The state of the s	Jeb description	Date &Time Completed	Done by
Date In: 35/6/18 - 12:58		Date to time completed	
Res No: NA INCIROINTS TY	SAS e-filing	1	
Veh No: SGL7785B	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 25/6/18-12:35	i-Motor Claim Form	M1000395-001	26/6/18 17:14 .
OD TP Reporting Only	i-Motor W/O (Within: OD 2h)	rs, TP 4brs)	
OD 11 y reporting only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
Transurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	Fax: )
TP Particulars: Veh No: 68	Hanjay . INC (	)/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO(	)	
	1,000 ( )/\$2,000 ( )		
General Remarks;-		HEREAL SECTION	300 S
( ) Walk-In Customer : Customer's in		AND DESCRIPTION OF THE RESERVE OF TH	322 323
( ) Total Loss Case : to e-mail Insu		N	
		owing Co: (	· )
			770776
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Bone by
	/ Courtesy Car ( )	-	
2) QC Check / Post Repair Inspection	( )		
	SEC. 1997 Sec. 1997		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )		
Upload Resurvey Photo [Repair Cost >      Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
	\$3000] ( )		Mariodise.
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
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Injury : ———————————————————————————————————			Anet (S) Amt (3)
Injury:	Invoice Pre	paration Checklist	Anet (5) Amt (1)
Injury:  Date/Time: Actions:	Invoice Pre	Reporting (\$30);	TRBIII Add Bill
Injury:  Date/Time Actions  Actions  NASO You  Lumant's Particulars:-	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$8	fit Bill Add Bill 10) 1/545
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number

Fax Number 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.
- 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.
- 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.

20 VO.N.L.C	A COLDENT OT A TEMENT
	ACCIDENT STATEMENT
Date Of Report	25/06/2018 12:58
Date Of Accident	25/06/2018 12:35
Exact Location Of Accident	UBI AVE 1 OPP 51 PAYA UBI INDUSTRIAL PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGL7785B
Insured/Policyholder	
Name Of Registered Owner	MOHAMED MUSTHAFAH BIN NAINAMUSAH
NRIC No	S1311278I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90268216
Alternative Phone No	OFFICE-90268216
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 1.8 A
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	5023722175-10
Cover Note Number	
Driver	
Name of Driver	MOHAMED MUSTHAFAH BIN NAINAMUSAH
NRIC No	S1311278I
Date Of Birth	19/09/1958
Occupation	INDOOR
Date Of Driving Pass	22/03/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE

(LOCAL) +65-90268216

OFFICE-90268216

NOEMAIL

BLK 220 SERANGOON AVENUE 4 Address

#12-244 550220

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OWNER

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

YES

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)

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, MY VEHICLE WAS STATIONARY STOPPED ALONG UBI AVE 1 AS I WANTED TO MAKE A RIGHT TURN TO 51 PAYA UBI INDUSTRIAL PARK, TO ENSURE OPPOSITE DIRECTION FLOW WAS CLEAR BEFORE I CAN PROCEED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE 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

**GBH2193Y** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TAN LEEM TIEN

NRIC/Passport Number

S7826905G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode MOHAMED MUSTHAFAH BIN NAINAMUSAH

NECK & BACK

SGL7785B

YES

NO

## 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 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.
- 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 .:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$13112781



MOHAMED MUSTHAFAH BIN NAINAMUSAH

Hace,

INDIAN

19-09-1958

SINGAPORE

1



5523030



NRIC No. S13112781

Date of leaver

02-09-2015

Address

APT BLK 220 SERANGOON AVENUE 4 #12-244 SINGAPORE 550220 Class 3 Meta Cas and Motor Tractors the weight of which unfaden does not exceed 2500 kilograms

Lip 4258



Policy No.	5023722175-10	Policyholder Name	MOHAMED	MUSTHAFAH BIN NAI	Policyholder NRIC	S1311278I	
Address	BLK 220 #12-244 SERANGOON				NKIC		
roduct			NGAFORE 331	7220	Group		
lame	PRIVATE CAR INSURANCE	Plan			Policy Flag	N	
Ssue	25/09/2017	Effective Date	27/09/2017	00:00	Expiry Date	26/09/2018	23:59
xcess ype		All Claim Excess					
hird arty	0	Own damage	600		Windscreen	100	
xcess		Excess	000		Excess	100	
dditional xcess	0	OS Premium	0				
Outside Singapore	VIII	Outside					
xcess	600	Singapore TP Excess	0			You	ng/Inexperience Driver Excess
gent	PEK CHEE KHEE LAWRENCE	Agent Tel.	67463438		GST Flag	V	
0-	TER CHEE RIVE DAWNERGE	rigent ren	07403430		GS1 Flag	100	
nsurance lag	No						
Open Policy nfo							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 220 #12-244	Addr	ess 2	SERANGOON AVENU	JE 4	Address 3	SINGAPORE 550220
ddress 4		Addr	ess Type	Singapore address		Post Code	550220
Init No.		Relat Num	ted Policy	5023722175-10			
) Insure	d Object: SGL7785B	Num	ber				
⊕ Endor	sements						
Seque	nce Date of Endorsemo	ent	Endorsement	t Type	Endorsement	Status	Endorsement Content
ı	27/09/2017 00:00		Information rsement	Entry Re	ejected		Thank you for giving us the opportunity to serve you. We confirm that from 27 Sep 2017, the following amendment(s) is/ar made to this policy: In view of th amendment, an additional premium of \$120.40 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sinc made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also mak payment at any of our branches by cash, credit card or NETS.
ž	27/09/2017 00:00		Information rsement	Endorse	ment Take Ef	fective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Sep 2017, the following amendment(s) is/ar made to this policy: 1. The cover is amended from Third Party Fire and Theft to drivo CLASSIC 2. The Endorsement M2 stated in the Policy is not applicable 3. Section 1 of this Policy is subject to an excess of \$\$600.00. In view of this amendment, an additional premium of \$120.40 (inclusive of

