		i aya d	134
NATIONAL Assessment Ce	ntre Services. [wel 1 Jan'05]	MN ANS125966	
Date In: 28/0/18-14: 28	Jcb description	Date &Time Completed	Done by
Res No: Na JINGE = 13641/24	SAS e-filing		
Veh No: 60652305	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 20 0 8-11:70	i-Motor Claim Form	M7 1013522-001	18:19 18:15
	i-Motor W/O (Within: OD 2		
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	- Marie - Committee - Committe		ax:
TP Particulars: Veh No: 6	SYYD'P INC	( )/Non-INC( )	
Owner / Driver: (	-1.07)	Tel:	)
Policy No: ( )	Period: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( 9	6) [Note-Est. Status (WO): N: 0-	-20%; P: 21-79%. P: 80-1	00%]
Year of Registration: (	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading:	\$1,000()/\$2,000()		
General Remarks:			32 S
( ) Walk-In Customer : Customer's			
( ) Total Loss Case : to e-mail In			7.0
		Towing Co: (	· )
		<u> </u>	Consessor was
Remarks: (INC hotline: 6788 661)	CONTRACTOR SCIENCES AND ADDRESS OF TAXABLE PARTY.	Date& Time Completed	Done by
	)/Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ( )		
Injury:			
Date/Time Actions		SANDARA RESUMENTO PROPERTORS	SANGER THE STATE OF
Date/Time Actions		nsani an araban sa se	RESERVATION OF STREET
<del></del>			
	4		
	The state of the s		CONTRACTOR OF STREET
NAB 36216	Invoice Pr	eparation Checklist	And (S) And (S
timant's Particulars :-	1) AR : Accide		
	2) DA : Dameg 3) TF : Towing	e Assessment (\$100); INC (\$8	0) /\$45
iver/Owner:	4) FT : Follow-	Through Survey	5120
ntact No:		Through Survey (Resurvey) against INC Only (wef 10 Jan 2005	\$30
maged Portion:	6) TR : Re-iusp	ection	\$75
		+ SMRT Survey	5160
Checked by (Face In Champ)	OD*	itolial Sci vices."	
Checked by (Engr-In-Charge):	*N5: Courter	y Car / Tpt Allowance	\$5
		Co-ordination pair Inspection	\$25
ditors' Comments:	*N8: DV/C	ollect Excess Coordination	\$5
1:	TP (N11) : T 9) N12: Idne M	P (Non INC) against INC obile	30
2/3:	lavoice dated	Pee Charged	234007
	Involce dated	Fee Charged	SEASON .

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Mobile Number

EMail Address

Fax Number Contact Number

- 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 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

	ACCIDENT STATEMENT
Date Of Report	28/09/2018 14:28
Date Of Accident	20/09/2018 11:30
Exact Location Of Accident	EUNOS RD 5 BEFORE JUNC SIMS AVE
Country/State of Loss	SINGAPORE
- HALLES AND SHOULD BE SHOULD BE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG5230J
Insured/Policyholder	
Name Of Registered Owner	QISTHINA SERVICES
Co Reg No	52996314X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90614467
Alternative Phone No	OFFICE-90614467
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093437369-01
Cover Note Number	
Driver	
Name of Driver	ABDUL FARISH DANI BIN ABDUL MANAP
NRIC No	S9129950Z
Date Of Birth	02/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE

(LOCAL) +65-94385998

OFFICE-94385998

NOEMAIL

BLK 564 CHOA CHU KANG STREET 52 Address

#03-212

680564

Was driver an employee of the Insured's Company YES

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

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

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) soliciting/offering accident claims assistance. NO 1 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286, Police Station Address

NO

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180920/2188.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number FS4467P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

CHAN WENG KIONG Name of Driver

NRIC/Passport Number S0043036F Contact Number 93830818

Address Postcode

Insurance Company Name

Nature Of Damage

### 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: Driver's Signature

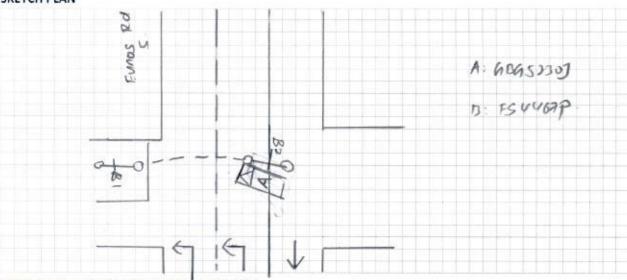
(If delver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report- 1/2018 0920/2085.	

