Cover / Drive: Performed Wasp / INC Assign Wasp / QW: (Tel:) Performed Wasp / INC Assign Wasp / QW: (Tel:) Cover Type: () Co	Date & Time Completed Done by Mail 1015 #3 - 00 10 10 10	description S e-filing mail (within Shrs, AIC 2hrs)	Cel No: 42/10(18018707/24
Date & Time Completed Date Date & Time Completed Date Date & Time Completed Date	Date & Time Completed Done by My 1015 283-00	S e-filing	CH NO: TN 6 1170
E-mail (visua shit, AIC 2hrs) I-Motor Claim Form MT 1017 23 - 20 15 17 D. O. A. If 1018 - 107-15 1-Motor Claim Form MT 1017 23 - 20 15 17 D. O. A. If 1018 - 107-15 1-Motor Wildington Data, 77 shit) I-Motor Wildington Data, 77 shit) I-Photo Uploaded Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Title Fax: The image of	to Owner/Wksp Tot: Fax:)/ Non-INC(). Tel:)%; P: 21-79%. P: 30-100%] Date&Time: Ownerby Time: Date&Time Completed Done by Time: Date&Time Completed Do	nail (within Shrs, AIC 2hrs)	- 10 P 14 //
D.O.A. 17/20 16-05-15 E-mail (estata thin, AIC thin) E-mail (estata thin) E-mail (estata thin, AIC thin) E-mail (estata thin, AIC thin) E-mail (estata thin) E-mail (est	to Owner/Wksp Tot: Fax:)/Non-INC() Time:)%; P: 21-79%. P: 30-100%] Date&Time Completed Done by tion Checklist Ant(s) Ant(s) ting (330); ment (\$100); INC (\$80)	otor Claim Form	9 0 0
OD TP Reporting Only I-Motor Wio Within OD 2nt, 77 4bn) I-Photo Uploaded Assessment/Survey Report Tal: Fax: Fax: To: Owner / Driver: (To: Policy No: (Tel:) Cover Type: () Confirmed by : (Date: Time:) Year of Registration: () Warranty: YES () / NO () Seneral Remarks: () Warranty: YES () / NO () Towed () () Towed () Towed () Date: Time:) Drive-in () Towed () () Walk-in Customer's Customer's Information strictly Confidential & Strictly NO rafer of repoliter. Drive-in () Towed () () Invoice: YES () / NO () : Towing Co: (Remarks: (INC Información 886660) I) Apply for Transport Allowance () / Courtesy Car () Date String Couple () Date String Couple () Done? Date Courtey Photo (Repair Cost > \$5000) () Injury: Date Courtey Photo (Repair Cost > \$5000) () The Report Inspection () JOR I Repo	to Owner/Wksp Tot: Fax:)/Non-INC() Time:)%; P: 21-79%. P: 30-100%] Date&Time Completed Done by tion Checklist Ant(s) Ant(s) ting (330); ment (\$100); INC (\$80)	otor Claim Form	O.A : IT/10/18-09:50
i-Pluto Uploaded TP Insurer: Assessment/Survey Report Ass't Report by Fax/Hand to Owner/Wist Preferred Wksp / INC Assign Wksp / Ow: (TP Particulars: Veh No: Ass't Report by Fax/Hand to Owner/Wist Owner / Driver: (Policy No: (Confirmed by: (Insured/Driver Liability: (Sol [Note-Est Status (WO): N: 0.20%; P: 21-79% P: 30-100%] Year of Registration: (Warranty: YES () / NO () Secretal Remarks: (()) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. (()) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. (()) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. (()) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. (()) Total Luss Case: it oe-mail Insurer URGENTLY. Drive-in () / Towel-in (); Invoice: YES () / NO (); Towing Co: (Romapks: (INC hottline: 67896616) 1) Apply for Transport Allowance () / Courtesy Car () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Ass't Report by Fax/Hand to Owner/Wksp Particulars: (INC hottline: 67896616) Japan Particulars: (INC hot	to Owner/Wksp Tol: Fax:)/Non-INC() Tel:) Cover Type: () Time:) %; P: 21-79%. P: 80-100%]) Date& lime Completed Done by tion Checklist: Ant (5) Amt (5) fir Bill Add Bill ment (5100); INC (580)	- Torm	
