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				-
Veh No: SUPRY L	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 30/4/8-16-25	i-Motor Claim Form	MT 1013863-001	1/13/18 N:	37
OD TP)' Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4brs)		*** **
	i-Photo Uploaded	1		-
TP Insurer:	Assessment/Survey Report	i ana		
Preferred Wksp / INC Assign Wksp / QW: (Ass't Report by Fax / Hand		ax:	-
TP Particulars: Veh No: 7			-	-
Owner / Driver: (- INC(Tel:	,	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
) [Note-Est Status (WO): N: 0-2		00%1	
Year of Registration: ()) F. 21-7970. F. 30-1	0076]	
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() Walk-In Customer: Customer's in		ictly NO refer of repairer.	W721	
() Total Loss Case : to e-mail Ins	urer URGENTLY.		48	
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO(); T	owing Co: (1.)
Remarks:- (INC hotline: 6788 6616)			945.084 <u>8.000</u>	
	CALLS OF STREET, ST. ASSOCIATION OF STREET, ST.	Date&Time Completed	Done	by
	/ Courtesy Car ()	-		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			
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Injury: Onte/Time Actions Actions Liminate Serviculars:- iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy (*N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); ssessment (\$100); INC (\$86 cough Survey \$ rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion SMRT Survey \$ car / Tpt Allowance cordination r Inspection et Excess Coordination Nun INC) against INC		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

Commence of the Commence of th	ACCIDENT STATEMENT
Date Of Report	01/10/2018 11:14
Date Of Accident	30/09/2018 16:25
Exact Location Of Accident	SLIP RD AYE (TUAS) TWDS LOWER DELTA RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP689L
Insured/Policyholder	
Name Of Registered Owner	KADER MYDEEN S/O MUTHU IBRAHIM SAMSUDIN
NRIC No	S1319211A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93962983
Alternative Phone No	OFFICE-93962983
Vehicle Particulars	
Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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	5092383933
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ARSHAD S/O KADER MYDEEN
NRIC No	S8707604J
Date Of Birth	09/03/1987
Occupation	INDOOR
Date Of Driving Pass	30/10/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96451742
Fax Number	AND SOURCE HELDING AND CONTROL OF THE CONTROL OF TH
Contact Number	OFFICE-96451742

NOEMAIL

Address BLK 27 BALAM ROAD

#05-39

Postcode 370027

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

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?

YES

Foreign Vehicle Registration Number

JPL4264 (PRIVATE CAR)

Number of vehicles involved in the accident 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) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TIONG BAHRU NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125, POSTCODE: 160128,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2739999 - FAX NO: 62785651

Was notice of intended Prosecution given?

If Yes,against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180930/2083.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

JPL4264

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHONG AH SENG

NRIC/Passport Number

G7034957X

Contact Number 82515366

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME:

GENDER: :

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 driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Refer to police report-Tholsog30) 2083.

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: Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

1 of 3 Report No. T/20180930/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

	Date/Time Report Made: 30/09/2018 19:11		Vide Report No.: A/20180930/0141	Station Diary No.: 56
Informa	nt's Partic	ulars		
		HAD S/O KADER	Address: APT BLK 27 BALAM ROA	D #05-39 SINGAPORE 370027
	/ ID No.: O / S87076	04J	Contact No.: Home/Office:	Mobile: 96451742
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 31	Date of Birth: 09/03/1987	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupat LOGIST	ion: IC SUPER\	/ISOR	Driving Licence Information Class: 2B,3	n: Date of Expiry:

General Infor	mation of the Acciden			
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 30/09/2018 17:1	Type of Location Bend
Exit towards L	I EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To	Rear		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved	1000			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JPL4264	Car				Seriously Damaged	1
SLP689L	Car				Seriously Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128 2 of 3 Report No. T/20180930/2083

Tel No: 1800-2739999

CONTINUATION OF REPORT

Driver						
Name	CHONG AH SENG		ID No		G7034957X	
Related Vehicle	JPL4264 (Car)			Conta	ict No.	82515366
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	THE RESIDENCE IN COLUMN 2 IS NOT THE REAL PROPERTY.	NIL	
Driver						
Name	MUHAMMAD ARSH MYDEEN	AD S/O K	ADER	ID No		S8707604J
Related Vehicle	SLP689L (Car)			Contact No.		96451742
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

On the abovementioned date, time and location, I was driving my car, SLP689L Along AYE, exit towards Lower Delta Road, the car JPL4264 was driving behind me. As I approached the slip road to exit into the main road, I came to a gradual stop at the give way line. It is at this point of time which I felt a hard impact at the back of my vehicle. When I realized that I was involved in a accident with a foreign vehicle, my insurance agent advice me to call for the police.

I would like to add that I have an in-car camera which I have provided to the Traffic Police that attended to the accident.





