D. C. Barriera and I.	Lab description	Ma 18107200	Done by					
Date In: 2)8/18 - /0!10	Jeb description	Date to I and Southfield						
Res No: NA INCIRO 18/73/24	SAS e-filing							
Veh No: SWffgol	E-mail (within Shrs, AIC 2h	rs)						
D.O.A: 18/8/18-09:42	i-Motor Claim Form	M7 1008 042-001	20/8/18/1951					
OD / TP / Reporting Only	i-Motor W/O (Within: OI	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
OB : IF / Reporting Only	i-Photo Uploaded		1					
TP Insurer:	Assessment/Survey Repo	ort						
IP Insulei.	Ass't Report by Fax / Ha	nd to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QV	N: (Tel:	Fax:					
TP Particulars: Veh No:	JX 8 280K . IN	C()/Non-INC()						
Owner / Driver: (Tel:)					
Policy No: ()	Period: () Cover Type: ()					
Confirmed by : (Date:	Time:)					
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]					
Year of Registration: () Warranty: YES ()/NO	()						
Excess: (\$) Loading	:\$1,000()/\$2,000()							
General Remarks:-								
() Walk-In Customer : Customer	's information strictly Confidential	& Strictly NO refer of repairer.						
() Total Loss Case : to e-mail)	Insurer URGENTLY.							
Drive-In ()/Towed-In (); In	nvoice: YES () / NO ()	; Towing Co: (,)					
		Date&Time Completed	Done by					
Remarks:- (INC horline: 6788 66		Datese in its Completed	DOROTY					
1) Apply for Transport Allowance ()/ Courtesy Car ()							
2) QC Check / Post Repair Inspection	()							
	()							
2) QC Check / Post Repair Inspection	()							
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Figure 1 de

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.	
SAME AND DESCRIPTIONS	ACCIDENT STATEMENT
Date Of Report	20/08/2018 10:10
Date Of Accident	18/08/2018 09:40
Exact Location Of Accident	PIE (TUAS) AFTER PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE
Land of the Control o	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV8890L
Insured/Policyholder	
Name Of Registered Owner	QUALITY PTE LTD
Co Reg No	201624281H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701

Alternative Phone No
Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

OFFICE-90088701

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5084705121-01

Cover Note Number

Driver

Name of Driver MUHAMAD FAIZAL BIN SA'FIE

 NRIC No
 \$8131681C

 Date Of Birth
 21/10/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/11/2002

Driving Experience 15 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84820263

Fax Number

Contact Number OFFICE-84820263

EMail Address NOEMAIL

BLK 434 TAMPINES STREET 43 Address

#12-91

520434 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle

OTHER - HIRER

Vehicle Registration Number of Driver's Own

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? 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?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2 Number of Passengers (Including Driver)

Passenger 1

NAME: 85 48

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 PIE (TUAS) AFTER PAYA LEBAR RD EXIT. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN ORDER FOR ME TO AVOID COLLISION WITH VEHICLE B, I SWERVE MY VEHICLE TO THE LEFT. IN A RESULT, MY VEHICLE FRONT RIGHT PORTION SLIGHTLY GRAZED ONTO VEHICLE B 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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJX8280K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver HONG QIXIAN NRIC/Passport Number S8844824C

Contact Number

Address Postcode

Insurance Company Name

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 & Times

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DECLARATION

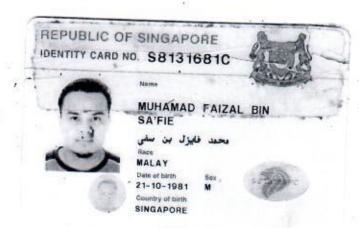
I/We declare the foregoing particulars are true in every respect.

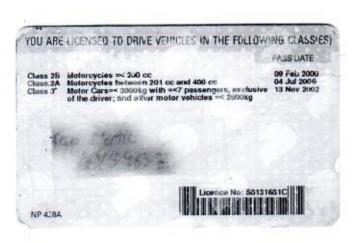
Policyholder Signature Date & Time

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

NRIC/FIN No.:











Policy No.	5084705121-01	Policyholder Name	QUALITY		Policyholder NRIC	201624281	
ertificate Io.		xxxxxxxfix4					
ddress	317 OUTRAM ROAD #B1-37 C	ONCORDE SHOP	PING CEN	TRE SINGAPORE 169075	5		
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	31/08/2017	Effective Date	04/10/20	17 00:00	Expiry Date	03/10/2018	23:59
xcess ype		All Claims Excess					
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	1821.64				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 6451	14549	GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policyl	holder Mailing Address						
ddress 1	317 OUTRAM ROAD	Addre	ess 2	#B1-37 CONCORDE	SHOPPING	Address 3	SINGAPORE 169075
Address 4		Addre	ess Type	Singapore address		Post Code	169075
Unit No.	#04-03	Relat	ed Policy	5102085875			
D Insure	ed Object: SLV8890L	North	Jer.				
□ Endors	0.00						
Seque	12-10	Endorseme	nt Tyne	Endorsement Number	Endorse	ment Status	Endorsement Content
1	04/10/2017 00:00	Basic Informa	ation	000001286660442	Endorsem Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJH397U 04-10-2017 \$1,298.98 In view of this amendment, an additional premium of \$1,298.98 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made
					Effective		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 favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches b cash or NETS. Thank you for giving us the