TP Insurer: Assistment/Survey Report Assistment/Survey Report Tel: Fax: Try Particulary: Veh No: 1/1716/6 InC // Non-INC // No	to Owner/Wksp Tol: Fax:) / Non-INC() Tel:) Cover Type: (Time:) %; P: 21-79%. P: 80-100%] Date& Time Completed Done by tion Checklist: Ant (5) And (5) Ing (\$30); ment (\$100); INC (\$80)	otor W/O (Within: OD 2hrs	Reporting Only
Assissment/Survey Report Ass't Report by Eax/Hand to Owner/Wksip Proferred Wksip / INC Assign Wksip / OW: (Tel: Particulars: Veh No: 1/1376 C INC () / Non-INC () . Policy No: () Period: (INC () / Non-INC () . Policy No: () Period: () Cover Type: () . Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0.20%; P: 21-79% P: 30-100%] Excess: (S) Loading: \$1,000 () / \$2,000 () . General Remarks: () Warranty: YES () / NO () . General Remarks: () Loading: \$1,000 () / \$2,000 () . Drive-In () / Towel-In (): Invoice: YES () / NO () ; Towing Co: () . Remarks: ((INC horline: 6788/6016)) . Drive-In () / Towel-In (): Invoice: YES () / NO () ; Towing Co: () . Remarks: ((INC horline: 6788/6016)) . Date/Time Actions Actions Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Actions Al Re6456 Invoice Proposition Chricklist (Ae(5)) . Action Chri	to Owner/Wksp Tel: Fax: .)/Non-INC(). Tel:) Cover Type: () Time:) %; P: 21-79%. P: 80-100%]) ctly NO refer of repairer. wing Co: (Date&Time Comple ad Done by tion Checklist: Ant (5) Amt (5) ing (530); ment (5100); INC (580)	oto Uploaded	
Professed Wksp / INC Assign Wksp / OW: {	to Owner/Wksp Tel: Fax: .)/Non-INC(). Tel:) Cover Type: () Time:) %; P: 21-79%. P: 80-100%]) ctly NO refer of repairer. wing Co: (Date&Time Comple ad Done by tion Checklist: Ant (5) Amt (5) ing (530); ment (5100); INC (580)		insurer:
Owner / Driver: Veh No: 117560 INC() / Non-INC() Owner / Driver: Tel:) Confirmed by: (Tol: Fax:)/Non-INC() Tel:) Cover Type: () Time:) %; P: 21-79%. P: \$0-100%] ctly NO refer of repairer. wing Co: (Report by Fax / Hand	erred Wksn / INC A
Owner / Driver: { Policy No: {	Time: Ower Type: (Ower Type	, and Itang to	
Folicy No. () Period. () Cover Type. () Confirmed by : () Date: Time:) Year of Registration: () Walranty: YES () / NO () Excess: (\$ Loading: \$1,000 () / \$2,000 () Excess: (\$ Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2	Tel: Cover Type: (Time:)%; P: 21-79%. P: 30-100%] City NO refer of repairer. wing Co: (Date&Time Comple ad Done by tion Checklist: Ant(5) Ant(5) Ant(5) Ant(5) Manual Silling (530); ment (5100); INC (580)	Die	vner / Driver (
Confirmed by: (Cover Type: (Time:)%; P: 21-79%. P: 80-100%] City NO refer of repairer. wing Co: (Date& Time Completed Done by tion Checklist: Anit(5) Anit(3) ting (330); ment (\$100); INC (\$80)	INC(
Insured/Driver Liability: (%) [Note-Est. Stams (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. Drive-In () / Towed-in (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC hottine: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo (Repair Cost > \$3000] () Injury: Date: Time:) Actions	Time:)%; P: 21-79%. P: 80-100%] ctly NO refer of repairer. wing Co: (Date& Time Completed Done by tion Checklist: Ant(5) Ant(3) ting (330); ment (\$100); INC (\$80)) D: .
Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Warranty: YES () / NO () General Remarks: () Loading: \$1,000 () / \$2,000 () () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. Drive-In () / Toweld-in (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC hortune: 6788 6616):	tion Checklist. Ant (5) Ant (5) Ant (5) And Bill ment (\$100); INC (\$30)	Date	ured/Driver Lies 31