DECLARATION

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

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

2819

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SMIME SHAPPINGS 13





T/20180920/2188

1 of 3

Report No. T/20180920/2188

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

### REPORT OF A TRAFFIC ACCIDENT

20/09/2018 22:48			Vide Report No.:	Station Diary No.: 243		
Informa	nt's Partic	ulars				
ABDUL MANAP	2	ANI BIN ABDUL	Address: APT BLK 564 CHOA CHU KA	ANG STREET 52 #03-212		
ID Type / ID No.: NRIC NO / S9129950Z			Contact No.: Home/Office:	Mobile: 94385998		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 27 02/09/1991			Type of Informant: Driver			
Race: Malay			Language: English	Institution / School Name:		
Occupation: Van driver			Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Acc	ident			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/09/2018 11:30	Type of Location: Straight Road	
Location: Along Road 1 EUNOS ROA Weather:		Road Surface:		Pood Spood Limit	
Clear		Dry	ľ	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		raffic Volume:	
Type of Collis Between Mov		Swipe - Opposite Direction	on a	Anyone conveyed by imbulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FS4467P	Motorcycle				Slightly Damaged	0
GBG5230J	Van				Slightly Damaged	0





2 of 3

Report No. T/20180920/2188

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

### CONTINUATION OF REPORT

### Brief Details.

On 20/09/2018 at about 1133hrs, I was driving my van (GBG5230J) out of a site office named Lend Lease that's located just beside Eunos Road 5. As I was driving out intending to make a right turn, the right side of my van collided into a motorcycle (FS4467P) coming from the opposite direction. I alighted the van to help him up and move his motorcycle to the side. We subsequently exchanged particulars. His details as follows:

Chan Weng Kiong S0043036F Hp: 93830818

Afterwards, he rode off after he informed me he was fine.

On the same day at about 1739hrs, I received a message from him informing me that he visited the hospital and was told that he has a cracked ribcage and will be lodging a report regarding the incident.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

3 of 3 Report No. T/20180920/2188

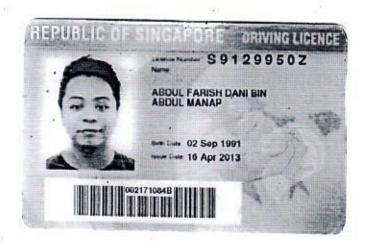
CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 2 FITRAH RADHIAH BINTE ZULKIFLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2018 22:48
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp	



## ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 16 Apr 2013 of the driver; and other motor vehicles =< 2500kg

Licence No: S9129950Z

NP 428A

# 8815638 REPUBLIC OF SIN IDENTITY CARD NO.



## ABDUL FARISH DANI BIN MANAP ABDUL



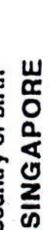
MALAY Race

02-09-1991 Date of birth

Sex

Country of birth











Date of issue

06-09-2006

Address

52 APT BLK 564 CHOA CHU KANG STREET

SINGAPORE 680564



Policy No.	5093437369-01	Policyholder Name	QISTHINA	SERVICES	Policyholder NRIC	52996314X	
Certificate No.		Pandelli 20			77.54		
Address	BLK 564 #03-212 CHOA CHU KA	NG STREET	SZ SINGAPOR	RE 680564			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	24/08/2018	Effective Date	28/08/201	3 00:00	Expiry Date	27/08/2019 2	:3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 564 #03-212	Addre	ess 2	CHOA CHU KANG	STREET 52	Address 3	SINGAPORE 680564
Address 4		Addre	ess Type	Singapore addres	s	Post Code	680564
		Relat Numl	ed Policy per	5093437369-01			
Jnit No.							
	d Object: GBG5230J						
Unit No.	501C=12700.T1						

