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		MT/1020145+	001 17/11/18				
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Palicy No. 7		Tel:)				
Confirmed by : (od: ()	Cover Type: ()				
	Date:	Time:)				
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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.
- 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 pieggande

ACCIDENT STAT	EΜ	ENT
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16/11/2018 18:05 Date Of Report 16/11/2018 10:45 Date Of Accident

BUKIT BATOK ST 23 (BLK 2022/ 2021) Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

GBC1442L Vehicle Registration Number

Insured/Policyholder

IDEE INFOCOM PTE. LTD. Name Of Registered Owner

200919057R Co Reg No

IBMDEEN@GMAIL.COM Email Address (LOCAL) +65-92381245 Mobile Phone No OFFICE-92381245 Alternative Phone No

Vehicle Particulars

NISSAN Manufacturer

URVAN 3.0 5MT ABS AB 5DR LWB PANEL Model

Exact Purpose for which vehicle was being used at WORK time of accident

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5105197541

Cover Note Number

Driver

MOHAMED IBRAHIM ZIAVUDEEN Name of Driver

G5905110K Passport No/FIN 05/05/1967 Date Of Birth INDOOR Occupation 22/09/2011 Date Of Driving Pass

7 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-92381245 Mobile Number

Fax Number

OTHERS-92381245 Contact Number IBMDEEN@GMAIL.COM **EMail Address**

Address

Postcode

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

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

NO 2

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB4887Y

Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver YEO CHOW KWANG

NRIC/Passport Number S1125188I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 28

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance 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 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:
 - 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

Singapor

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .

A-9BC 1642 L B-9BB 4887 Y

BUE 2021

BUET BATTAL ST 23

BUE 2022

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAN	-1 Par	c along	Bokn	entor St	23 Ks lar	k 20.
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day & sail	nd Streen	ond b	imber v	The Light	s also de	mostd
	12					
		-				

DECLARATION

I/We declare the foldgoing 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

16/11/2018

Name:

NRIC/FIN No.:





Jimmy Yeo Field Marketing

M (65) 9758 7905 E jimmyyeu@sinlonpawer.com.sg

Union Power Pte Ltd Dectroity Resider Lowise No. ELWREID211 25 Genting Road #07-01 Singapore 349482

ie6) 6858 5555

епфилучилиприметот sq

(0.6) 6284.2414

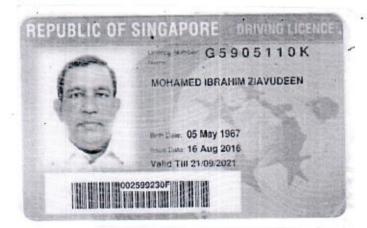
www.ursinnpower.com.sq.



Reporting Seron (6/11/204)