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 hoffine: 6788 6616)	tion Checklist. Ant (5) Ant (5) Ant (5) And Bill ment (\$100); INC (\$30)	table (WO)	ar of Pegister (%) [Note
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 hoffine: 6788 6616)	tion Checklist: Ant (5)	(ES () (NO): N: 0-20%;	css: (\$) Warr
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolater. () Total Luss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. (Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury : Date Time Actions Actions Actions Actions Invoice Preparation Checklist (tion Checklist: Ant(5) Ant(3) ting (530); ment (5100); INC (580)		
Remarks: (UNC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Actions Invoice Preparation Checklist Ame (\$30); (in Bill) American (\$30); (in Bill) Americ	tion Checklist: Ant(5) Ant(3) ting (530); ment (5100); INC (580)		CANCELLA PROSESSION OF THE PROPERTY OF THE PARTY OF THE P
Remarks: (UNC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Actions Invoice Preparation Checklist Ame (\$30); (in Bill) American (\$30); (in Bill) Americ	tion Checklist: Ant(5) Ant(3) ting (530); ment (5100); INC (580)	#1.6	Total I
Remarks: (UNC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Actions Invoice Preparation Checklist Ame (\$30); (in Bill) American (\$30); (in Bill) Americ	tion Checklist: Ant(5) Ant(3) ting (530); ment (5100); INC (580)	ct v	In (: to e-mail Insurer UR
Invoice Preparation Checklist	ting (\$30); INC (\$80) Add Bill Add Bill ment (\$100); INC (\$80))	ad Resurvey Photo [Repair Cost > \$3000]
Invoice Preparation Checklist	ting (\$30); INC (\$80) Add Bill (\$100); INC (\$80)		
Invoice Preparation Checklist	ting (\$30); Add Bill Add Bill ment (\$100); INC (\$80)	A-01410a	
Invoice Preparation Checklist	ting (\$30); INC (\$80) Add Bill Add Bill ment (\$100); INC (\$80)		74
Invoice Preparation Checklist	ting (\$30); INC (\$80) Add Bill Add Bill (\$100); INC (\$80)	•	
Invoice Preparation Checklist	ting (\$30); INC (\$80) Add Bill Add Bill ment (\$100); INC (\$80)		
Cer/Owner: Cer/Owner: Cer/	ting (\$30); Add Bill Add Bill ment (\$100); INC (\$80)	The state of the s	The state of the s
Cer/Owner: Cer/Owner: Cer/	ting (\$30); INC (\$80) Add Bill Add Bill ment (\$100); INC (\$80)	Invoice Preparatio	Particulars ::
aged Portion: 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1 : Idae DA + SMRT Survey \$160 3) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$55	(6.6)	1) AR : Accident Renault	er:
3) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 3) NTUC Additional Services:- OD: N5: Courtesy Car / Tpt Allowance \$55	\$40,004	L. Lowing Fee	
6) TR: Re-inspection 575 7) N1: Idae DA + SMRT Survey 5160 8) NTUC Additional Services:- OD: *N5: Courtesy Car / Tpt Allowance 55	Sum (5	5) FT : Follow-Through Sur	
Checked by (Engr-In-Charge): 7) N1 : Idae DA + SMRT Survey 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance *N6: Renair Courtesy Car / Tpt Allowance 55	NC Only (wef 10 Jan 2005)		tion:
Ors' Comments -: 550 *N5: Courtesy Car / Tpt Allowance 55	\$75	7) N1 : Idao DA + SMRT Su	
Ors' Comments - *N5: Courtesy Car / Tpt Allowance \$5	rices:- \$160	3) NIUC Additional Services	by (Engr-In-Charge):
TO DETAIL TO BE A STORY OF THE PROPERTY OF THE	MAD.	On.	The second secon
TANK TO THE PARTY OF THE PARTY	A CONTRACTOR OF THE PROPERTY O	*N5: Courtesy Car / Tet 41	mments:-
IVAS: DV / Collect Process Co	er County	_ I ave Denetri e	
	C) against this	*N7: Post Repair Inspection *N8: DV / Collect Excess C	
Invoice dated Fee Ch		*N7: Post Repair Inspection *N8: DV / Collect Excess C	