Claim Handling The premium on this policy has	not been callected.												- Exi
Accident MT/1008042													
Policy No. Cartificate No.	5084705121-01		Vehicle No.		SLV889CL			0	IST Registration	No.			
Policyfiolder Name	QUALITY PTE. LTD.							p	olicyholder NR3C		2016	24281H	
Product Code	FLEET INSURANCE		Cover Type		drive CLAS	SIC			oading		.0		
Contact No (Mobile)	90088701		Contact No.(Office)		0				ontact No. (Home	ey	0		
Email Address			Special Remark						Code	200	16.5	7	
XFK	® No ○ Yes		TCA		® No ○Y	45		e	Code Reason		36		
NCD Protection	No		NCD Entitlement(%)		6			p	rivate Hire		Yes		
Accident Details													
Report Date	20/08/2018 19:49		Accident Report Within	24 hrs 5	(es			A	ccident Type		Collisi	on - Change / Cross lane	
Date of Accident	18/08/2018		Time of Accident hit:mr	m i	09:40			C	ountry of Accide	nt	Singa	pore	
Reporting Centre			Orange Force					B	CM No.				
Accident Location	PIE (TUAS) AFTER PAYA LEE	BAR RD EXIT											
⇒ Benefits													
₩ Excess													
Own damage Excess	2,000	0.00	Additional Excess		1			٧	Vindscreen Exces	is .	100.0	0	
Unnamed Driver Excess			Outside Singapore OD I	Excess		2,0	00.00						
Third Party Secress	1,500	0.00	Outside Singapore TP E	Excess		1,5	00.00						
□ GST Registered Inform	ation												
GST Registered	No					Registration D							
GST Registration No. Modification History					GST	Status Venned			Yes				
Prodrication macory													
Policyholder Mailing Ad	idress												
Address 1	317 OUTRAM ROAD		Address 2		#81-37 CO	NCORDE SHOP	PING	:A	ddress 3		SING	APORE 169075	
Address 4			Address Type	- 5	ingapore :	address		P	ost Code		1690	75	
Unit No.	#04-03		Related Policy Number		510208587	15							
♥ OI Driver Info													
Driver Name	Unnamed Driver		Driver Type		Mnamed 0	river							
Unnamed driver Name	MUHAMAD FAZZAL BIN SAFF	DE .	Driver NRIC	1	581316810			0	oriver DOB		21/10	1/1981	
Register Date of Driver License	13/11/2002		Driver Age		36			D	viving Experienc	e	15		
Contact No.(Mobile)	84820263		Contact No.(Office)		d			c	ontact No.(Home	e)	0		
Address I	BLX 434		Address 2	,	TAMPINES	STREET 43		A	odress 3		SING	APORE 520434	
Address 4			Address Type		ingapore i	address		P	ost Code		5204	34	
Unit No.	12-91												
Does he own a Singapore Registered car?	○ Yes (No		Driver Vehicle No.					0	onver Insurer Co.	mpany			
Declaration													
Breathalyser or Blood Yest Reading?	0 mg		Any injury?		O Yes ⊕#	NO.							
Modification History Claim 001 New													
Claim Type *	OD-MX	V	Insured Name	[QUALITY P	TE. LTD.		31	risured NRIC		2016	24281H	
Contact No.(Mobile)			Contact No.(Home)						antact No.(Office				
Email Address	Design Follow	-	OI Vehicle Number		SLV889OL			T	P Vehicle Numbe	*	5,008	280K	
Claimant Type Claimant Type *	Inlease beled	~	Type of Benefit *		Please Sele	ect	¥						
Claimant Name *	SLV8890L / S3X8280K ON 1	>> 0.0000 2010	Claimant NRIC *					12	and of Free	t because the	-	- i	
Preferred Workshop Contact	DEVERONE / SUKEZECK ON TO	0 Aug 2/18	Insured Liability •		Fully at Fax		TOT	_ N	ame of Preferred	workshop			
No. Require Finalisation	Yes	-					V V		16 moor		le.	and Total	
Date Registered	20/08/2018 19:51	~	Preferered Repair Optio	1	reserved V	Workshop, Name	e unknown 💟		IA report		20/08	Ved (2018 00:00	
Report Taken By	lackson	=	- and some pare	71				2	ate Received		2000	10.00	
Print AK letter		18											
GE PRINT AR NETTER													
Attachment				S	ave Sub	mt							
Accident No.	MT/1008042		Claim No.			100							
Last Dot. Received	● Yes ○ No		Upload Date			20/08/20:	18 19:53						
	Path *		Spran Day	16.					Containe	page -		Page 1	
	rain.		6	Browse	Dear	Please Select	tegory *	2	Confidential V	Normal	icy •	Description •	-
				Browse		Please Select		-	NO V	-	V		
				Browse		Please Select		2		Normal	V		
					-		12		T. (T.	L. Continues	-	-	

