Date In: 7 7 18-12:05	Jeb description	Date &Time Completed	Done by
Ref No: NA) INC 18012016124	SAS e-filing		
Veli No: 514 27 VKIK	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 1/3/18-16:00	i-Motor Claim Form	1 cc- 4501001 LW	2/7/18 20:53
	i-Motor W/O (Within: OD 2h)	•	1.70
OD / TP / Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: JN	76VR INC	)/Non-INC( )	638
Owner / Driver: (	2018	Tel:	)
Policy No: ( ) Po	eriod: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]
	Warranty: YES ( )/NO (	)	
	000 ( )/\$2,000 ( )		
General Remarks:-		THE STATE OF THE S	জন্ম ক
		The state of the s	20,000 151 1 1 7
( ) Walk-In Customer: Customer's info		nctly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insure	er URGENTLY.	Carrier St	
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( ); T	owing Co: ( '	. )
		The same of the sa	TO THE RESERVE OF THE STREET, THE
Remarket MAC Badles 6709 CC1CV		Company of the second of the s	Doneby
Remarks: (INC hotline: 6788 6616)	And the state of t	Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )	Date& Time Completed	Done by
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	Courtesy Car ( )	Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )	Date&Time Completed	Done by
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	Courtesy Car ( )	Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	Courtesy Car ( )		
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Figure 11 time

# 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.
- 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

<ol> <li>By the loagement of this report to the insurers, you hereby consaforesaid.</li> </ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/07/2018 12:05
Date Of Accident	01/07/2018 16:00
Exact Location Of Accident	BLK 208A TAMPINES ST 22 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH2745K
Insured/Policyholder	
Name Of Registered Owner	AUTODRIFT PTE LTD
Co Reg No	201021326K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96313775
Alternative Phone No	OFFICE-96313775
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy	000

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5096002199 Policy Number

Cover Note Number

Driver

Name of Driver MOHAMEDINO BIN JUMAAT

NRIC No S8441657F Date Of Birth 10/12/1984 Occupation OUTDOOR Date Of Driving Pass 18/03/2014

Driving Experience 4 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84185978

Fax Number

Contact Number OFFICE-84185978

EMail Address NOEMAIL

BLK 23 TEBAN GARDENS ROAD Address

#22-147

Postcode 600023

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

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident SIDE SWIPE CLEAR Weather Conditions 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) NO 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 EXITING FROM PARKING LOT OF BLK 208A TAMPINES ST 22 OPEN SPACE CARPARK, SUDDENLY VEHICLE B REVERSED VERY FAST FROM THE DRIVEWAY WHICH IS ONE DIRECTION FLOW OF TRAFFIC. VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

#### Attachment(s)

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

# DETAILS OF OTHER VEHICLE PROPERTY 1

SJN1364R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMAD AL-QASAH BIN JUNIADIN

NRIC/Passport Number S8729772A

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.
- 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:

ROC: 2010213261

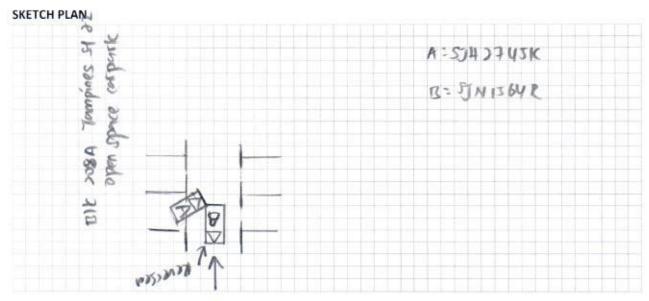
> Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(48 H) 14 H	State (400400 000 4000000 100000 0004000 00000000	
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DECLARATION

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

ROC: 201021326K

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.:



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8441657F



MOHAMEDINO BIN JUMAAT

محمد دينو بن جمعة

Race PUNJABI Date of birth

10-12-1984 Country/Place of birth SINGAPORE

5459316

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Class 2A Motorcycles between 201 cc and 400 cc Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NF 428A