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 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

aforesaid,	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/10/2018 10:49
Date Of Accident	15/10/2018 09:50
Exact Location Of Accident	PIE (TUAS) AFTER PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE
THE RESERVE THE PROPERTY OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS6115U
Insured/Policyholder	
Name Of Registered Owner	IBRAHIM ABDULLAH @BRAHAM DEV S/O JADHAO
NRIC No	S1309583C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96468174
Alternative Phone No	OFFICE-96468174
Vehicle Particulars	
Manufacturer	PROTON
Model	EXORA 1.6L AT (M-LINE) ABS D/AB 2WD 5DR
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
f 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	5089240830-01
Cover Note Number	
Driver	

Driver

Name of Driver MOHAMMAD DANIAL BIN IBRAHIM

NRIC No S9443110G Date Of Birth 19/11/1994 Occupation OUTDOOR Date Of Driving Pass 29/03/2016

Driving Experience 2 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86606094

Fax Number

Contact Number OFFICE-86606094

EMail Address NOEMAIL

BLK 611 BEDOK RESERVOIR ROAD Address

#07-1136

YES

NO

NO

NO

Postcode 470611

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

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? YES Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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. VEHICLE IN FRONT JAMMED BRAKE, SO I JAMMED BRAKE ACCORDINGLY, SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. THE IMPACT WAS SO GREAT THAT MY VEHICLE PUSH FORWARD AND HIT ONTO VEHICLE C REAR PORTION. VEHICLE C HIT ONTO VEHICLE

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 SJS7269C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHAMAD NOR ASHRAF BIN ABU BAKAR

1

NRIC/Passport Number S8801792G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLE7486S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver PRIVATE CAR ONG HUI PENG

NRIC/Passport Number

S6904129I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJH3551X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG SOON KOON, KENNY

NRIC/Passport Number

S8941310I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

.....

NO

DETAILS OF INJURED PERSON 1

Name MOHAMMAD DANIAL BIN IBRAHIM

Approximate Age

Injuries Sustain NECK
Injured person in which vehicle? SJS6115U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - 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 .:

STS 72690	- <	0 0	B	M	€
				=='	
SLE 74 865	۸				*
STH 3551X	(N)				
	4				-
DESCRIBE CIDCUME	TANCES OF THE	ACCIDENT			
DESCRIBE CIRCUMS	I ANCES OF THE A	ACCIDENT			
					119
DECLARATION					
DECLARATION I/We declare the forego	ing particulars are tr	rue in every respect.			

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9443110G



MOHAMMAD DANIAL BIN IBRAHIM

محمد دانیال بن ابراهیم

INDIAN

Date of birth 19-11-1994 M

Country of birth SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE S9443110G MOHAMMAD DANIAL BIN IBRAHIM iinte Date: 19 Nov 1994 ue Date 29 Mar 2016



NRIC No. S9443110G

09-04-2009

APT BLK 611 BEDOK RESERVOIR ROAD #07-1136 SINGAPORE 470611

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 29 Mar 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					SOUR DESCRIPTION	· Change	Language	1 Chanc	e Password	NOT THE PERSON NAMED IN
My Desktop	Polic	y Query						congulage	Chang	e Password	› Log Out
Notice of Loss	Policy No Vehicle N	io.(For Motor)	538611	ŠU			of Accident		5/10/2018 0	9:50	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle	Insured	Commence	Expiry Date
	0 5	089240830- 01		IBRAHIM BIN ABDULLAH @BRAHAM DEV S/O DAMU JADHAO	S1309583C	GPC	drivo CLASSIC	No. SJS6115U	Object SJS6115U	Date 26/08/2018	25/08/2019

