NATIONAL Assessment Ce.	ntre Services wet 1 Jamos	MNA118137649	
Date In: 23/10/11 -15125	Jeb description	Date & Time Completed	Done by
Res No: NA NCIED Igraphy	SAS e-filing		
Veh No: SUE 7796	E-mail (within Shrs, AIC 2hrs)		•
D.O.A: 23/10/18-11:50	i-Motor Claim Form	M7/10/6861-001	27/10/18 2014
	i-Motor W/O (Within: OD 2		
OD TP ' Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
IF Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	Fax:
TP Particulars: Veh No: di	339898H INC	()/Non-INC()	V.
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	.00%]
Year of Registration: (Warranty: YES ()/NO ()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks;		I A CALL CALL CALL CALL CALL CALL CALL C	3.00
() Walk-In Customer : Customer's	THE PARTY OF THE P		
() Total Loss Case : to e-mail In			***
Drive-In ()/ Towed-In (); Inv		Towing Co: (- 1
		towns on (31777 down 17 main. 11
Remarks; (INC hotline: 6788 661)	5))	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		111
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost	>\$3000] ()		
Injury:			Andrew Co. Name to Print But
Date/Time Actions		are a great a transcription and a second of the	ese oane
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27			
		in the state of th	
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•	4		- V
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N41806800 .		cparation Checklist	fit Bill Add Bill
laimant's Particulars :-	1) AR : Accide 2) DA : Darre		80)
river/Owner:	3) TF : Towing	Fee . S4	0/\$45
	4) FT : Follow	-Through Survey -Through Survey (Resurvey)	\$120
ontact No:	For claimin	against INC Only (wef 10 Jan 200	5)
amaged Portion:	6) TR : Re-ins		\$75
		A + SMRT Survey	
C Checked by (Engr-In-Charge):	OD:		-
C Checked by (Engr-In-Charge):		sy Car / Tpt Allowance	\$5 \$10
	•N7: Fost R	Co-ordination epair Inspection	\$25
nditors! Comments :-	*N8: DV / C	Collect Excess Coordination	\$5
<u>it. 1:</u>	9) N12: Idna N		30
1.2/3:	Involce dated	Fee Charged	MANN MANN
24.12 (1) (2)	Invoice dated	Fee Charged	Maritan

Fayerst ton

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 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.

aforesaid.	
Control of the Contro	ACCIDENT STATEMENT
Date Of Report	23/10/2018 15:25
Date Of Accident	23/10/2018 11:50
Exact Location Of Accident	CTE (AYE) BEFORE JUNC BUKIT TIMAH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE2539G
Insured/Policyholder	
Name Of Registered Owner	786 BLITZ AUTOMOBILE LLP
Co Reg No	T14LL2955B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88667861
Alternative Phone No	OFFICE-88667861
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PREVIA 7 SEATER
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	5099193393

Policy Number 5099193393

Cover Note Number

Driver

Name of Driver KAMARUSZAMAN BIN SABAWI

 NRIC No
 \$7604979C

 Date Of Birth
 12/02/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/08/2018

Driving Experience 0 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90092632

Fax Number

Contact Number OFFICE-90092632

EMail Address NOEMAIL

Address BLK 611 BEDOK RESERVOIR ROAD

#02-1142

Postcode 470611

Was driver an employee of the Insured's Company NC

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

Number of Passengers (Including Driver) 2

Passenger 1 NAME: : -

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 CTE (AYE) BEFORE JUNC BUKIT TIMAH RD. VEHICLE B WAS TOO CLOSE TO MY VEHICLE. AS A RESULT, VEHICLE B HI ONTO MY VEHICLE LEFT 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 SBB9898H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name KAMARUSZAMAN BIN SABAWI

Approximate Age

Injuries Sustain NECK Injured person in which vehicle? SLE2539G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

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:

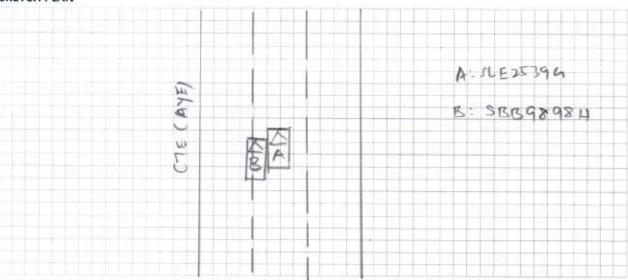
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

lefer to	Hatement.		
	91-110-13-11		
		/	
	/		
	× .		
174			
LARATION			

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7604979C



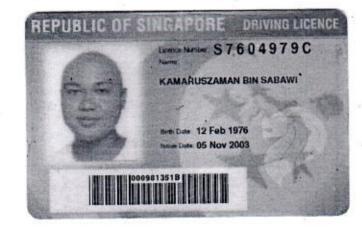
KAMARUSZAMAN BIN SABAWI

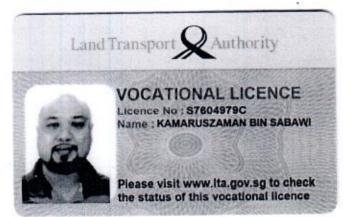
BOYANESE

Date of birth 5 12-02-1976

SINGAPORE

576042790







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

13 Oct 2000

NP 4284

This card is not transferable and is the property of the Land Transport
Authority (LTA). It must be surrendered to LTA on request. If found, please
return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date

