
Address	#07-01 C	lose Ximini (Asims	S(387298)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Muhammad Sufuan Bin Sabari	Male	Female 🗈				
NRIC / Fin / Passport number	885350616						
Contact							
Address	BIK 213A Punagol Walk		N. Committee				
	#14-747						
Email address	9189435						
Date of birth	04-11-1985						
Occupation	Indoor D Outdoor D						
Driving date pass	08 81pt 2011						

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Was injured conveyed to	Yes 🗆	No □		
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Was injured conveyed to	Yes 🗆	No□		
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Was injured conveyed to	Yes 🗆	No 🗆		
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes D Yes D	No D No D No D No D	PERSOIN 5	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes D Yes D	No D No D No D No D	PERSOIN 5	
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REPUBLIC OF SWIGAPORE

IDENTITY CARD NO. \$8535061G





MUHAMMAD SUFYAN BIN SABARI

Marne

MALAY Dete of birth 04-11-1985

Country/Place of their SINGAPORE

200250910





13-11-2015

APT BLK 213A PUNGGOL WALK #14-747 SINGAPORE 821213

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My Desktop	Poli	cy Query								130	
Notice of Loss	Policy N	io.				Date of Acc	cident	18/06	3/2018 16:15		
	Vehicle	No.(For Motor)	SLL1935R								
						Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5097963931	RED CASTLE CO PTE. LTD.	201222975N	GPC	drivo CLASSIC		SLL1935R		15/02/2019	
					1	Continue					

Policy No.	5097963931	Policyholder Name	RED CASTL	E CO PTE. LTD.	Policyholder NRIC	201222975N	
Address	2 SIMS CLOSE #07-01 GEMINI @ SIMS SINGAPORE 387298						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	08/02/2018	Effective Date	16/02/2018	3 00:00	Expiry Date	15/02/2019	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			Youn	g/Inexperience Driver Excess
Agent	WAH HONG INSURANCE AGENC	Agent Tel.	68927287		GST Flag	Y	
Co- insurance Flag	No				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Open Policy Info							
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▽ Policyl	nolder Mailing Address						
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Address 1			-	Classicality	. 10	Post Code	202200
Address 1 Address 4		Addre	ss Type	Singapore address	13	Dat Code	387298
	07-01		d Policy	5099409314		031 0000	38/298
Address 4 Jnit No.	07-01 d Object: SLL1935R	Relate	d Policy	Tara a series and a		031 0000	387298
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cident MT/0999275 licy No.	5097963931	Vehicle No.	0.110300		
		Vehicle No.	SLL1935R	GST Registration No.	
olicyholder Name	RED CASTLE CO PTE, LTD.			Policyholder NRIC	201222975N
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No 🕶
FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details	3770	(A) - 10 CO	20	Private rice	165
sport Date	19/06/2018 18:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ate of Accident	18/06/2018	Time of Accident hh:mm	16:15	Country of Accident	Singapore
eporting Centre		Orange Force			
	Per 200 100 100 100 100 100 100 100 100 100			JCM No.	
codent Location	YISHUN AVE 2 TWDS LENTOR AVE BE	FORE YISHUN CTRL 1			
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wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess	8575000			William Excess	100.00
		Outside Singapore OD Excess	2,000.00		
ird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	No	
dification History					
Policyholder Mailing Ad	idress				
dress 1	2 SIMS CLOSE	Address 2	#07-01 GEMINI @ SIMS	Address 3	SINGAPORE 187298
Idress 4		Address Type	Singapore address		
nt No.	07-01			Post Code	387298
	M/*U1	Related Policy Number	5099409314		
OI Driver Info			- H		
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MUHAMMAD SUFYAN BIN SABAI	Driver NRIC	58535061G	Driver DOB	04/11/1985
gister Date of Driver License	08/09/2011	Driver Age	32	Driving Experience	6
mact No.(Mobile)					
	91896635	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	BLK 2134	Address 2	PUNGGOL WALK	Address 3	PUNGGOL WAVES
			PUNGGOL WALK	MUSI CSS 3	PERMANUL WINYER
Idress 4	SINGAPORE 821213	Address Type	Singapore address	Post Code	821213
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et No.	14-747			Post Code	921213
it No. es he own a Simpapore		Address Type Driver Vehicle No.			921213
it No. es he own a Singapore gistered car?	14-747			Post Code	921213
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0	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 2018 18:54	on 193u Photos	,	ionnal	Photes 2018-6-19	K
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A	NAC_PAYA_UBI_800601(NAT)ONAL ASSESSMENT CENTRE SERVICES) on 2018-18:54	on 19 Ju Photos		eormat	Photos 2018-6-19	E
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 2018 18:54	on 19 Ju Photos	,	iornal	Photos 2018-6-19	Es
7	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 2018 18:54	on 19 Ju Photos		iormal	Photos 2018-6-19	E
1	NAC_PAYA_UBI_800501(NATIONAL ASSESSMENT CENTRE SERVICES) of 2018 18:54	on 19 Ju Photos		iormai	Photos 2018-6-19	Es
32	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 2018 18:54	on 19 Ju Photos		iormal	Photos 2018-6-19	£
1	NAC_PAYA_URI_BDGGDI(NATIONAL ASSESSMENT CENTRE SERVICES) on 2018 18:54	n 19 Ju Photos	N	formal	Photos 2018-6-19	E.
T	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 2018 18:54	n 19 Ju Photos	N	iormal	Photos 2018-6-19	E
Video List	Uploaded By/Date. Folder Date	File Name				

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