Policy No.	5089240830-01	Policyholder Name	IBRAHIM I	BIN ABDULLAH @BRAI	Policyholder	S1309583C	
Certificate No.		airie			NRIC	9130A393C	
Address	BLK 611 #07-1136 BEDOK RES	ERVOIR ROAD	SINGAPOR	E 470611			
Product Name	PRIVATE CAR INSURANCE	Plan			Group	N	
Policy issue Date	31/07/2018	Effective Date	26/08/201	8 00:00	Policy Flag Expiry Date	25/08/2019 2	3:59
Excess Type		All Claims Excess			Sec.A. Codes		
Third	9200	Own					
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD	600	Outside Singapore	0				
Excess		TP Excess				Young	/Inexperience Driver Excess
Agent	BENEFIT AUTO INSURANCE AGE	Agent Tel.	64445313		GST Flag		
Co- nsurance Flag					GST Flag	Υ	
Open Policy Info							
Certificate nfo							
	holder Mailing Address						
Policyl							
ddress 1	BLK 611 #07-1136	Addre	ss 2	BEDOK RESERVOIR	ROAD /	Address 3	SINGAPORE 470611
ddress 1	BLK 611 #07-1136	0.0000000000000000000000000000000000000	ss 2 ss Type	BEDOK RESERVOIR Singapore address		Address 3 Post Code	The Address of the Control of the Co
Policyl Address 1 Address 4 Jnit No.	BLK 611 #07-1136	Addre	ss Type d Policy				SINGAPORE 470611 470611
ddress 1 ddress 4 Init No.	BLK 611 #07-1136 d Object: SJS6115U	Addre Relate	ss Type d Policy	Singapore address			The Address of the Control of the Co
ddress 1 ddress 4 Init No.	d Object: SJS6115U	Addre Relate	ss Type d Policy	Singapore address			The Albertanese