Product Code C Contact No. (Mobile) 90 Email Address	ISTHINA SERVICES OMMERCIAL VEHICLE INSURA 0614467	ų.	Cover Type	Comprehensive	Policyholder NRIC Loading	52995314X 0
Contact No.(Mobile) 90 Email Address						
Email Address			Contact No.(Office)	0	Contact No.(Home)	Ò
VDV 6			Special Remark		eCode	IN V
KFK (e	No O Yes		TCA	® No ⊜ Yes	eCode Reason	1-1-2
NCD Protection N	0		NCD Entitlement(%)	10	Private Hire	No
Report Date 21	8/09/2018 18:08		Acodent Report Within 24 hd	Yes	Acodem Type	Side Swipe
Date of Accident 20	0/09/2018		Time of Accident hh;mm	11:30	Country of Accident	Singapore
Reporting Centre			Orange Force		ICH No.	
	UNGS RD 5 BEFORE JUNC SIM	IS AVE				
♥ Excess						
Own damage Excess	600.00	()	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess			Outside Singagore OD Excess			
Therd Party Excess  Benefits	6.00	13	Outside Singapore TP Excess			
GST Registered Informatio	in.					
SST Registered	No			GST Registration Date		
GST Registration No.				GST Status Verified	Yes	
Modification History						
IN The Beauty and the State of	5.0					
○ Policyholder Mailing Addre  Address I B:	K 564 #03-212		Address 2	CHDA CHU KANG STREET 52	Address 7	Survey years
Address 4	eved nesetti		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 680564 680564
Unit No.			Related Policy Number	5093437369-01	Tan South	OBCOUNT.
○ OI Oriver Info						
	mamed Driver		Driver Type	Unnamed Driver		
	BOUL FARISH DANT BIN ABOU		Driver NRIC	59129950Z	Driver DOB	02/09/1991
	5/04/2013		Driver Age	27	Driving Experience	5
25 25	1385996		Contact No.(Office)	0	Contact No.(Home)	0
Address 4	K 564		Address 2	OHOA CHU KANG STREET 52	Address 3	SINGAPORE 680564
	3-212		Address Type	Singapore address	Post Code	680564
Done he aun a Cinesaum	Yes ® No		Driver Vehicle No.		Driver Insurer Company	
A STATE OF THE STA						
Declaration  Dreathalyzer or Blood Test 0.4			CATA ACTOR OF CATA			
Reading? 0 :	mg		Any injury?	☐ Yes ® No		
Hodification History						
Claim 001 New						
CAN 124						
Daim Type * O	0.400		Insured Name	QISTHINA SERVICES	Insured NRIC	52996314X
Contact No. (Mobile) 90	614467	E.	Contact No.(Home)		Contact No.(Office)	
Email Address			OI Vehicle Number	GBG52300	TP Vehicle Number	FS4467P
Claimant Type Claimant Type *   19	sate Select 💟		Type of Senett .	Please Select		
laimant Name *		22	Claimant NRIC *			
Daimant Address						
Claim Description GE referred Workshop Contact	9G5230) / F54467P ON 20 Sep	ot 2018			Name of Preferred Workshop	
10.			Impred Liability *	Not at Fault		<u> </u>
require Finalisation Ye	-		Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	V09/2018 18:11 ckson		Claim Close Date		Date Received	28/09/2018 00:00
	OKSON.					
d Print AK letter						
			1	Save Submit		
Attachment						
Attachment						
9	MT/1013522		Claim No.	001		
	MT/1013522		Claim No.	001 28/09/2018 18:12		
© ccident No.	MT/1013522  • Yes • No		Claim No. Upload Date	001 26/09/2018 18:12 Category *	Confidential Urgen	cy * Description *