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Report No. T/20180930/2083

3 of 3

Tel No: 1800-2739999

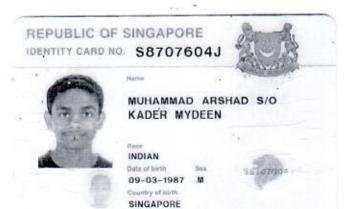
CONTINUATION OF REPORT

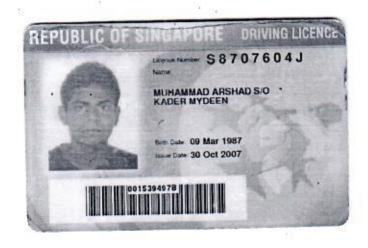
Sketch Plan

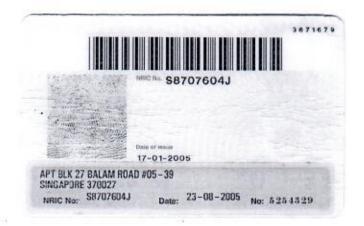
Informant is not able to provide sketch plan

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

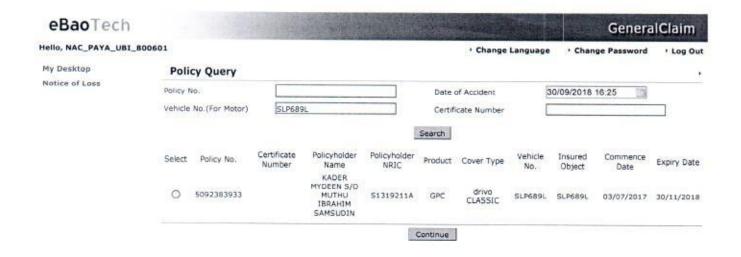
Signature Of Officer Recording The Report: A / Sgt 2 PANG LIN TONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2018 19:11
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH	Classification Of Case:
Contact No.: 65476367 Authentication Stamp	













ident MT/1013863	5092383933		Vehicle No.	dines.		
tificate No.	5092363933		venicle No.	SLP689L	GST Registration No.	
	KADER MYDEEN S/O MUTHU				CHARLES AND AND AND	
icyholder Name iduct Code	PRIVATE CAR INSURANCE	INNAHIM SAMS	Cover Type	drivo C.ASSIC	Policyholder NR/C	51319211A
ntact No.(Mobile)					Loading	0
	93962983		Contact No. (Office)	0	Contact No.(Home)	0
rail Address	a constant		Special Remark	2.0	eCode	W V
K.	® No ○ Yes		TCA	® No ○Yes	eCode Reason	
D Protection	No		ACD Entitlement(%)	0	Private Hire	No
Accident Details						
port Date	01/10/2018 21:31		Acodent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	30/09/2018		Time of Accident thomas	16:25	Country of Accident	Singapore
sorting Centre			Orange Force		ICM No.	
ident Location	SLIP RD AYE (TUAS) TWOS	LOWER DELTA 8	D.			
Excess						
n damage Excess	600	0.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess.	soc	0.00	Outside Singapore OD Excess	600.00		
nd Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Informa	ation					
Regittered	No			GST Registration Date		
Registration No.				GST Status Verified	Yes	
diffication History						
	Branc .					
Policyholder Hailing Ad			0222702		0.22	
fress 1	BLX 27 #05-39		Address 2	BALAM ROAD	Address 3	SINGAPORE 370027
dress 4			Address Type	Singapore address	Post Code	370027
f No.			Related Policy Number	5092383933		
OI Driver Info						
ver Name	Unnamed Driver		Driver Type	Unnamed Driver		
named driver Name	MUHAMMAD ARSHAD SVO K	ADE	Driver NRIC	58707604)	Driver 008	09/03/1987
ister Date of Driver License	30/10/2007		Driver Age	31	Driving Experience	10
stact No.(Mobile)	96451742		Contact No.(Office)	0	Contact No.(Home)	0
tress 1	BLK 27		Address 2	BALAM ROAD	Address 3	BALAM GARDENS
2000000	S3NGAPORE 370027					
dress 4:	SINGAPORE 370027		Address Type	Singapore address	Post Code	370027
dress 4: it No.	05-39		Address Type	Singapore address	Post Code	370027
t No. es he own a Singapore	05-39			Singapore address		370027
t No. es he own a Singapore			Address Type Driver Vehicle No.	Singapiire address	Post Code Driver Insurer Company	370027
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t No. es he own a Singapore jatered car? laration athalyser or Blood Test	05-39			Singapire address ○ Yes No		370027
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t No. Is he own a Singapore offered car? Introduced the state of the	05-39 Yes ® No O mg OD-MX 93962963		Onver vehicle No. Any injury? Insured Name Coreact No. (Home)	O Yes ® No KADER MYDEEN S/O NUTHU 384 67426907	Driver Insurer Company Insured NRIC Contact No. (Office)	51319211A
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