Date In 09 11 2018 14:27 Job description	-	Date &Time Completed	Done	by
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Veh No SJM 6129L E-mail (within 8	thrs, AIC 2hrs)			100000000000000000000000000000000000000
D.O.A . 08/11/2018 -: 14:20 i-Motor Clair		MT/1019077	-002 12	11/18 09
i-Motor W/O	(Within: OD 2hrs.		 	
OD / TP- / P.cuarting Only	aded			30000 HIAN
Assessment/Sun	rvey Report			
TP Insurer Ass't Report by	y <u>Fax / Hand</u> to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SGP 3138A	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	VO): N: 0-20	%; P: 21-79%. P: 80	0-100%]	and an array of State State
Year of Registration: () Warranty: YES ()/NO()		-	
Excess: (\$) Loading: \$1,000 ()/\$2,000	()			
General Remarks:	ran heber	ZKINDINSATARI KA	Marie 4	nek.
) Walk-In Customer: Customer's information strictly Cor	nfidential & Stri	tly NO refer of repaire	er.	
) Total Loss Case : to e-mail Insurer URGENTLY.				
Drive-In ()/ Towed-In (); Invoice: YES () / N	(O () ; To	wing Co: ()
			N. S. B.	h
Cemarks:- (INC horline: 6788 6616)	4	Date&Time Completed	Done	o.by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ())			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
7				
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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,
- 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.
- 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.	90 (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Market Black Company of the Company	ACCIDENT STATEMENT
Date Of Report	09/11/2018 14:27
Date Of Accident	08/11/2018 14:20
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM6129L
Insured/Policyholder	
Name Of Registered Owner	EXCEL MOTORING
Co Reg No	53180222A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83886423
Alternative Phone No	OFFICE-83886423
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095049081-01
Cover Note Number	
The state of the s	

Driver

 Name of Driver
 SAIDAHTUL HANEEM BINTE MOHAD ZAIN

 NRIC No
 \$9449123A

 Date Of Birth
 \$31/12/1994

 Occupation
 INDOOR

 Date Of Driving Pass
 20/04/2018

 Driving Experience
 0 YEAR AND 6 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-83886423

Fax Number

Contact Number OTHERS-83886423

EMail Address NOEMAIL

BLK 105 BEDOK NORTH AVENUE 4 Address

#02-2178 460105

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

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?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

NO

NO

NO

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)

Passenger 1

NAME:

: NIL

GENDER: : MALE

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

PLS REFER TO THE ATTACHED 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

SGP3138A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver HO YIN HWAY (HE YINGHUI)

NRIC/Passport Number S7320583B Contact Number 91826975

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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
- 5. 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)

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:
 - (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.
- (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.:

DECLARATION

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

Policyholder's Signature

Date & Time EL

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. \$9449123A





SAIDAHTUL HANEEM BINTE

سيدة الحنيم بئت محمد زين

Rape

MALAY Date of birth

31-12-1994 Country of birth SINGAPORE

MOHAD ZAIN

no travera

4385664





S9449123A

Date of issue 09-04-2009

Address

APT BLK 105 BEDOK NORTH AVENUE 4 #02-2178 SINGAPORE 460105 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A





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eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 08/11/2018 14:20 Vehicle No.(For Motor) SJM6129L Certificate Number Search Policyholder NRIC Certificate Policyholder Expiry Date Vehicle Insured Commence Select Policy No. Product Cover Type Number Name No. Object Date 5095049081-01 EXCEL MOTORING 53180222A Third Party SJM6129L SJM6129L 10/03/2018 Continue

Policy Information Policyholder Policy No. 5095049081-01 Policyholder EXCEL MOTORING 53180222A Name NRIC Certificate Address 210 TURF CLUB ROAD #B-60 THE GRANDSTAND SINGAPORE 287995 Product Group FLEET INSURANCE Plan N Name Policy Flag Policy Effective issue 08/03/2018 10/03/2018 00:00 Expiry Date 09/03/2019 23:59 Date Date Third Own Windscreen Party 1500.00 damage 0.00 0.00 Excess Excess Excess Additional 05 465.59 Excess Premium Outside Outside Singapore 0.00 Singapore 1500.00 OD TP Excess Excess Agent INSURE LINK PTE LTD Agent Tel. 64444644 GST Flag Coinsurance Flag Open Policy Info Certificate Info Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	#B-60 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.		Related Policy Number	5104619931		
N +0.000	1011-1 631464				

Insured Object: SJM6129L

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/03/2018 00:00	Basic Information Endorsement	000001286780308	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We

confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJL6423S 22-03-2018 \$1,284.01 In view of this amendment, an additional premium of \$1,284.01 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.

