	ntre Services.   wet 1 Jan'05  M	MALIN	
Date In: > 7/18-12:29	Jeb description	Date & Time Completed	Done by
Res No: 14/14/180/377424	SAS e-filing		
Veh No: 59241921+	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 19/2/18-19:50	i-Motor Claim Form	M7/1003859-002	١٩:٦٦ ١٩ ١٩ ١٩ ١٩
6	i-Motor W/O (Within: OD 2h		
OD TPY Reporting Only	i-Photo Uploaded		
TRI	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: (	PGJSY INC(	)/Non-INC( )	
Owner / Driver: (	127-1	Tel:	)
Policy No: ( )	Period: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	6) [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()	70	
General Remarks:-		A DETERMINED IN STREET	125 13 17 17
			Sept Park
( ) Walk-In Customer: Customer's	information strictly Confidential & St	trictly NO refer of repairer.	
( ) Total Loss Case : to e-mail In:	surer URGENTLY.		
		owing Co: (	
Remarks:- " (INC hotline: 6788 6610	6) N-4	Date&Time Completed	Done by
1) Apply for Transport Allowance (	) / Courtesy Car ( )		
7773	,, 5541.15)	7	
2) OC Check / Post Repair Inspection	( )	100	
2) QC Check / Post Repair Inspection	( )	<u> </u>	
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]			
3) Upload Resurvey Photo [Repair Cost			
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3) Upload Resurvey Photo [Repair Cost 2]  Injury:  Date/Time Actions	> \$3000] ( )	paration Checklist	Ant (5) Ant
3) Upload Resurvey Photo [Repair Cost 2]  Injury:  Date/Time Actions  NAI804590	> \$3000] ( )	paration Checklist	Ant (5) Ant (
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3) Upload Resurvey Photo [Repair Cost :  Injury :  Date/Time   Actions  NAISOUTO    laimant's Particulars :-	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Ant (5) Ant (7) Ant (7) Add 1
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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.
- 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.	\$\$\$\$\$##\$
Agency Whom wilder to a little one	ACCIDENT STATEMENT
Date Of Report	20/07/2018 12:29
Date Of Accident	19/07/2018 19:50
Exact Location Of Accident	MARINE PARADE RD ROUNDABOUT TWDS AMBER RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ4192H
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L A
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	5095340690

Cover Note Number

EMail Address

Driver	
Name of Driver	MOHAMMAD HANIFAH BIN ABDUL RAHMAN
NRIC No	S7240937Z
Date Of Birth	09/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1998
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83991847
Fax Number	
Contact Number	OFFICE-83991847

NOEMAIL

**BLK 141 PASIR RIS STREET 11** Address

#02-167 510141

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

Postcode

Insurance Company of Driver's Own Vehicle

NO

1

NO

#### General Information of the Accident

Type Of Accident COLLISION - ROUNDABOUT

Weather Conditions CLEAR Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

#### **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?

If Yes, against whom?

# Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 MARINE PARADE RD ROUNDABOUT TWDS AMBER RD. BEFORE I PROCEED I SIGNAL MY VEHICLE AND CHECK MY BLIND SPOT, SUDDENLY VEHICLE B TRAVELLING ALONG LANE 2 CUT ONTO MY LANE AND HIT ONTO MY VEHICLE REAR LEFT PORTION.

# Attachment(s)

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

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP6752Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

**DETAILS OF INJURED PERSON 1** 

Name

MOHAMMAD HANIFAH BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SGZ4192H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

### SKETCH PLAN

# IMPORTANT NOTICE

- 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 <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:

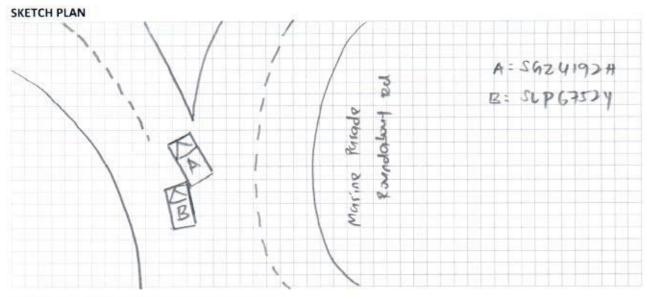
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Date & Time:

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

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reforts statement.
IDES A

DECLARATION

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

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. \$7240937Z



MOHAMMAD HANIFAH BIN ABDUL RAHMAN

محمد حقيقه بن عبدالرحمن

MALAY

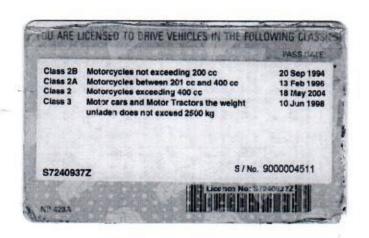
Ovte of birth 09-11-1972

Country of birth SINGAPORE









<b>eBao</b> Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	· Change Passwo	rd Log Out
My Desktop	Polic	y Query								,
Notice of Loss	Policy N	io.				Date of Acc	cident	19/0	7/2018 19:50	D
	Vehicle	No.(For Motor)	SGZ4192H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095340690	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SGZ4192H	SGZ4192	H 26/10/2017	28/10/2018
					1	Continue				

