NATIONAL Assessment Centr	e Berrices	(WEL 1 17/14/02)	1MA 118080388.		
Date In 22 16/18 10:44	Jeb descriptio		Date & Time Completed	Don	e by
Rel No MALINE 18011341/14	SAS e-filing				
Veh No: 5314 786 b	E-mail (withi	i Shrs, AIC 2hrs)			9
DOA: 21/6/18 20:00	i-Motor Cla	im Form	MT/0999697 001	22/6/18	17:03
	i-Motor W/	O (Within OD 2hrs		2218118	/4.03.
OD TP Repetting Only	i-Photo Upl	oaded	1		10000
Th (Assessment/S	urvey Report			
TP Insurer:	Ass't Report	by Fax / Hand to	Owner/Wksp		100 100 100
Preferred Wksp / INC Assign Wksp / QW: (THE LABOUR DESIGNATION OF THE PARTY OF THE P	Tel:	Fax:)
TP Particulars: Veh No: 5	3V9221K.	INC ()/Non-INC()		
Owner / Driver: (5, 12211.		Tel:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability (%) [1	Note-Est Status (WO): N: 0-20	%; P: 21-79%. F: 80-	100%]	
Year of Registration: () V	Varranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	00()/\$2,000	()			was be made
General Remarks:-					
() Walk-In Customer: Customer's infor	mation strictly Co	nfidential & Stri	ctly NO refer of repairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.			- 61	
Drive-In ()/ Towed-In (); Invoice	YES () / 1	NO () ; To	wing Co: ()
Remarks: (INC horline: 6788 6616)		2.00	Date&Time Completed	Done	by
	ourtesy Car ()		N2 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 1	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
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Date/Time Actions	NA1803948	A 6.0 (1)	• aration Checklist	And (S)	Amt (3)
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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.

 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	22/06/2018 10:44
Date Of Accident	21/06/2018 20:00
Exact Location Of Accident	UPP EAST COAST RD INFRONT SHELL STATION
Country/State of Loss	SINGAPORE
Description of the second of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM786D
Insured/Policyholder	
Name Of Registered Owner	SAHARAH BINTE ALI
NRIC No	S1431853D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96507151
Alternative Phone No	OFFICE-96507151
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B170
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	5075655476-02
Cover Note Number	
Driver	
Name of Driver	ADIL MOHAMED S/O MOHAMED ASHROFF
NRIC No	S8420967H
Date Of Birth	29/07/1984
Occupation	INDOOR
Date Of Driving Pass	21/01/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96507151
Fax Number	
Contact Number	
EMail Address	NOEMAIL

14A LORONG MARZUKI Address

417061 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN 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

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES

NO

NAME:

2

: NUR KHAIRAH ABDUL RAHIM

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

I WAS TRAVELLING ALONG UPPER EAST COAST RD WHILE APPROACHING THE SHELL STATION. SUDDENLY VEH B (BEARING NO SJV9221K) WITHOUT ENSURE THE SAFETY OF ROAD USER AND DASHED OUT FROM THE SHELL STATION AND COLLIDED ONTO MY VEH FRONT PORTION.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJV9221K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

GOH ZHAO HUI AMELYN Name of Driver

S9002117F NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 23

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.
- 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.

Driver's Stenature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature

Date & Time:

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Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

REPUBLIC OF SINGAPORE,

IDENTITY CARD NO. S8420967H





Maria

ADIL MOHAMED S/O MOHAMED ASHROFF

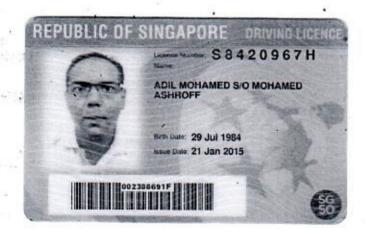


CEYLONESE Date of birth 29-07-1984

SINGAPORE



4239520





MIC No. S8420967H

Duty of Insue

09-06-2008

14A LORONG MARZUKI SINGAPORE 417061 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

21 Jan 2015

NP 428A



eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	guage	· Change Passwo	rd + Log Ou
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	21/0	6/2018 10:35	
	Vehicle	No.(For Motor)	SJM786D							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5075655476- 02	SAHARAH BINTE ALI	S1431853D	GPC	drivo CLASSIC	SJM786D	SJM786D	21/11/2017	20/11/2018
					-	Continue				