11/12/2018 Claim Handling(Claim Task 002 OD-MX) Claim Handling premium on this policy has not been collected. Accident MT/1019077 5095049081-01 Vehicle No. SJM6129L GST Registration No Certificate No. Policyholder Name EXCEL MOTORING Policyholder NRIC Product Code FLEET INSURANCE Cover Type Third Party Loading Contact No.(Mobile) 83886423 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode KFK. = No. Yes TCA . No Yes eCode Reason NCD Protection No NCD Entitlement(%) 0 Private Hire Accident Details Report Date 09/11/2018 15:04 Accident Report Within 24 hrs Yes Accident Type Date of Accident 08/11/2018 Time of Accident hh:mm 14:20 Country of Accident Reporting Centre Orange Force ICM No. Accident Location PIE TWDS CHANGI AIRPORT Excess Own damage Excess 0.00 Additional Excess 0 Windscreen Excess Unnamed Driver Excess Outside Singapore OD Excess 0.00 Third Party Excess 1,500.00 Outside Singapore TP Excess 1,500,00 - Benefits GST Registered Information **GST** Registered Yes GST Registration Date 09/01/20 GST Registration No. M90371966R GST Status Verified Yes Modification History Policyholder Mailing Address Address 1 210 TURF CLUB ROAD Address 2 #B-60 THE GRANDSTAND Address 3 Address 4 Address Type Singapore address Post Code Unit No. Related Policy Number 5104619931 Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name SAIDAHTUL HANEEM BINTE MOI Driver NRIC 59449123A Driver DDB Register Date of Driver License 20/04/2018 Driver Age 23 Driving Experience Contact No.(Mobile) 83886423 Contact No.(Office) Contact No.(Home) Address 1 BLK 105 #02-2178 Address 2 BEDOK NORTH AVENUE 4 Address 3 Address 4 SINGAPORE 460105 Address Type Singapore address Post Code Unit No. 02-2178 Does he own a Singapore Registered car? Yes = No Driver Vehicle No. Driver Insurer Com Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? Yes = No Modification History Claim 002 OD-MX New

Claim Type + Insured
 Name OD-MX EXCEL Contact Contact No.(Mobile) No. (Home) Email Address SJM612 Number Claim Description SJM6129L / SGP3138A ON 8 Nov 2018 Preferred Preferenced Partially at Fault Workshop Bontakt No. Yes Finalisation GIA Preferred Workshop, Name unknown report Received Repair Date Registered Claim 12/11/2018 09:49 Close Report Taken By Workshop

Print AK letter

Save Submit Attachment Accident No. MT/1019077 Claim No. 002 Last Doc. Received Yes No Upload Date 12/11/2018 09:50 Path * Category * Confidential Choose File No file chosen Clear Please Select ▼ NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Chaose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Message Read Attachment List Attachment Uploaded By/Date Category Urgency Des NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:49 NRIC/ Driving License Normal NRIC/ Driving L NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on SAS Normal 12 Nov 2018 09:48 SAS 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on の合うではいい Photos Normal Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 12 Nov 2018 09:47 Photos ? NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos : 12 Nov 2018 09:47 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:47 Photos Normal Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos 12 Nov 2018 09:47 Normal Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 12 Nov 2018 09:47 Photos 1 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:47 Photos Normal Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos : 12 Nov 2018 09:46 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos : 12 Nov 2018 09:46 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:46 Photos Normal Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:46 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 12 Nov 2018 09:46 Photos 7 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 12 Nov 2018 09:46 Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:46 Photos Normal Photos 2