cident MT/1000395								
icy No.	5023722175-10	Vehicle No.	5GL77858	g	ST Registration N	ig.		
Nicyholder Name	MOHAMED MUSTHAFAH BIN NAJNAMUSAH				phcyholder NRIC		513112781	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		oading		0	
ntact No.(Mobile)	90268216	Contact No.(Office)	0		ontact No. (Home)		0	
nail Address	2005(250)	Special Remark	ž.			6		
NC:	8 0				Code		NL V	
	® No ○Yes	TCA	® No ○Yes	- 60	Code Reason			
D Protection	Yes	NCD Entitlement(%)	50	Pr	rivate Hire		No	
Accident Details								
port trate	26/06/2016 17:11	Accident Report Within 24 hrs	Yes	A	ccident Type		Collision - H	ead to Rear
te of Accident	25/06/2018	Time of Accident No.mm	12:35		buntry of Acodem		Constance	
porting Centre		Orange Force	16.00				Singapore	
cident Location	UBI AVE 1 OPP 51 PAYA UBI INDUSTRIAL PA			10	CM No.			
Benefits	OUT AND I ONE STEWARD COST INCOMERSAL PRO	***						
/ Excess								
in damage Excess	600.00	Additional Excess	0	W	Vindscreen Excess		100,00	
named Driver Excess	0.00	Outside Singapore OD Excess	600.00					
nd Party Excess	0.00	Outside Singapore TP Excess	0.00					
GST Registered Informa	ation							
Registered	No		GST Registration Date					
Registration No.			GST Status Verified		Yes			
Offication History			36-33-17-30-30-30-30-30-30-30-30-30-30-30-30-30-		V 0000			
Policyholder Mailing Ad	dress							
iress t	BLK 220 #12-244	Address 2	SERANGOON AVENUE 4		ddress 3		SINGAPORE	550220
dress 4		Address Type	Singapore address		ost Code		550220	0.00
if No.		Related Policy Number	5023722175-10	-			550220	
OI Driver Info		and sect monter	and a section 10					
ver Name	MOHAMED MUSTHAFAH BIN NAINAMUSAH	Driver Turn	Main Direct					
named driver Name	THE STATE OF SHIRLS WITH SHIRLS WITH SHIRLS AND SHIPLE	Driver Type	Main Driver	1920	20002220		CONTROL OF THE PARTY OF THE PAR	
	72/02/1979	Driver NRIC	\$13112786		river DOB		19/09/1958	
Sister Date of Oniver License		Driver Age	59	De	riving Experience		39	
ntact No.(Mobile)	90268216	Contact No.(Office)	0	Co	ontact No.(Home)		0	
dress 1	BLK 220	Address 2	SERANGOON AVENUE 4	Ac	ddress 3		SINGAPORE	550220
dress 4		Address Type	Singaporé address	Po	ost Code		550220	
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it No.	12-244							
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Attachment		Uploaded By/Date	Category	9	Urgency	Description	Sent? Actio (CO)
C- 1955	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 17:16	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-26	Edit
43	NAC_PAYA_UB1_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 17:15	SAS		Normal	SAS 2018-6-26	Edit
1	NAC_PAYA_UB1_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 July 0 2018 17:15	Photos		Normal	Photos 2016-6-26	Edit
5075	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 July 17:15	Privates		Normal	Photos 2018-6-26	Edit
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3	NAC_PAYA_UB1_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 Ju n 2018 17:15	Photos		Normal	Photos 2018-6-26	Edit
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125	NAC_PAYA_UBI_800601( NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 26 July 12:14	Phones		Normal	Photos 2018-6-26	Edit
(3)	NAC_PAYA_UB1_600601( NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 17:14	Photos		Normal	Photos 2018-6-25	Edit
As-	NAC_PAYA_UBI_800601( NAT	TONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 17:14	Photos		Normal	Photos 2018-6-26	Edit
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13	NAC_PAYA_UBI_800601( NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 17:14	Photos		Normal	Photos 2018-5-26	Edit
	NAC_PAYA_UBI_800501( NAT	TIONAL ASSESSMENT CENTRE SERVICES) on 26 tu in 2018 17:14	Photos		Normal	Photos 2018-5-26	Edis
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45	n 2018 17:14  NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26.3u n 2018 17:14		Photos		Normal	Photos 2018-6-26	Edit
	NAC_PAYA_UBI_B00601[ NAT	TONAL ASSESSMENT CENTRE SERVICES) on 26 July 2016 17:14	Photos		Normal	Photos 2018-6-25	Edit
7 Video List		SCHOOLS STOP					
	Uploaded By/Date	Folder Date	Pile Name		?	Source	Action