Doda Inc 1		WA 118 147130		
Date In: 17 11/18-17 12	Jeb description	Date & Time Completed	Done	by:
Rel No: NA INC 18 = 2546/24	SAS e-filing			
Veh No: PC 31 24 B	E-mail (withia Shrs, AIC 2hrs)			
D.O.A : 8/11/8 - 18:30	i-Motor Claim Form	M7 10 1968-001	(3 11/18 1	3 .76
	i-Motor W/O (Within: OD 2h		12/1/10	7 .30
OD (TP)' Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (The same of the sa		ax:	
TP Particulars: Veh No: 14		3707334	dA.	
Owner / Driver: (20142	Tel:		-
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2		00%1	
Year of Registration: ()	Warranty: YES ()/NO ()	3070]	
	1,000 ()/\$2,000 ()	<i>'</i>		
		A reserved to the Control of the Control	PATE OF THE	
() Walk-In Customer : Customer's in		A STATE OF THE SAME	<u>्रक्तं है। है । ।</u>	
() Total Loss Case : to e-mail Insu	IID CENTEL M			
		49 7 3		
Drive-In ()/ Towed-In (); Invoi	ice: YES () / NO (); T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)	Name of the second	Date&Time Completed	Done	hv
	/ Courtesy Car ()		3.7.2.2.0.0	200
	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()		ZASTACHEN, SE.	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Onte/Time Actions	() \$3000] ()	aration Checklist.	Anit (\$)	10 1 07
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Onte/Time Actions	() \$3000] ()	aration Checklist	Anit (5)	10 1 07
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions Actions umant's Particulars:-	() \$3000] () Invoice Prep 1) AR: Accident 2) DA: Damage A	aration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80)	Tři Biji	10 1 07
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions Also 433 umant's Particulars:- ver/Owner:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80);	Tặt Bạii) i45	10 1 07
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

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

al al assettat	
CHEST STATE OF THE SECRETARY AND SECRETARY	ACCIDENT STATEMENT
Date Of Report	13/11/2018 17:21
Date Of Accident	08/11/2018 18:30
Exact Location Of Accident	XILIN AVE
Country/State of Loss	SINGAPORE
THE PROPERTY OF THE PARTY OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC3124B
Insured/Policyholder	
Name Of Registered Owner	AUTOMOBILE TRADERS PTE LTD
Co Reg No	201025189R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE COMMUTER GL 3.0 AT 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5076720178-03
Cover Note Number	
Driver	
Name of Driver	JAMAL BIN MISTAR
NRIC No	S2012528D
Date Of Birth	23/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1976
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96810193
Fax Number	
Contact Number	OFFICE-96810193

NOEMAIL

BLK 461 PASIR RIS DRIVE 4 Address

#02-279

510461

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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?

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)

3

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181109/2110.

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

SGS6154S

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

JAMAL BIN MISTAR

Approximate Age

Injuries Sustain

RIGHT CHEST

Injured person in which vehicle?

PC3124B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 companies.
- 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
- 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
 - (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:

OMOA

- (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

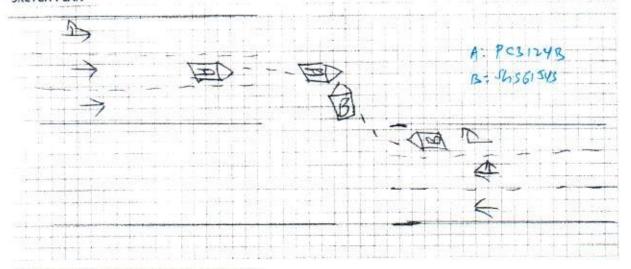
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

port 7/2018/11	09/2110
	port 7/2018/11

I/We declare the foregoing particulars

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.:

Turket slatchkants = 78

Email: sm@idac.com.sg Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: OS / // /2018 (dd/mm/	(yy) Time of Accident: 18 :30 (24-HR-FORMAT)
Vehicle No : PC 3124B Vehic	le Make & Model:
	Alle
Exact location of Accident: Xilin	Life Todars Ar 4d 201025189R
A SERVICE OF THE SERV	pile radica it en
Driver's Name / IC No. : Jana 1	70/11
Driver's Contact No. : 968 1019	Company Contact No:
Driver's Address:	
Insurance Company: NTUC	Email address (if any):
Relationship between Owner & Driver: (Owner / Spouse / Children / Friend / Parent	Please CIRCLE one only) s / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TIC	CK one only)
Own Insurance / Other Vehicle (T)	he one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver): 03 (Malt).
Weather condition & Road conditions?	
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Ca	
Any Injuries: Yes / No (If YE	S) Injured Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No	(If YES) Which Police Station:
	The Other Party(s) Details:
Driver's Name / IC No:	Vehicle No: SGS 61545
Driver's Contact No:	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





1 of 3

Report No. T/20181109/2110

Police Station Of Origin:
Pasir Ris N.P.C.
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2018 16:09		/lade:	Vide Report No.:		Station Diary No.: 72
Informa	nt's Partic	ulars			
	f Informant:		Address:		
JAMAL	BIN MISTA	R	APT BLK 461 PASIR RIS 510461	DRIVE 4 #0	2-279 SINGAPORE
	/ ID No.: O / S20125	280	Contact No.: Home/Office:	Mobile	e: 96810193
National MALAYS	ity:	200	Email:	WIODIE	5. 00010103
Sex: Male	Age: 64	Date of Birth: 23/07/1954	Type of Informant: Driver		
Race: Indonesian			Language: Institution / School Name		
Occupation: Van driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time.of Accident: 08/11/2018 18:30	Type of Location: X-Junction
Location: Along Road 1 XILIN AVENU Along Xilin Av Weather: Clear	JE	he cross junction of Cha Road Surface: Dry		Road Speed Limit:
Traffic Flow:	Throughteen to keep the second	Traffic Control:	1 29	raffic Volume: Moderate
Type of Collis Between Mov	ion: ring Vehicles - Head	l To Rear	а	nyone conveyed by mbulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC3124B	Bus/Coach/Mi nibus				Slightly Damaged	2
SGS6154S	Car	ii ii			Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 2 of 3 Report No. T/20181109/2110

CONTINUATION OF REPORT

Name	JAMAL BIN MISTAR	?	1370 12 10 10	ID No	.9	S2012528D
Related Vehicle	PC3124B (Bus/Coach/Minibus)		Contact No.		96810193	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class Drivin Licend Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	08/11/2018	MANUEL CONTRACTOR	Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	04	Degree of	Injury	Slight	
Driver		100 To 10	endicini in the		個別問題	A Section of the Contract
Name	LAW EE WOON			ID No	•	S8461835G
Related Vehicle	SGS6154S (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Manager Street Co.	Date Disch	narge	NIL	Value is a state of the state o
No of Dave gron	ted Medical Leave	NIL	Degree of	lniun	NIL	

Brief Details.

On 08/11/2018 around 1830hrs I was travelling along Xilin Ave towards ECP in my vehicle bearing the plate number PC3124B when a vehicle bearing the plate number SGS6154S on the opposite side turn at the cross junction of Xilin Ave towards Changi South Ave 1 causing our vehicle to collide. My vehicle was going straight while the other vehicle was making right turn towards Changi south Ave 1. The front of my vehicle hit his left rear tire. HIs left side suffered scratches and dents. The vehicle bearing the plate number SGS6154S did not see my vehicle before proceeding to make a right turn. My vehicle suffered serioùs damages and my whole front bumper came off. No one was injured except for me. I felt a little pain on my right chest and proceed to CGH to seek doctor's consultation. I am lodging this report for record purposes and make necessary claims.





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 3 of 3 Report No. T/20181109/2110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recordin G / Sgt 2 MUHAMMAD SYAZWA		Signature Of Informant:	
Signature Of Interpreter: Not applicable	208	Date/Time: 09/11/2018 16:09	9.
Officer In Charge Of Case: TP / AEIT /		Classification Of Case:	
Sr Staff Sgt MOHAMAD ZUL ABDULLAH Contact No.: 65476204	POLICE FORCE		
Authentication Stamp NP168	SIGNA	TURE	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2012528D