olicy No.	5009240830-01	Vehicle No.	8396115U	GST Registration No.	
rtificate No.				CC 100000 5000 0000 0000 0000 0000 0000	
icyholder Name	ISRAHIM BIN ABDULLAH GBRAHAM DE	OAHDAL UMAD OVS V		Policyholder NR3C	S1309583C
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
ntact No.(Mobile)	96468174	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	0
K	® No ○ Yes	TCA	® No ⊜Yes		I in w
D Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
Accident Details			50	Private Hire	No
ort Date	15/10/2018 20:01				
e of Acoident	15/10/2018	Accident Report Within 24 hrs		Accident Type	Chain Collision
orting Centre	13/10/2018	Time of Accident hh:mm	09:50	Country of Accident	Singapore
ident Location	HE STATE OF THE ST	Orange Force		ICM No.	
Excess	PIE (TUAS) AFTER PAYA LEBAR RD EXI				
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
semed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
d Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	etion				
Registered	No		GST Registration Date		
Registration No.			GST Status Ventled	Yes	
fication History					
Policyholder Mailing A	filmes				
ress 1			NI market		
	6LK 611 #07-1136	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470611
fress 4		Address Type	Singapore address	Post Code	470611
t No.		Related Policy Number	5089240830-01		960965
OI Driver Info					
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	MOHAMMAD DANIAL BIN IBRAI-	Driver NRIC	59443110G	Driver DOB	19/11/1994
Ster Date of Driver License		Driver Age	23	Driving Experience	2
tact No.(Motrie)	85605094	Contact No.(Office)	0	Contact No.(Home)	0
iress 1	BFK 011	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS GROVE
ress 4	SINGAPORE 470611	Address Type	Singapore address	Post Code	470613
t No.	07-1136		10		774911
is he own a Singapore externed car?	○ Yes ® No	Driver Vehicle No.			
remidistrick				Driver Insurer Company	
aration					
Malyser or Blood Test	0 mg	Ann Internal			
athalyser or Blood Test iding?	0 mg	Any injury?	® Yes ○ No		
athalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
athalyser or Blood Test ading? Ultication History	Omg	Any injury?	® Yes ◯ No		
ding?	0 mg	Any injury?	® Yes ○ No		
fication History	0 mg	Any injury?	® Yes ○ No		
ing? fication History aim 001 New	0 mg	Any injury?	® Yes ○ No		
fication History laim 001 New	0 mg	Any injury? Insured Name		Insured NP M	E 1700010
ding? Incation History Inim 001 New	70.00	5 \$500 PM C	ISRAHIM BIN ABDULLAH GERAL	Insured NRIC	\$1309583C
ing? fication History aim 001 New n Type * act No.(Mobile)	 00-4α 	Insured Name Contact No.(Home)	BRAHIM BIN ABDULLAH @BRAI 95458174	Contact No.(Office)	CONTRACTOR OF THE PARTY OF THE
ing? Incation History aim 001 New In Type * act No. (Mobile) # Address	00-MX 96468174	Insured Name Contact No.(Home) Of Vehicle Number	IBRAHIM BIN ABDULLAH GERAI 95456174 52561350		51309583C S357259C
aing? Incation History aim 001 New In Type * act No. (Mobile) # Address nont Type Claimant Type *	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit +	BRAHIM BIN ABDULLAH @BRAI 95458174	Contact No.(Office)	CONTRACTOR OF THE PARTY OF THE
ing? hication History aim 001 New n Type * act No. (Mobile) # Address nont Type Claimant Type *	00-MX ¥	Insured Name Contact No.(Home) Of Vehicle Number	IBRAHIM BIN ABDULLAH GERAI 95456174 52561350	Contact No.(Office)	CONTRACTOR OF THE PARTY OF THE
ing? Incation History aim 001 New In Type * act No. (Mobile) # Address nord Type Claimant Type * nord Name *	DO-MX V 95468174	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit +	IBRAHIM BIN ABDULLAH GERAI 95456174 52561350	Contact No.(Office) TP Vehicle Number	CONTRACTOR OF THE PARTY OF THE
fination History alm 001 New In Type * cact No. (Mobile) If Address mant Type Claimant Type * mant Address In Description	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NR/C +	ISRAHIM BIN AROULLAH GERAL SCAGELTA SISGIISU Proase Select	Contact No.(Office)	CONTRACTOR OF THE PARTY OF THE
ing? Incation History In Type * Inact No. (Mobile) If Address Mant Type Claimant Type * Mant Name * Inact Name * In Description Interest Workshop Contact	DOD-MIX 96468174	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NR/C +	DRAHIM BIN ABDULLAH GERAL DS455174 S356115U Prease Select	Contact No.(Office) TP Vehicle Number	CONTRACTOR OF THE PARTY OF THE
ding? Initiation History Initiation History Initiation Mew In Type * Bact No. (Mobile) In Address Inon's Type Claimant Type * Initiation Type Claimant Type * Initiation Type Contact Initiation Con	DOD-MIX	Insured Name Coreact No. (Home) Of Vehicle Number Type of Benefit + Claimert NRIC + Insured Liability + Preferend Repair Option	25465174 SS6115U Prose Select	Contact No.(Office) TP Vehicle Number	CONTRACTOR OF THE PARTY OF THE
fination History aim 001 New In Type * fact No. (Mobile) If Address mant Type Claimant Type * mant Address In Description are Workshop Contact are Finalisation Registered	DOI-MIX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NR/C +	DRAHIM BIN ABDULLAH GERAL DS455174 S356115U Prease Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	S157269C
aim 001 New In Type * In the Address Thank Type Claimant Type * Thank Address The Address Th	DOD-MIX	Insured Name Coreact No. (Home) Of Vehicle Number Type of Benefit + Claimert NRIC + Insured Liability + Preferend Repair Option	DRAHIM BIN ABDULLAH GERAL DS455174 S356115U Prease Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop G3A report	S1S7269C