ACCIDENT STATEMENT

ACCI	DENT DATE: (16) 11 , 20)(DD/MN	//YYYY), TIME:(_	(O: 42)(HH:W)	M)
LOCA	JION: Bukit	Batok	St 23	(BLC 202	2 4 202
1.	DETAILS OF VEHICLE	0-2-	111110		22
	a) VEHICLE NUMBER:	GISC	14421	<u>_</u> 1. 2.	
	b) INSURANCE COMPANY				
	c)POLICY NUMBER:			_	
	d)POLICY TYPE: (COMPRE	HENSIVE / THII	PARTY / THÍP	D PARTY FIRE &THEE	T)
	e)MAKE & MODEL:	THE TOTAL TITLE	NO FARTLY THIR	DI AKTI TIKE SITTE	<u> </u>
	f)TYPE:(SALOON / COUPE	/MPV/VAN/	LORRY / MOTO	RCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PI				
	h) PURPOSE OF USING AT				
	I) ARE YOU CLAIMING UND			YES/NO)	
	IF NO, PLEASE STATE (THIS			Control of the Control of Control	
2.	INSURED / POLICY HOLDER			35	12
	A)NAME:			(MALE / FEMALE)	
	b)NRIC/FIN/PASSPORT:		CONT	ACT:	
	c)ADDRESS:			The second second	
	* CONTINUE TO 3.d IF DRIV	ER ALSO POLI	ICY HOLDER		
tho of passengs.	DRIVER				
(Including driver)	a)NAME:			(MALE / FEMALE)	10115
(70	b)NRIC/FIN/PASSPORT:		CONT	ACT: 9238	(547
(2) male	c)ADDRESS:				-
we			7		
. / 4	*d)DATE OF BIRTH:	A COLUMN TO THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF T		7	
	e)OCCUPATION: (INDOOR				
	f) YEARS OF DRIVING EXPRI				
4.	WAS DRIVER AN EMPLOY)
1727	IF NO, RELATIONSHIP OF	THE DRIVER	R WITH INSUR	ED:	
5.	a) WEATHER CONDITION: ()
	b)ROAD SURFACE: (DRY /	The same of the sa	11-36		
	WAS ANYBODY INSURED (Y				
/-	a) REPORTED TO POLICE (Y) IF YES, PLEASE STATE WHICH		ATION		
8	THIRD PARTY VEHICLE	THE ROSICE STA	ATION:		
	a) VEHICLE NUMBER:	FB 488	74 MODE		
1.1.1.1.1.		EO CHOW			
	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	THE RESIDENCE OF THE PARTY OF T	188 ICONT		
(_) 。	THIRD PARTY VEHICLE	31173	100 JCONI	ACI:	108
	d) VEHICLE NUMBER:		11005	72	11000
No of passenger	al DONALDIS MANE		MODEL		
Induding driver)	f) NRIC/FIN/PASSPORT:_		CONT	A CT.	_
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 ce
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

NP 428A



REPUBLIC OF INDIA भारत गणराज्य

इसके हुंचरर, मगरत राजगानक के राष्ट्रमति संबंध हो, अनुरोद एनं अपेक्षा की बाली के नाम पर, उन सभी में जिनका दुशमें हैं कि में घारक को विमा किसी रोक-टोक के खतंत्र हुए में आने-बाने हैं, और उसे हर तरह की ऐसी सहापता

THESE ARE TO REQUESTAND REQUIRE IN THE NAME OF THE PRESIDENT OF THE REPUBLIC OF DOLL ALL THOSE WHOM IT MAY CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT LET OR HINDRANCE EVERY ASSISTANCE AND AND TO AFFORD HIM OR HER PROTECTION OF WHICH HE OW SHE AMY STAND IN MEED. और सुरक्षा प्रदान करें तिषकी उसे

भारत गवाहत्वय के ग्रन्थाति के आदेश में 🖽 ORDER OF 1912 PRESIDENT OF THE REPUBLIC OF INDIA



ssistant Consuler Officer

Singapore

भारत गणराज्य REPUBLIC OF
Partype पाड कोश / Country Cod
IND



/ Country Code

STAPPART BT 1

useruid vt./ Passport No.

MOHAMED IBRAHIM

J4514135

ZIAVUDEEN

emphysia / Nationality INDIAN

05/05/1967

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SINGAPORE

24/02/2011 "

23/02/2021

P<INDMONAMED<IBRAHIM<<IIAVUDEEN<<<<<<< J4514135<61N06705053M2102230<<<<<<<<

Continue

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 16/11/2018 10:45 Vehicle No.(For Motor) GBC1442L Certificate Number Search Certificate Number Policyholder NRIC Select Policy No. Policyholder Vehicle No. Insured Object Commence Product Cover Type Expiry Date Name Date IDEE 5105197541 INFOCOM PTE, LTD. 200919057R Comprehensive GBC1442L GBC1442L 05/11/2018 04/11/2019

Policy Information Policyholder Policy No. 5105197541 Policyholder IDEE INFOCOM PTE, LTD. 200919057R Name NRIC Certificate No. Address 60 KAKI BUKIT PLACE #10-15 EUNOS TECHPARK SINGAPORE 415979 Product COMMERCIAL VEHICLE INSURAT Plan Group Name N Policy Flag Policy Effective issue 05/11/2018 05/11/2018 00:00 Expiry Date 04/11/2019 23:59 Date Date Third Own Windscreen Party damage 600 100 Excess Excess Excess Additional OS 0 Excess Premium Outside Outside Singapore Singapore OD TP Excess Excess Agent ABWIN PTE LTD Agent Tel. 68423301 GST Flag Coinsurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 60 KAKI BUKIT PLACE Address 2 #10-15 EUNOS TECHPARK Address 3 SINGAPORE 415979 Address Address 4 Singapore address Post Code 415979 Type

