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1550ct (050003007740	i-Motor W/O (Within: OD 2hr			
OD TP Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Tr insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (Tel: F	ax:)
TP Particulars: Veh No: DR	313D INC ()/Non-INC()		
Owner / Driver: (Tel:)	and who are the window
Policy No: () P	eriod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: SO-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
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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.
- 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.
- 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.

是在TENERS ENGINEERING (ELLIPSIS)	ACCIDENT STATEMENT
Date Of Report	14/11/2018 16:01
Date Of Accident	28/10/2018 05:15
Exact Location Of Accident	OUTSIDE SELETAR MALL TWDS YIO CHU KANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS3849E
Insured/Policyholder	
Name Of Registered Owner	HO2 PTE LTD
Co Reg No	201623774E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5100572973
Cover Note Number	
Driver	
Name of Driver	SALIMUL IKHWAN BIN NASARUDDIN SALIM KEMHAY
NRIC No	\$90393521
Date Of Birth	17/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88208181
Fax Number	
Contact Number	OFFICE-88208181
EMail Address	NOEMAIL

Address BLK 447A JALAN KAYU

#06-362

Postcode 791447

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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? 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) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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

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

SDR313D

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

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- Piease raport <u>correctly</u> 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 <u>truthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>reputitate 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)
 I understand, 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) 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 end/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:
 - 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.:

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DECLARATION

//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.:

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 θ and submit that form to the individual insurance authorises reporting centre.

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... provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allowurance 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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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		4	ADDENDU	М						
(A)	PARTICULARS OF PE	ERSONMAKINGTHEAM	ENDMENTS:							
	Original Report No	T8141814787		Vehicle Regis	stration No:	S1538491E				
	Name(as shown in NRIC)	: Deltimul Ithman sin	Hasarud	NRIC/FIN/Pa	mhay ssport No :	590393527				
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate									
	Address	: Blic your A John	1 Cays	A 16-362		Singapore(79149)				
	Contact (Tel)	:		Mobile No. :	88208181					
	Email Address	:								
	Date of Accident	28/2/6	dent: 05:15	nt: 05:17						
	Place of Accident	: Orfside kletgr	Moll to	rds to	thu kar	9.				
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	Policyholder / Driver Date:	's Signature		Reporting Name:	- Allendal Sul	nnel's Signature				

Date:

DENTITY CARD NO. \$90393521



SALIMUL IKHWAN BIN NASARUDDIN SALIM KEMHAY

INDONESIAN Com at block 17-10-1950 COUNTY/FIELD OF LITTLE SINGAPORE



580393521



5874397



31-01-2018

APT BLK 447A JALAN KAYU 908-362 SINGAPORE 781447

Liconce No: \$90393521

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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. 28/10/2018 05:15 Date of Accident Vehicle No.(For Motor) SJS3849E Certificate Number Search Policyholder NRIC Certificate Vehicle No. Policyholder Insured Object Commence Date Select Policy No. Product Cover Type Expiry Number Name Date drivo CLASSIC 5100572973 HO2 PTE LTD 201623774E SJS3849E SJS3849E 15/05/2018 Continue

Claim Handling

Accident MT/1017679									
alicy No.	51005/29/3	Vehicle No.	5353849E		GST Registration N	io,			
estificato Nu.									
micyholder Name minut Ende	HOZ PTE LTD				Policyholder NR1C		201623774E		
ordant No.(Mobile)	FLEET INSURANCE NA	Cover Type	drivo CLASSIC		Loading		0.		
mail Address	The state of the s	Contact No. (DRIce) Special Remark			Contact No.(Home	1	Daniel I		
r e	e No Yea	TCA	- No Yes		eCode		No *		
CO Protestion	Fine	NCD Entitlement(%)	0		eCode Reason Private Hire		Not available		
Accident Details					- made the		THUI MY MINUS		
Hitter Date	30/10/2018 09:37	Acodent Report Within 24 hrs	Yes		Accident Type		Unknown		
his of Aucident	28/10/2018	Time of Accident hhomm	05:15		Country of Acciden	i	Singapore		
conting Centre		Orange Force			ICM No.:		200		
stricted activities	SENGRANG WEST AVE TOWARDS JALAN KAYU								
7 Excess									
ove days-ge Essena	2,000.00	Additional Excess	0		Windscreen Excess		100.00		
married Driver Excess		Outside Singapore OD Excess		2,000.00					
field Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00					
Renefits									
GST Registered Inform									
ST Registration No.	Ne			tration Date					
Codification (Fistory			GST Statu	s yerned	Yes				
Policyholder Mailing Ad	idress								
атрин 1	30314 UBC ROAD 3	Address 2	#01-118		Address 3		SINGAPORE 40	9659	
sidrora 4		Andress Type	Singapore address		Post Code		408659		
int No.	Dt-11B	Related Policy Number	5095410277-01				ATOMATONS		
GI Briver Info									
myer Name morned driver Name		Driver Type							
coster Date of Driver Library		Driver NRIC			Driver DDB				
context No (Mobile)		Driver Age			Driving Experience				
differe I		Contact No.(Office) Address 2			Contact No.(Home)	l.			
ridrass 4		Address Type	Foreign address		Address 3 Post Code				
Hyd Na.		Demonstration	Terrory i dualitas		Post Code				
Door he own a Singapore Injustrated car?	Yes - No	Driver Vehicle No.			Driver Insurer Corr				
Date: Type +				ор-их у	Insured Lucy po	r (mail	Insure	d [
				GO-HX ,	Name HO2 PT	E LTD:	NRIC	SOURCESSAN	
andart No. (Mobile)				90050110	No (Home)		Contac No. (Office	MIL	
mail Address					. 01		TP.	- processors	
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