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	i-Motor Claim Form	M7 10160 18-001	13/10/18 14:1
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TD	i-Photo Uploaded		***
TP Insurer:	Assessment/Survey Report		
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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.
- 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 ladgement 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	17/10/2018 13:39
Date Of Accident	13/10/2018 17:10
Exact Location Of Accident	118 SYED ALWI RD
Country/State of Loss	SINGAPORE
THE RESIDENCE OF THE PROPERTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF1711A
Insured/Policyholder	
Name Of Registered Owner	1ST TRANZ LIMO
Co Reg No	53280512K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	MARK X 2.5 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5100952962
Cover Note Number	
Driver	
Name of Driver	LUQMAN NAQIM BIN ABDULL MALIK
NRIC No	S7625404D

 NRIC No
 \$7625404D

 Date Of Birth
 18/08/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 23/07/2002

Driving Experience 16 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91120600

Fax Number

Contact Number OFFICE-91120600

EMail Address NOEMAIL

BLK 257 TAMPINES STREET 21 Address

#06-214

Postcode 520257

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

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. Number of Passengers (Including Driver)

1

NO

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?

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 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGG7172X Vehicle Make/Model/Colour NISSAN SUNNY

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver SHRENA JOSHI NRIC/Passport Number S7965222I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be commerced by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>vruthful and accurate as riossible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate golicy 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.
- Any false reporting may be referred to the Police for Investigation.
- 6. 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.
- 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)

Lunderstand, acknowledge, agree and consent that:

- 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)
 - (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.
- 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.
- 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:

23580815K

Driver's Signature

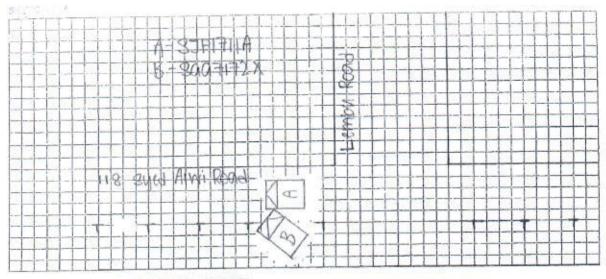
(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— tł — tł — lo	was travelling along 118 Syed Alwi Road. When I went pass the Lembu Road, there were cars parked at the left side of the road. Out of a sudden, vehicle B came out of the carpark of number 3 without checking that the road is clear before noving off and collided onto the front left portion of my
	ehicle.

DECLARATION

Twe 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.:

ANTE TANK . . HE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

 The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 Any false reporting may be referred to the traffic police department for investigation.

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Exe a location of accident	118 syed Alwi Road.	

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Vehicle registration number	SIF ITILA.
Vehicle make and model	TOYOTA Marx X
Type of vehicle	Saloon of MPV CRV CRV CRV CRV CRV CRV CRV CRV CRV CR
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No p if no, please select: Third part claim p Reporting only □

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Insurance company	MTUC		
Policy number			
Type of policy	Comprehensive D	Third party fire & theft o	TP only D

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Name	1ST TRANZ LIMO	Male 🗆	Female
NRIC / Fin / Passport number	53280512K.	8000	
Contact			
Address	23 HAPPER RO #02-01 S6 369602	•	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Luaman HASIM Bon ABDUL MAUK Male Female						
NRIC / Fin / Passport number	576254040.						
Contact	91120600 .						
Address	BLK 257 TAMPINES ST21 # 06-214.						
Email address							
Date of birth	18/08/1976.						
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7625404D



LUQMAN HAQIM BIN ABDULL MALIK

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SINGAPORE

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

PASS DATE
Class 3 Motor cars =< 2000 kg with =< 7 passengers, 23 Jul 2002 exclusive of the driver; and motor tractors

Yethicles =< 2500 kg

APT BLK 257 TAMPINES STREET 21 #09-214 SINGAPORE 520257

NRIC No: 876254040

Date: . 21/02/2016

eBao Tech								GeneralClaim			
Hello, NAC_PAYA_UBI_800601				The second second			• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
	Policy 1	No.				Date	of Accident	1	3/10/2018	17:10	
	Vehicle	Vehicle No.(For Motor)		5)F1711A		Certificate Number		[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100952962		1ST TRANZ LIMO	53280512K	GPC	drivo CLASSIC	SJF1711A	SJF1711A	24/05/2018	23/05/2019
					8	Continue					

