Date In: 24 10/18-14:03	Jeb description	Date & Time Completed	Don	ie by
Ref No: NA MC 18019196/24	SAS e-filing	-		
Veh No: 5787894	E-mail (within Shrs, AIC 2hrs)			Sa I
D.O.A: 22/10/18-07:10	i-Motor Claim Form	my 1016671-001	22/10/18	19:41
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4brs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
11 History	Ass't Report by Fax / Hand	to <u>Owner/Wksp</u>		
Preferred Wksp / INC Assign Wksp / QW:		Tel: F	ax:	
TP Particulars: Veh No:	IN WAGU . INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. P: 80-1	100%]	
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading:	\$1,000()/\$2,000()			
General Remarks		ARRISTNO SELVEN	TO SERVICE STATE	
() Walk-In Customer: Customer's			1	
() Total Loss Case : to e-mail In			***************************************	
		Cowing Co: ()
Remarks: (INC hotline: 6788 661		Date&Time Completed	Don	s by
	6)) / Courtesy Car ()	Date&Time Completed	Don	e by
	WEST OF STREET STREET STREET AS SECURIOR STREET, STREET STREET, STREET	Date&Time Completed	Don.	b)by
1) Apply for Transport Allowance ()/Courtesy Car ()	Date&Time Completed	Don	b by
Apply for Transport Allowance (QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost:)/Courtesy Car ()	Date&Time Completed	Don	e by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:)/Courtesy Car ()	Date&Time Completed	Don	e by
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1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions)/Courtesy Car ()		Ant (S)	Ami(3)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 archiving of this report at the centre and to copies of the report being made available.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/10/2018 14:03
Date Of Accident	22/10/2018 07:10
Exact Location Of Accident	JUNC BEDOK RD & NEW UPP CHANGI RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP5789Y
Insured/Policyholder	
Name Of Registered Owner	1AA
Co Reg No	53387138K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD
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	THIRD PARTY
Fleet Policy	YES
Delies Nombre	E402940070

Policy Number

5103810970

Cover Note Number

Driver

MOHAMAD YUSRI BIN AMIR Name of Driver

NRIC No S7027078A Date Of Birth 12/08/1970 OUTDOOR Occupation Date Of Driving Pass 11/04/1991

27 YEARS AND 6 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-84310319

Fax Number

OFFICE-84310319 Contact Number

EMail Address NOEMAIL Address

BLK 51 MARINE TERRACE

#16-157

Postcode

440051

Was driver an employee of the Insured's Company 1

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

ੁ

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

....

Was any body injured in the Accident?

YES

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)

1

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

ON STATED DATE AND TIME. MY VEHICLE WAS TRAVELLING IN A VERY SLOW SPEED AS TRAFFIC JUNCTION IT BLINK FROM THE GREEN ARROW LIGHT, SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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

SJW4476U

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

SADEEP KARAYEDTH GIRIJAN

NRIC/Passport Number

S8078636J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER: :

DETAILS OF INJURED PERSON 1

Name

MOHAMAD YUSRI BIN AMIR

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJP5789Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

NO

Address Postcode

Page 3 of 17

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

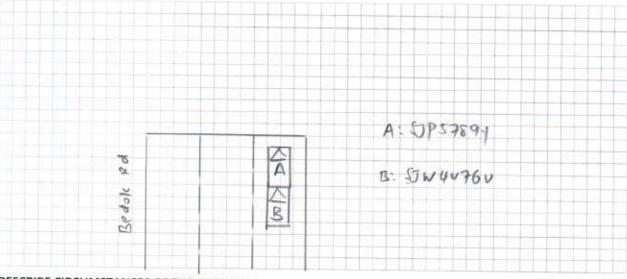
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 1		
nefer to statement		
/		
		510-21

DECLARATION

I/We declare the personnel particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature

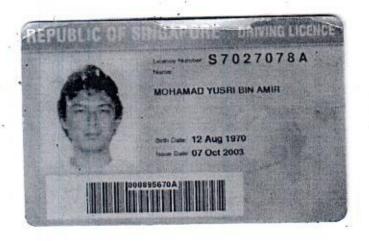
(If driver is not the policyholder)

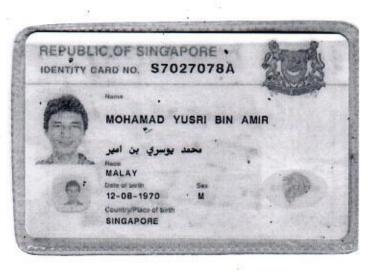
Date & Time:

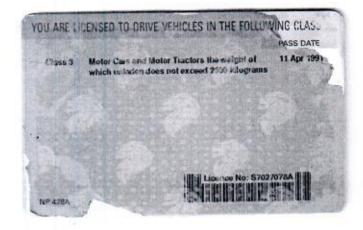
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









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Hello, NAC_PAYA_UBI_8006	501)	· Change La	nguage	· Change P	assword	Log Out
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Notice of Loss	Policy N	0.				Date of A	Accident	22/10	0/2018 07:10	0 10	
	Vehicle	No.(For Motor)	SJP5789	Y		Certificat	te Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103810970		1AA	53387138K	GFT	Third Party	SJP5789Y	SJP5789Y	13/10/2018	7000

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ddress	53 UBI AVENUE 1 #01-33 PAY	A UBI INDUSTR	IAL PARK	SINGAPORE 408934			
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164							
Sequen	ce Date of Endorsement	Endorsemen	t Tyne	Endorsement Number	Endows		
Sequen	11/09/2018 00:00	Endorsemen Basic Informati Endorsement	2 (002/20)	Endorsement Number 000001286908946	Endorsemer	ent Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND
Sequen	11/09/2018 00:00	Basic Informati	2 (002/20)				Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SMD6004 13-09-2018 \$1,436.58 In view of this amendment, a refund of \$1,436.58 (inclusive of GST) will be adjusted against the outstanding premium.
Sequeni	11/09/2018 00:00	Basic Informati	on		Endorsemer	nt Take	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SMD6004 13-09-2018 \$1,436.58 In view of this amendment, a refund of \$1,436.58 (inclusive of GST) will be adjusted against the outstanding

iccident MT/1016671					
Policy No.	5103610970	Vehicle No.	SERVICE Y		
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Yelfuct Code	REET INSURANCE		10000000	Policyholder NR3C	53367138K
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F Accident Details					
port Date	22/10/2018 19:39	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	22/10/2018	Time of Accident No:mm	07:10	Country of Accident	Singapore
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		Address Type	Singapore address	Post Code	408934
OI Driver Info	01-33	Related Policy Number	5103810970		
ver Name	Henry Marie Barrier	(accordance)			
wined driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
ister Date of Driver License	MOHAMAD YUSRI BIN AMIR 11/04/1991	Oriver NR3C	\$7027078A	Driver DOB	12/98/1970
ract No. (Mobile)		Driver Age	48	Driving Experience	27
	84310319	Contact No.(Office)	0	Contact No.(Home)	0
ress I	BLK 51	Address 2	MARINE TERRACE	Address 3	MARINE TERRACE HAVEN
Press 4	SINGAPORE 440051	Address Type	Singapore address	Post Code	44005L
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