

[we: 1 Jan'05]

Date In: 09/10/18

Preferred Wksp / INC Assign Wksp / QW: ( SHENGLI LAI )

( ) **Walk-In Customer** : Customer's information strictly Confidential & Strictly NO refer of repairer

Remarks: (INC hotline: 6788 6616)

*Injury :*

Date/Time	Actions
-----------	---------

NA1806389

### Invoice Preparation Checklist

9) N12: Idas Mobile	
Invoice dated	Fee Charged
Invoice dated	Fee Charged



## 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 withholding of material facts may allow insurance companies to repudiate policy liability.
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

Date Of Report	09/10/2018 11:05
Date Of Accident	05/10/2018 17:30
Exact Location Of Accident	TAMPINES AVE 1(WATERVIEW CONDO)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX1272R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABJ PTE LTD
Co Reg No	200009785D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62555333

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5101367501
Cover Note Number	

### Driver

Name of Driver	SYED SHEKENDER BIN SYED SULTAN
NRIC No	S7216181E
Date Of Birth	23/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97211174
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 297 TAMPINES ST 22 #03-576
Postcode	520297
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

#### 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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : ZAIDI GENDER: : MALE

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SJQ1542P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FIRUZ KHAN S/O MOKLIS
NRIC/Passport Number	S1782527E
Contact Number	92966414
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE


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5. **Any false reporting may be referred to the Police for investigation.**
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7. 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:
  - (i) 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.



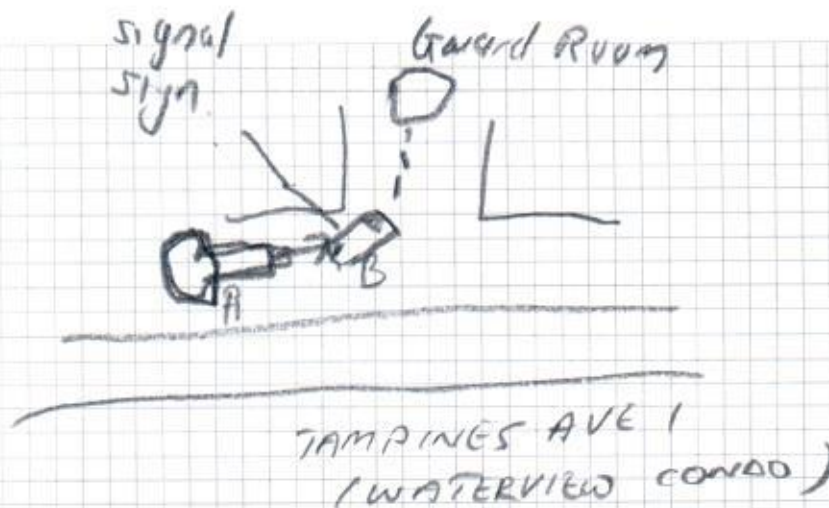
Policyholder's Signature  
Date & Time:

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

 09/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A- GX1272R  
B- SJQ1452P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while I was driving I never notice his vehicle signal.  
instead he turn left to the condo leading to me  
hitting his back part but at the side area. (left)  
It happen suddenly

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: 6/10/2018

Reporting Centre Personnel's Signature  
Name: Lyn 09/10/18  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (05/10/18) (DD/MM/YYYY), TIME: (1730) (HH:MM)

LOCATION: Waterloo Condo / AMPINES AVE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4X 2272R  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Litace  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO),  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: ABC PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 62555333  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Syed Sherender Bin Syed Sultan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 5226181/E CONTACT: 92211174  
 c) ADDRESS: 81K 247 Tampines St 22 #03-376 S(520297)

\*d) DATE OF BIRTH: (23/04/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear  
 b) ROAD SURFACE: (DRY / WET / OTHERS) wet