GST Status Verified

SINGAPORE 417061

Singapore address

SINGAPORE 417061

Singapore address

Yes - No

5075655476-02

Named Driver

S8420967H

6/22/2018 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/0999597 Policy No. Vehicle No. 5075655476-02 SJM786D Policyholder Name SAHARAH BINTE ALI Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Contact No.(Mobile) 96507151 Contact No.(Office) Email Address Special Remark KFK No Yes = No Yes NCD Protection NCD Entitlement(%) Accident Details Report Date 22/06/2018 16:58 Accident Report Within 24 hrs Date of Accident 21/06/2018 Time of Accident hh:mm 20:00 Reporting Centre Orange Force Accident Location UPP EAST COAST RD INFRONT SHELL STATION ▽ Benefits **▽** Excess Own damage Excess 600.00 Additional Excess Unnamed Driver Excess 0.00 Outside Singapore OD Excess 600,00 Third Party Excess 0.00 Outside Singapore TP Excess 0.00 GST Registered Information **GST Registered GST Registration Date** No

Address 2

Address Type

Driver Type

Driver NRIC

Address 2

Address Type

Any Injury?

Driver Vehicle No.

Contact No.(Office)

Related Policy Number

Loading Contact No.(Home) eCode No. Y eCode Reason Private Hire Accident Type Collision - Major Minor Ros Country of Accident Singapore ICM No. Windscreen Excess 100.00 Address 3 Post Code 417061 Driver DOB 29/07/1984 Driving Experience Contact No.(Home) Address 3 Post Code 417061 **Driver Insurer Company**

GST Registration No.

51431853D

Policyholder NRIC

Breathalyser or Blood Test Reading?

Modification History

GST Registration No

Modification History

OI Driver Info

Unnamed driver Name

Contact No.(Mobile)

Does he own a Singapore Registered car?

Address 1

Address 4

Driver Name

Address 1

Address 4

Unit No.

Declaration

Unit No.

Policyholder Mailing Address

Register Date of Driver License 21/01/2015

14A LORONG MARZUKI

14A # LORONG MARZUKI

Yes - No

96507151

ADIL MOHAMED S/O MOHAMED ASHROFF



Claim Type *	OD-MX	. *	Insured Name	SAHARAH BINTE ALI		Insured NRIC	S1431853D
Contact No-(Mobile)	91015287		Contact No.(Home)	67472769		Contact No.(Office)	
Email Address	SAHARAHALI@HOTMAIL	.сом	OI Vehicle Number	SJM786D		TP Vehicle Number	SJV9221K
Claim Description	SJM786D / SJV9221K Of	N 21 Jun 2018				Name of Preferred Workshop	0
Preferred Workshop Contact No.	0		Insured Liability *	Not at Fault ▼			
Require Finalisation	Yes	24	Preferered Repair Option	Preferred Workshop, Name unknown	*	GIA report	Received
Date Registered	22/05/2018 17:01		Claim Close Date			Date Received	22/06/2018 00:00
Report Taken By	LIEW SHAN HUI						
Print AK letter							

Save Submit

Attachment Accident No. Last Doc. Received



Claim No. Upload Date

001 22/06/2018 17:03

		Path *	
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Category *			Confid	ential	Urgency		Descr
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Attachment List

Attachment		Uploaded By/Date	Category	9	Urgency	Description
* 2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:03	NRIC/ Driving License		Normal	NR3C/ Driving License 2018-6-22
60	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:03	SAS		Normal	SAS 2018-6-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:02	Photos		Normal	Photos 2018-5-22
1	NAC_PAYA_UB1_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:02	Photos		Normal	Photos 2018-6-22
E	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:02	Photos		Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:02	Photos		Normal	Photos 2018-6-22
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:02	Photos		Normal	Photos 2018-6-22
(SD)	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:02	Photos		Normal	Photos 2018-6-22
NO.	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:01	Photos		Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:01	Photos		Normal	Photos 2018-6-22
9	NAC_PAYA_UBI_800601{	NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:01	Photos		Normal	Photos 2018-6-22
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:01	Photos		Normal	Photos 2018-6-22
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:01	Photos		Normal	Photos 2018-6-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 17:01	Photos		Normal	Photos 2018-6-22
Video List						
	Uploaded By/Date	Folder Date	File Name		9	Source

Display in New Window Scan and uploading