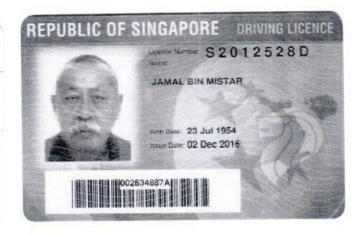
JAMAL BIN MISTAR

INDONESIAN Date of birth 23-07-1954

Country/Place of birth MALAYSIA









MALAYSIAN 26-12-2017

APT BLK 461 PASIR RIS DRIVE 4 #02-279 SINGAPORE 510461

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 92 Nov 1974
Class 2A Motorcycles between 201 cc and 400 cc 92 Nov 1974
Class 2 Motorcycles > 400 cc 92 Nov 1974
Class 3 Motorcycles > 400 cc 92 Nov 1974
Class 3 Motorcycles > 400 cc 93 Nov 1974
Class 2B Motorcycles > 400 cc 94 Nov 1974
Motor cars with unladen weight =< 3000kg with =< 7 Jun 1976
passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:S2012528D

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 Change Language · Change Password · Log Out My Desktop **Policy Query** Natice of Loss Policy No. Date of Accident 08/11/2018 18:30 Certificate Number Vehicle No.(For Motor) PC3124B Search Certificate Number Policyholder Name Policyholder NRIC Vehicle Insured Commence Expiry Select Policy No. Product Cover Type Object No. Date Date AUTOMOBILE TRADERS PTE. LTD. 5076720178-201025189R GFT Comprehensive PC31248 PC3124B 08/09/2018 03 Continue

Policy Information

Poli	cy Information				
Policy No.	5076720178-03	Policyholder Name	AUTOMOBILE TRADERS PTE. LTE	Policyholder NRIC	201025189R
Certificate No.					
Address	210 TURF CLUB ROAD LOT B-	-01 THE GRANDS	TAND SINGAPORE 287995		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	05/09/2018	Effective Date	08/09/2018 00:00	Expiry Date	07/09/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
\gent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co- nsurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	nolder Mailing Address				
\ddress 1	210 TURF CLUB ROAD	Address 2	LOT B-01 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Init No		Related			

Insured Object: PC3124B

End	ors	eme	nts
-----	-----	-----	-----

Unit No.

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	08/09/2018 00:00	Basic Information Endorsement	000001286895729	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 08 Sep 2018 to 07 Sep 2019, this policy is extended to cover the insured vehicles whilst being driven within the airside of Singapore Changi Airport and Seletar Airport. The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability, 1. PC3125Z 2. PC3392T
2	08/09/2018 00:00	Basic Information Endorsement	000001286901772	Endorsement Take Effective	Memo C
3	08/09/2018 00:00	Basic Information Endorsement	000001286895941	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle amendment(s) is/are made to this policy: VEHICLE NUMBER EFFECTIVE DATE REVISED PREMIUM (INCL GST) 1. PC3104J 08-09-2018 \$1,083.24 2. PC3124B 08-09-2018 \$1,083.24 3. PC3125Z

5073681076-03

Policy Number

	- Supplier as all	77000000	11/2/2012/01/11	252.0010000000000	
cy No. tificate No.	9076720176-03	Vehicle No.	PCX124B	GST Registration No.	
syrrolder Name fact Code	AUTOMOBILE TRADERS PTE, LTD. PLEET INSURANCE	11	To an in the second second	Policyhalder NR3C	2010251898
tart No. (Mobile)	D D D D D D D D D D D D D D D D D D D	Cover Type Contact No. (Office)	Comprehensive	Loading	0
ni Address	9		ů.	Contact No.(Home)	0
TO COMPANIES.	22 222	Special Remark		eCode	No T
Nutestion	- No Yes	TCA	e No Yes	eCode Reason	
Accident Details	Na	NCD Entitlement(%)	a	Private Hire	No
ori Date	V26477321174251V				
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o of Acodest	08/11/2018	Time of Accident his min	18:30	Country of Accident	Singapore
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rasa 4 No.		Address Type	Singapore address	Post Code	287999
		Related Policy Number	5073681076-03		
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actor Date of Driver Exerce	JAMAL BIN MISTAR	Driver NRIC	S2012528D	Driver DOB	23/07/1954
	12/06/1976	Driver Age	54	Driving Experience	42
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