Policy No.	5100952962	Policyholder Name	1ST TRANZ	LIMO	Policyholder NRIC	53280512K	
Certificate No.		Hame			INTIO:		
Address	BLK 257 #06-214 TAMPINES 5	TREET 21 SING	APORE 5202	57			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	24/05/2018	Effective Date	24/05/2018	00:00	Expiry Date	23/05/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	INXURE NETWORK SERVICES	Agent Tel.	62956108		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address		12				
Address 1	BLK 257 #06-214	Addre	ss 2	TAMPINES STREET	21	Address 3	SINGAPORE 520257
Address 4		Addre	ss Type	Singapore address		Post Code	520257
dooress 4			ed Policy	5100952962			
Unit No.	06-214	Numb	er				
Unit No.	06-214 od Object: SJF1711A	Numb	er				
Unit No.	d Object: SJF1711A	Numb	er				

	17/10/2018 14:13		Accident Report Within 24 hrs	Yes	Acodere T	ype		Side Swipe	
Accident Details Report Date	17/10/2018 14:13		Accident Report Within 3d his	Ves	Accident T	220		20400	
Date of Accident	13/10/2018		Time of Accident hh:mm	17:10	Country of			Singapore	
Reporting Centre			Orange Force		JCM No.	ALLIGEN		anyapore	
Accident Lecation	118 SYED ALWI ND								
▽ Excess									
Own damage Excess	2,000	00	Additional Excess	0	Windscree	n Excess		100.00	
Unnamed Oriver Excess			Outside Singapore OD Excess	2,000.00					
Third Perty Excess	1,500	00	Outside Singapore TP Excess	1,500,00					
□ Benefits									
GST Registered Inform	ation								
GST Registered	Yes			GST Registration Date	2	9/10/2014			
GST Registration No.	53280512K			GST Status Venhed	N	0			
Modification History									
♥ Policyholder Mailing Ad	Mress								
Address 1	BLK 257 #06-214		Address 2	TAMPINES STREET 21	Address 3			SINGAPORE 520257	
Address 4	234 255 FAR FAR FAR FAR		Address Type	Singapore address	Post Code			520257	
Unit No.	06-214		Related Policy Number	5100952962				A TOTAL CONTRACTOR OF THE PARTY	
☑ OI Driver Info									
Driver Name	LUQMAN HAQIM BIN ABOUL P	MALIK	Oriver Type	Main Driver					
Unnamed driver Name			Driver NRIC	\$76254040	Driver DOE	E.		18/08/1976	
Register Date of Driver License			Driver Age	42	Driving Exp	erience		16	
Contact No.(Mobile)	91120600		Contact No. (Office)	0	Contact No	(Home)		0	
Address 1	BLK 257		Address 2	TAMPINES STREET 21	Address 3			TAMPINES EAST ZONE 4	
Address 4	SINGAPORE 520257		Address Type	Foreign address	Post Code			520257	
Unit No.	06-214								
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.		Driver Insu	rer Compan	v.		
Declaration									
Breathalyser or Blood Test	200		1503000000	02000000					
Reading?	0 mg		Any injury?	○ Yes ③ No					
Modification History									- 8
Claim 001 New									
20.00									
Claim Type *	Ор-нх	al .	Test and Name	The second second	19:00:00:00	Date 1		(22222222	
Contact No.(Mobile)	NIL		Insured Name	IST TRANZ LINO	Insured NR			53200512K	
Email Address	1516	1	Contact No.(Home) OI Vehicle Number	NIPS NATE OF THE PARTY OF THE P	Contact No.				
Claimant Type Claimant Type*	Please Select		Type of Benefit •	SIF1711A Please Select	TP Vehicle	Number	3	SGG7172X	
Claimant Name +		22	Claimant NRIC +	Primate Select					
Claimant Address									
Claim Description	SJF1711A / SGG7172X ON 13	Oct 2018			Name of the	eferred Work	1000		
Preferred Workshop Contact		1	Insured Liability *	Not at Fault	Harne or Pro	erented work	капор		
No. Require Finalisation	Yes	n n	Preference Repair Option	Preferred Workshop, Name unknown	▼ GIA report		1		
Date Registered	17/10/2018 14:18		Claim Close Date	preferred workshop, rearrie unknown	1000000		- 1	Received V	
Report Taken By	Jackson	7	Gam Gose Date		Date Receiv	eu		17/10/2018 00:00	
D Print AK letter									
G. 1200-1813-1814TUO			20						
			1	Save Submit					
Attachment									
Φ.									
	MT/ADVADAG		2010						
Accident No.	MT/1016018		Claim No.	001					
Last Doc. Received	® Yes ○ No		Upload Date	17/10/2018 14:19					
P10	Patn •			Category •	Confide	2020	Urgency	CONTRACTOR OF THE PROPERTY OF	
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