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJQ 1452P MODEL: HYUNDAI AVANTE  
 b) DRIVER'S NAME: FIRUZ KHAN S/O MOKLIS  
 c) NRIC/FIN/PASSPORT: S1782527E CONTACT: 9292966 92966414

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = SU SHENG LILAI @GMAIL.COM

fax =

VIDEO =

06/10/18

company stamp  
1

CI ✓



8102 130 & 4  
9 OCT 2018

**ADVICE TO IDENTITY CARD (IC) HOLDER WHO HAS REPORTED LOSS IC**

  
S7216181E (PINK IC)

\$300.00

SYED SHEKENDER BIN SYED SULTAN

Please visit <https://eappointment.ica.gov.sg> or our mobile app, eAPPT@ICA  
make an appointment.  
27/12/2018


27/09/2018

SHANKARI D/O SINI VASAN

Any request for refund of IC replacement fee due to recovery of lost IC after above \*grace period will not be acceded to. If the lost IC is found after the expiry of grace period, it must be returned to our office for cancellation.

Losing an IC is a serious matter. We would like to take this opportunity to remind you to be extra careful with your IC.

REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number **S7216181E**  
Name  
**SYED SHEKENDER BIN SYED SULTAN**

Birth Date **23 Apr 1972**  
Issue Date **03 Mar 2014**


002279935J  


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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 05 Feb 1997

9428A

Licence No: S7216181E  




## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5101367501

**Cover :** Third Party

- |                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                                                                                                                             | : <b>GX1272R</b>     |
| Chassis Number                                                                                                                                                                                                                                                                                                                                                                                               | : CR425007493        |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                                                                                                                      | : <b>ABJ PTE LTD</b> |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                                                                                                               | : <b>19 Jun 2018</b> |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                                                                                                                  | : <b>18 Jun 2019</b> |
| 5. Persons or Classes of Persons entitled to drive#                                                                                                                                                                                                                                                                                                                                                          |                      |
| (a) The Policyholder.                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                      |
| 6. Limitations as to Use#                                                                                                                                                                                                                                                                                                                                                                                    |                      |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.                                                                                                                                                                                                                                                                                          |                      |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.                                                                                                                                                                                                                                                                                                              |                      |

This Policy does not cover:

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : NET LINK COMMERCIAL PTE. LTD. (00000615136)

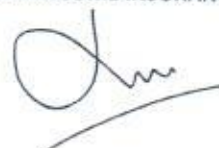
Date of Issue : 19 Jun 2018 14:03 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1014755

Policy No.	5101367501	Vehicle No.	GX1272R	GST Registration No.
Certificate No.				
Policyholder Name	ABJ PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	08/10/2018 16:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/10/2018	Time of Accident hh:mm	18:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ENTRANCE OF WATERVIEW CONDO			

▼ Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2017
GST Registration No.	200009785D	GST Status Verified	Yes
Modification History	09/10/2018 09:39:43 Deborah Mui changed GST Registered from No to Yes 09/10/2018 09:39:43 Deborah Mui changed GST Registration No. from null to 200009785D 09/10/2018 09:39:43 Deborah Mui changed GST Registration Date from null to 01/12/2007		

▼ Policyholder Mailing Address

Address 1	14 NEW INDUSTRIAL ROAD	Address 2	#02-06 HUDSON INDUSTRIAL B	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5091582058-01	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	ABJ PTE LTD
Contact No.(Mobile)	NIL	Contact No. (Home)	NIL
Email Address	abjpest@starhub.net.sg	OI Vehicle Number	GX1272R
Claim Description	GX1272R / SJQ1452P ON 5 Oct 2018		
Preferred Workshop		Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop (refer below)	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	09/10/2018 12:24
		Workshop Repairer	ROSLINDA

✓ Print AK letter



Save Submit

## Attachment

Accident No.	MT/1014755	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/10/2018 00:00

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 12:24	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 12:24	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 12:24	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 12:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 12:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 12:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 12:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 12:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 12:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 12:23	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>