30/08/2018

PRIVATE HIRE CAR VL

13



eBaoTech				atticed 2	. Share			The state of the s	lClaim		
CONTROLL SECTION STATE							* Change	Language	• Chang	e Password	· Log O
My Desktop	Poli	cy Query									
Notice of Loss	Policy 8	10.				Date	of Accident	2	3/10/2018 1	1:50	
	Vehicle	No.(For Motor)	SLE25	39G		Certif	icate Number				
*					1	Search					-
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099193393		786 BLITZ AUTOMOBILE LLP	T14LL2955B	GPC	drivo CLASSIC	SLE2539G	SLE2539G	23/03/2018	22/03/2019

Policy No.	5099193393	Policyholder Name	786 BLITZ	AUTOMOBILE LLP	Policyholder NRIC	T14LL2955B	
Certificate No.		Home			MUC		
Address	62 SEA BREEZE AVENUE SEA E	BREEZE SINGAF	ORE 487574				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	21/03/2018	Effective Date	23/03/2018	00:00	Expiry Date	22/03/2019 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	SININS AGENCY PTE. LTD.	Agent Tel.	69503050		GST Flag	Υ	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policy	holder Mailing Address		8				
Address 1	15L JALAN SEMPADAN	Addre	ss 2	SINGAPORE 4573	96	Address 3	
100/030 1		Addre	ss Type	Singapore address		Post Code	457396
Address 4		Relate Numb	ed Policy er	5084289828-02			
Address 4 Unit No.	ed Object: SLE2539G			5084289828-02			
Address 4 Unit No.	U.S. Congression			5084289828-02			

Claim Handling					- Exit
Accident MT/1016861					
Policy No.	5099193393	Vehicle No.	SLE2539G	GST Registration No.	
Certificate No.					
Policyholder Name	786 BLITZ AUTOMOBILE LLP			Policyholder NRJC	T14U.29558
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98667861	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	The V
KFK	® No ⊜ TBS	TCA	® No ⊜Yes	eCode Reason	1500000
NCD Protection	No	NCO Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	23/10/2018 20:44	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/10/2018	Time of Accident hh:mm	11:50	Country of Acodent	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (AYE) BEFORE JUNC BUKIT TIMAH RD	CONTRACTOR CONTRACTOR			
♥ Excess	Residentes videntes en estados estados				
Own demage Excess:	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	Wilder Excess	100,00
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
♥ Benefits	1,000.00	Outside Singapore IV Excess	1,500.00		
♥ GST Registered Inform	ation				
SST Registered	No		GST Registration Date		
SST Registration No.			GST Status Venified	No	
Modification History				(E)	
Policyholder Mailing Ad	ldress				
Address 1	15L TALAN SEMPADAN	Address 2	SINGAPORE 457396	Address 3	
Address 4		Address Type	Singapore address	Post Code	457396
Unit No.		Related Policy Number	5064289628-02	0.000.000	- Carles
OI Driver Info					
Otiver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KAMARUSZAMAN BIN SABAWI	Driver NRIC	57604979C	Driver DOB	12/02/1976
Register Date of Driver License	30/08/2018	Driver Age	42	Driving Expenence	0
Contact No: (Mobile)	90092632	Contact No.(Office)	0	Contact No.(Home)	9
Address I	BLK 611	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS GROVE
Address 4	SINGAPORE 470611	Address Type	Singapore address	Post Code	470611
Unit No.	02-1142		and the same of th	Page Come	475411
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Security Commen	
Registered car?	O'MOM	- Marie Marie Marie		Driver Insurer Company	
Declaration					
Breathayser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Reading?		and education	2.14.012		
Modification History					
Claim 001 New					
Claim 001 New					
Claim Type *	CD-MX	Insured Name	786 BLITZ AUTOMOBILE LLP	Insured NRIC	T14LL2955B
Contact No.(Mobile)	NIL.	Contect No.(Home)		Contact No. (Office)	+
tmail Address		Oli Vehicle Number	SLE2539G	TP Vehicle Number	SBB9898H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NR3C *			
Claimant Address	DETRIEN IEROEI VIEW				
Daim Description	SLE2539G / S889898H ON 23 Oct 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Ves U	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/10/2018 20:47	Claim Close Date	1-0-2	Date Received	23/10/2018 00:00
Report Taken By	Jackson				
	-3041-0				
Print AK letter					
			Save Submit		
Attachment					
D.					
Accident No.	MT/1016861	Claim No.	001		
ast Dec. Received	® Yes ○ No	Upload Date	23/10/2018 20:49		
	Path *		Category *	Confidential Urgen	cy * Description *
	E-call to have been	Browse.	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	Normal	
		Browse.	Clear Please Select	HC V Normal	▼
		Browse.		Normal	
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