23-04-2015

APT BLK 23 TEBAN GARDENS ROAD #22-147 SINGAPORE 600023

<b>eBao</b> Tech								Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601					Change Lar	nguage	· Change Passwe	ord • Log Out
My Desktop	<b>Policy Query</b>								
Notice of Loss	Policy No.				Date of Acc	ident	01/0	7/2018 16:00	iii)
	Vehicle No.(For Motor)	5JH2745K							
					Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	O 5096002199	AUTODRIFT PTE LTD	201021326K	GPC	drivo CLASSIC	SJH2745K	SJH2745k	27/11/2017	26/11/2018
				-	Continue				

Policy No.	5096002199	Policyholder Name	AUTODRIF	F PTE LTD	Policyholder NRIC	201021326K	
Address	28 SIN MING LANE #08-137	MIDVIEW CITY S	INGAPORE 5	73972			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	17/11/2017	Effective Date	27/11/201	7 00:00	Expiry Date	26/11/2018 2	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	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
	20 5111 11110 1 1111		ee 3	#00 127 MIDUREN	CITY	Address 3	SINGAPORE 573972
Address 1	28 SIN MING LANE	Addre	35 6	#08-137 MIDVIEW			31MGAFORE 3/39/2
Address 1 Address 4	28 SIN MING LANE		ss Type	Singapore address		Post Code	573972
	28 SIN MING LANE	Addre	ss Type ed Policy	country to violation and control entering		Post Code	
Address 4 Unit No.	ed Object: SJH2745K	Addre	ss Type ed Policy	Singapore address		Post Code	
Address 4 Unit No.	d Object: SJH2745K	Addre	ss Type ed Policy	Singapore address		Post Code	

ident MT/1001254						
cy No.	5096002199	Vehicle No.	S1H2745K	GST Registration No	9	
yholder Name	AUTODRIFT PTE LTD			Policyholder NR3C	201	021326K
et Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
ICE NO. (MODIN)	96313775	Contact No.(Office)	.0	Contact No.(Home)		
Address		Special Remark		eCode	- NAL-	<u></u>
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	12	
None and the second		NCD Entitlement(%)	0	Private Hire	Ves	Yes
Protection				Private Pice	144	746
Accident Details						
rt Date	02/07/2018 20:50	Accident Report Within 24 hrs.	Yes	Acadent Type	Side	Swipe
of Accident	01/07/2018	Time of Accident his mm	16:00	Country of Acadent	Sing	apore
rting Centre		Orange Force		ICM No.		
dent Location	BLK 208A TAMPINES ST 22 OPEN SPACE	CARPARK				
Benefits						
Excess						
damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100	00
amed Driver Excess		Outside Singapore DD Excess	2,000.00			
Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Informa	ation					
tegistered	No		GST Registration Date			
Registration No.			GST Status Ventied	No		
Scation History			III DESTRONGUENTOS	-585,04		
Policyholder Mailing Ad	idress					
ess 1	28 SIN MING LANE	Address 2	#08-137 MIDVIEW CITY	Address 3	SIN	GAPORE 573972
ess 4		Address Type	Singapore address	Post Code	573	972
No.		Related Policy Number	5099592805	N. 0004-00742.	20.766	auc. 4
		Related Policy restricter	0.55192002			
OI Driver Info						
er Name	Unnamed Driver	Driver Type	Unnamed Oriver			
amed driver Name	MOHAMEDING BIN JUMAAT	Driver NRIC	S8441657F	Driver DDS	10/	12/1984
ster Date of Driver License	18/03/2014	Driver Age	33	Driving Experience	4	
act No.(Mobile)	84185978	Contact No.(Office)	0	Contact No.(Home)	0	
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	BLK 23 SINGAPORE ADDOCS	Address Tune	TEBAN GARDENS ROAD	Address 3		AN VISTA
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Attachment		Uploaded By/Date	Category	9	Urgency	Description	Sent? Activ (CO)
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10	NAC_PAYA_UBI_800603( NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 02 Jul 2018 20:53	SAS		Normal	SAS 2018-7-2	Edi
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