A spread that NATIONAL Assessment Centre Services. puet 1 Janios MNA 1813079 Done by Date & Time Completed Date In: 9/10/18-11:28 Jcb description NA 1 NC 18318371/24 Ref No: SAS e-filing Veh No: E-mail (within Shrs, AIC 2hrs) JB 4187P 9/10/18 i-Motor Claim Form M7/1014999-001 D.O.A : 2/13/18-11:42 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TP Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ( Tel: TP Particulars: Veh No: his cagists INC ( )/Non-INC ( Owner / Driver: ( Tcl: ) 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%] Warranty: YES ( Year of Registration: ( )/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 ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( Remarks: (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amt (3) Anit (S) Invoice Preparation Checklist MAISOGYYE Add Bill 1) AR : Accident Reporting (530); Claimant's Particulars :-2) DA: Damege Assessment (\$100); INC (\$80) \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-OD. \$5 \*NS: Courtesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination

Damaged Portion: QC Checked by (Engr-In-Charge): \*N7: Fost Repair Inspection \$25 Auditors' Comments :-\*N8: DV / Collect Excess Coordination 55 TP (N11): TP (Non INC) against INC Cat. 1: \$20 9) N12: Idne Mobile Fee Charged 2at 2/3: Invoice dated Fee Charged

Invoice dated

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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

· 文学和中于《公司》是中国的特别和特别是2017年,但	ACCIDENT STATEMENT
Date Of Report	09/10/2018 11:28
Date Of Accident	05/10/2018 11:45
Exact Location Of Accident	201D TAMPINES ST 21 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB4187P
Insured/Policyholder	
Name Of Registered Owner	MARZUKI BIN AHMAD
NRIC No	S1455959J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91889960
Alternative Phone No	OFFICE-91889960
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 A
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096595411
Cover Note Number	
Driver	
Name of Driver	MARZUKI BIN AHMAD
NRIC No	S1455959J
Date Of Birth	22/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1982
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91889960
Fax Number	

OFFICE-91889960

NOEMAIL

BLK 555 HOUGANG STREET 51 Address

#02-326

Postcode 530555 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

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

Number of Passengers (Including Driver)

Passenger 1 NAME: : SOO WEI NI, WINNIE

> 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

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBC2955S

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 21

#### 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.

Poljoyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Per

Name:

NRIC/FIN No.:

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Vehicle B: BBC29555		7	62	<u>-</u>	Δ'.		
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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCII	DENT DATE: 05 / 10 /	2018 1(DD/MM/Y	YYY), TIME:(!:_	45_HHH:MM
98557		hes St 21 ca		•
1.	DETAILS OF VEHICLE	9 F814 BCZ	20 	
	b)INSURANCE COMPAN	14: NTUC 50965954	n	
	CIPOLICY NUMBER:			Y FIRE &THEFT)
	d)POLICY TYPE: (COMPR	Hond	a Stream	, ,
	6)MAKE & MODEL:	E / MPV /VAN / LO PRIVATE / COMMEI ACCIDENT TIME:_ IDER YOUR OWN IN	RRY / MOTORCYCI RCIAL / MOTORCYC WOV K ISURANCE (YES/NO	))
	IF NO, PLEASE STATE (TH	IRD PARTY CLAIM	KEPORTING ONLY	
2.	ANAME MAYZULL	Bin Ahmad	(MAC	FEMALE)
	b)NRIC/FIN/PASSPORT:	S1455959J		9188 9960
	CIADDRESS: 555 HO	lugana St 51 =	102-326 515	30567)
. II e	A CONTRACTOR OF THE PROPERTY O	0 0	<del></del>	
- I	* CONTINUE TO 3.d IF DR	IVER ALSO POLICY	HOLDER	27
of hand of hat street states	DRIVER		() 4 6 1 5	/ FEMALE)
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- N22	b) NRIC/FIN/PASSPORT: c) ADDRESS:		CONTACT	
female passeni	d) DATE OF BIRTH: ( 3)	10 , 1960 UD	D/MM/YYYY)	-
2	e)OCCUPATION: (INDOO	R ( OUTDOOR)	D/MM/ 1111/	93 at
	ELVEADS OF DRIVING EYES	PERIENCE: 35 Y	ears	
1/1/2	WAS DETVED AN EMPLO	YEE OF THE INSU	RED'S COMPANY	(YES / NO)
	IF NO. RELATIONSHIP C	OF THE DRIVER W	ITH INSURED:	OWNER
5. 0	DIWEATHER CONDITION:	(CLEAR / RAINING	/ OTHERS	
	DIROAD SURFACE: (BRY /	WET / OTHERS	* *	
6. \	WAS ANYBODY INJURED	(YES / NO)		
7. 0	IREPORTED TO POLICE (	YES / 199)	*	
	IF YES, PLEASE STATE WH	ICH POLICE STATIC	N:	
8. T		(#CH)#5		
No of passenger	a) VEHICLE NUMBER:	4136 2955	MODEL:	
Industing defeat	b) DRIVER'S NAME:			
	c) NRIC/FIN/PASSPORT:		CONTACT:	
	HIRD PARTY VEHICLE		79.271 <u>012.02</u> 23.004	
11a - 0 magazin	d) VEHICLE NUMBER:		MODEL:	
No of passenger	e) DRIVER'S NAME:			-
Including driver)	NRIC/FIN/PASSPORT:_		CONTACT:::	
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-			191	

email =

fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1455959J



Name



N.