ing? New Type * Address Andress An	DOI-MIX	Insured Name Coreact No. (Home) Of Vehicle Number Type of Benefit + Claimert NRIC + Insured Liability + Preferend Repair Option	DRAHIM BIN ABDULLAH GERAL DS455174 S356115U Prease Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop G3A report	S1S7269C
ing? New Type * Let No. (Mobile) Address and Type Claimant Type * ant Name * ant Address Description med Workshop Confact re Finalisation Registered t Teken By	DOI-MIX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SSEAHIM BIN ARDULLAH GIBRAI SSEGIJSU Pease Select And at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop G3A report	S1S7269C
ing? New Type * act No. (Mobile) Address Sont Type Claimant Type * ant Address In Description med Workshop Contact ine Finalisation Registered It Taken By	DOI-MIX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	DRAHIM BIN ABDULLAH GERAL DS455174 S356115U Prease Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop G3A report	S1S7269C
ing? Incation History In Type * act No. (Mobile) Address nont Type Claimant Type * nort Address t Description and Workshop Contact are finalisation Registered et Taken By Virit AK letter	DOI-MIX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SSEAHIM BIN ARDULLAH GIBRAI SSEGIJSU Pease Select And at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop G3A report	S1S7269C
alm 001 New In Type * Lact No. (Mobile) A Address Anone Type Claimant Type * Nort Name * Hand Address In Description Lact Workshop Contact Lace Finalisation Registered Lact Taken By Print AK letter	DOI-MIX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	SSEAHIM BIN ARDULLAH GIBRAI SSEGIJSU Pease Select And at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop G3A report	S1S7269C
ing? Initial New In Type * Bact No. (Mobile) In Address Inner Type Claimant Type * Inner Address In Description Brown Workshop Contact Lare Finalisation In Registered Int Taken By Pyrit AK letter tachment	DOD-MIX	Insured Name Coreact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SSEAHIM BIN ARDULLAH GIBRAI SSEGIJSU Pease Select And at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop G3A report	S1S7269C
iding? Idination History Idination History Idination History Idination History In Type * Ident No. (Mobile) Id Address Invariation Type Claimant Type * Invariation Type * I	DOD-MIX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	SSEAHIM BIN ARDULLAH GIBRAI SSEGIJSU Pease Select And at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop G3A report	S1S7269C
iding? Idination History Idination History Idination History Idination History In Type * Ident No. (Mobile) Id Address Invariation Type Claimant Type * Invariation Type * I	DOD-MIX	Insured Name Coreact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	DRAHIM BIN ARDULLAH GERAL DC465174 SIS6115U Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop G3A report	S1S7269C
aim 001 New In Type * act No. (Mobile) I Address Form Type Claimant Type * mant Address In Description Front Workshop Contact Front Sylve Sylve Sylve Registered It Taken By Front AK letter Lachment Lent No.	DOD-MIX	Insured Name Coreact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No.	DRAHIM BIN AROULLAH GERAL DC465174 SIS6115U Prease Select Proferred Workshop, Name unknown Seve Submit 001 15/10/2016 20:04	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	S157269C Received 15/10/2018 00:00
aim 001 New In Type * act No. (Mobile) I Address Form Type Claimant Type * mant Address In Description Front Workshop Contact Front Sylve Sylve Sylve Registered It Taken By Front AK letter Lachment Lent No.	DOD-MIX	Insured Name Coreact No. (Home) Of Vehicle Number Type of Benefit * Claimert NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date	DRAHIM BIN AROULLAH GERAI DEAGEL74 S256115U Please Select Not at Fault Preferred Workshop, Name unknown 001 15/10/2018 20:04 Category •	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received Confidential Urger	Received
aim 001 New In Type * Incation History In Type * Incat No. (Mobile) I Address Inon't Type Claimant Type * Inant Address In Description Introd Workshop Contact Interest History Registered Int Taken By Point AK letter Itachment Item No.	DOD-MIX	Insured Name Coreact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Browse.	Prease Select Not at Fault Preferred Workshop, Name unknown 15/10/2016 20:04 Category * Clear Prease Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received Confidential Urger V Normal	S157269C
ing? incation History sim 001 New Type * act No. (Mobile) A Address hant Type Claimant Type * hant Address I Description med Workshop Contact ine Finalisation Registered It Taken By Viet AK letter achimient	DOD-MIX	Insured Name Coreact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim No. Upload Date Browse Browse	Prease Select Out at Fault Prease Select Out at Fault Prease Select Other Prease Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received Confidencial Urger V Normal V Normal	Received
iding?	DOD-MIX	Insured Name Coreact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Browse.	Prease Select Not at Fault Preferred Workshop, Name unknown 15/10/2016 20:04 Category * Clear Prease Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received Confidential Urger V Normal	S157269C