Seque	nce Date of Endorseme	nt	Endorsemer	nt Type	Endorsemen	t Status	Endorsement Content
☑ Endor	sements						
D Insure	ed Object: SGZ4192H						
Unit No.	05-50		ited Policy ober	5092811441-01			
Address 4		Add	ress Type	Singapore address		Post Code	415875
Address 1	8 KAKI BUKIT AVENUE	4 Add	ress 2	#05-50 PREMIER (	KAKI BUKIT	Address 3	SINGAPORE 415875
	holder Mailing Address						
Certificate Info							
Open Policy Info							
nsurance Flag	No						
Co-	220						
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
Singapore OD Excess	3000	Singapore TP Excess	3000			Young/In	experience Driver Excess
Excess	0	Premium Outside	0				
Excess Additional	ACT BYCK	Excess					
Third Party	1500	Own damage	1000		Windscreen Excess	100	
xcess Type		All Claim Excess					
Policy ssue Date	25/10/2017	Effective Date	26/10/2017	00:00	Expiry Date	28/10/2018 23:5	9
roduct Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	8 KAKI BUKIT AVENUE 4 #05-5	PREMIER @	KAKI BUKIT	SINGAPORE 415875			
olicy No.	5095340690	Policyholder Name	RELIABLE R	IDES PTE LTD	Policyholder NRIC	201611527N	

rident MT/1003859								
	5095340690	Vehicle No.	5G24192H	G	ST Registration No.			
icy No.	RELIABLE RIDES PTE LTD		M10000000	P.	oscynoider NRJC		201611527N	
kcyholder Name		100/1009/00/	Variable Applie		oeding		)	
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stact No.(Mobile)					Code	1	N. V	
all Address						- 1	100000	
¢.	® No ○ Yes	TCA	® No ○Yes					
D Protection	No	NCD Entitlement(%)	0	P	rivate Hire	-	res	
Accident Details								
port Date	20/07/2018 15:07	Accident Report Within 24 hrs	Yes	A	oddent Type	1.0	Others	
		Time of Accident hh:mm	19:50		ountry of Accident		Singapore	
e of Accident	19/07/2018		19:39		1935 W.T.		-	
orting Centre		Orange Force		ii.	CM No.			
ident Location	MARINE PARADE RD ROUNDABOUT TWD5	AMBER RD						
Benefits								
Excess								
n damage Excess	5,000.00	Additional Excess	0	V	Vindscreen Excess		100.00	
named Driver Excess		Outside Singapore OD Excess	3,000.00					
rd Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00					
GST Registered Informa			GST Registration Date					
Registered	No		GST Status Verified		Yes			
Registration No.			The second section of		5.70			
incation History								
Policyholder Mailing Ad	dress							
ress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	7	Address 3		SINGAPORE 415875	
		Address Type	Singapore address		Post Code		415875	
tress 4	45.50		5092811441-01	8	0.000000		799875	
it No.	05-50	Related Policy Number	5092811441-01					
OI Driver Info			Westergunger					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		D. D		09/11/1972	
nemed driver Name	MOHAMMAD HANDFAH BIN ABDI	Driver NRIC	57240937Z		Onver DOB			
ister Date of Driver License	10/06/1998	Driver Age	45		Oriving Experience		50	
vact No.(Mobile)	83991847	Contact No. (Office)			Contact No.(Home)			
dress 1	BLK 141 #02-167	Address 2	PASIR RIS STREET 11		Address 3		SINGAPORE 510141	
dress 4		Address Type	Singapore address		Post Code		510141	
	100000		SCORES AND SERVICE					
t No.	02-167							
es he own a Singapore gistered car?	☐ Yes  ® No	Driver Vehicle No.			Onver Insurer Compo	arry		
daration								
eathalyser or Blood Test.	0 mg	Any injury?	☐ Yes ® No					
Carried Abel or minor Later	9.119							
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Attachment	uploaded By/Date	Category	8	Urgancy	Description	Sent? Actio (CO)
47 EG	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:39	NR3C/ Driving License		Normal	NRTC/ Driving License 2018-7-20	Edit
<b>40</b>	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2016 19:39	SAS		Normal	SAS 2018-7-20	Edit
44	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:39	Photos		Normal	Photos 2018-7-20	Edi
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:30	Photos		Normal	Photos 2018-7-20	Ed
4	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:37	Photos		Normal	Photos 2018-7-20	Ed
95-	NAC_PAYA_UBI_B00501; NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:37	Phocos		Normal	Photos 2018-7-20	Ed
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52.8	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:37	Photos		Normal	Photos 2018-7-20	Ed
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1	NAC_PAYA_LIB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:37	Photos		Normal	Photos 2018-7-20	Ed
Video List	Uploaded By/Date Folder Date	File Name		9	Source	Action