MARZUKI BIN AHMAD

Race

MALAY

Date of Birth

^

22-10-1960

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Name: S1455959J

MARZUKI BIN AHMAD

Birth Date: 22 Oct 1960

Issue Date: 26 Sep 2018



NUE



NRIC No. \$1455959J



Date of issue

25-05-2000

APT BLK 555 NOUGANG STREET 51 #02-326 SINGAPORE 530555

NRIC No: \$1455959J

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

# **EFFECTIVE DATE**

Class 2B	Motorcycles =< 200 cc	10 1 1070
Class 2A	Motorcycles between 201 cc and 400 cc	13 Jan 1978
Class 2	Motorcycles > 400 cc	13 Jan 1978
Class 3	Motor core with	13 Jan 1978
8007	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	01 Dec 1982
Class 4	or passengers and the unladen weight > 2500kg  Motor vehicles which are not constructed to carry	09 Sep 1983
Class 5	load or passengers and the unladen weight =< 7250kg Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	17 Apr 1984

NP 428A

KIRIC /FIKI/P A SSPOR



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	0	5096595411		MARZUKI BIN AHMAD	\$14559593	GCV	Comprehensive	SJB4187P	XIII SELLECT	14/12/2017	10/01/2019

	Policyholder Name	MARZUKI I	BIN AHMAD	Policyholder NRIC	\$14559593	
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No. 02-326	Relate Numb	d Policy er	5096595411			
nsured Object: SJB4187P						
ndorsements						
equence Date of Endorsemen	nt	Endorsemen	t Type	Endorsement	Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 14 Dec 2017 TO 10
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m Type *   CO-MX   Insured Name   MARZUKI BIN AHMAD   Insured NRIC   \$14559590   act No.(Mobile)   91889950   Contact No.(Home)   NIL   Contact No.(Office)   e   Address   marzuki_yn@yathoo.com.sg   OI Vehicle Number   \$3841879   TP Vehicle Number   C0623555	
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Insured Name MARZUKI BIN AHMAD Insured NRIC \$1459959)  cart No. (Mobile) 91899999 Contact No. (Home) NIL Contact No. (Office) e  Address mark Type Carmant Type * Please Select V Type of Benefit * Please Select V  mank Type Carmant Type * Please Select V Type of Benefit * Please Select V  mank Address  mank Address  performant NRIC *  Insured NRIC *  Name of Preferred Workshop Entert  Insured Uspirity * Not at Fault  Preferred Workshop, Name unknown V GIA report Received  Registered Date Received Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received	
Insured Name    CO-MX   Insured Name   MARZUKI BIN AHMAD   Insured NRIC   S1459599     Act No. (Mobile)   91899969   Contact No. (Home)   NIL   Contact No. (Office)   e     Address   Marzuki yn@yahoo.com.sg   Oi Vehicle Number   S384187P   TP Vehicle Number   G0C29555     Type Of Benefit *   Please Select   V     Type of Benefit *   Please Select   V     The of Benefit *   Please Select   V     Insured Name *	
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Insured Name  OD-MX  Insured Name  DIssessed  Contact No. (Mobile)  91899960  A Address  Marzuki yn@yahoo.com.sg  OI Vehicle Number  SIB4187P  Type of Benefit *  Please Select  Type of Benefit *  Please Select  Type of Benefit *  Please Select  Mark Name *  Description  SIB4187P / GBC29555 ON 5 Oct 2018  Froured Usbrity *  Not at Fault  Ves  Preferend Workshop, Name unknown V  GIA report  Received  Date Received  Date Received  Date Received  Date Received  Date Received  Save Subms  Save Subms	
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Insured Name  CO-MX  Insured Name  Contact No. (Mobile)  918899900  Contact No. (Mome)  Address  Marzuki yn@yahoo.com.sg  OI Vehicle Number  Silet 87P  Please Select  Type of Benefit * Type of Be	ingition *
Insured Name  CO-MX  Insured Name  Contact No. (Mobile)  918899900  Contact No. (Mome)  Address  Marzuki yn@yahoo.com.sg  OI Vehicle Number  Silet 87P  Please Select  Type of Benefit * Type of Be	
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