Related

Unit No. 10-15 Policy Number

5105197541

Insured Object: GBC1442L

Sequence

Date of Endorsement

Endorsement Type

Endorsement Status

Endorsement Content

Continue

Cancel

Claim Handling

Accident MT/1020145					
Policy No.	5105197541	Vehicle No.	GBC1442L		GST Registration N
Certificate No.					
Policyholder Name	IDEE INFOCOM PTE, LTD.				Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Loading
Contact No.(Mobile)	92381245	Contact No.(Office)	0		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	17/11/2018 09:39	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	16/11/2018	Time of Accident hh:mm	10:45		services and descen
Reporting Centre		Orange Force	10.43		Country of Acciden
Accident Location	BUKIT BATOK ST 23 (BLK 2022/ 2021)				ICM No.
Dwn damage Excess	600.00	Additional Excess			
Unnamed Driver Excess		Outside Singapore OD Excess			Windscreen Excess
Third Party Excess	0.00	Outside Singapore TP Excess			
▽ Benefits	0.00	Guidide Singapore IP Excess			
GST Registered Informa	tion				
GST Registered	A200(A)				
GST Registration No.	Yes 200919057R			stration Date	12/10/20
Modification History	200919037K		GST Statu	us Verified	No
Policyholder Mailing Add	iress				
Address 1	60 KAKI BUKIT PLACE	Address 2	#10-15 EUNOS TE	CURANA	
Address 4		Address Type	Singapore address		Address 3
Unit No.	10-15	Related Policy Number			Post Code
OI Driver Info			5105197541		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED IBRAHIM ZIAVUDEEN	Driver NRIC			
Register Date of Driver License	22/09/2011	Driver Age	G5905110K		Driver DOB
Contact No.(Mobile)	92381245	Contact No.(Office)	51		Driving Experience
Address 1		Address 2	0		Contact No.(Home)
Address 4					Address 3
Unit No.		Address Type	Singapore address		Post Code
Does he own a Singapore	A STATE OF THE STA	104 Mars 27 Physics 200 A 170 V			
Registered car?	Yes • No	Driver Vehicle No.			Driver Insurer Com
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	Yes (a) No		
Reading?					
Modification History					
Claim 001 OD-MX New	l .				
Claim Type +				F 100	Insured toggt
				OD-MX	Name PDEE IN
Contact No.(Mobile)				92381245	Contact No.
					(Home)
Email Address					O1 Vehicle GBC14
2000					Number
Claim Description				GBC1442L / GBB4887Y O	N 16 Nov 2018
Preferred	Insured Liability				
Workshop Bonuct No. Yes	Preférence Not at Fault	GIA Bashad			
	Preferred Workshop, Nar	me unknown report Received			Claim
Date Registered				17/11/2018 09:47	Close Date
Report Taken By					Workshop
					Repairer
Print AK letter					

Save Submit

At	ta	CI	hm	6	nt

		MT/1020145		Claim No.		001		
ast Doc. Receive	d	● Yes □ No		Upload Date		17/11/2018 09:50		
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Choose File	No file chosen				Clear	Please Select	*	NO
Choose File	No file chosen				Clear	Please Select	•	NO
Chaose File 1	No file chosen				Clear	Please Select	•	NO
Chaose File I	No file chosen				Clear	Please Select	*	NO
Choose File	No file chosen				Clear	Please Select	*	NO
Choose File 1	No file chosen				Clear	Please Select	•	NO
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Attachment		Uploaded By/Date		Category	9	Urgency		De
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* £	NAC_PAYA_UE	BI_800601(NATIONAL ASSESSMENT CENTRE S 17 Nov 2018 09:47	SERVICES) on	NRIC/ Driving License		Normal		NRIC/ Driving
3270								
10	NAC_PAYA_UE	3I_800601(NATIONAL ASSESSMENT CENTRE S 17 Nov 2018 09:47	SERVICES) on	NRIC/ Driving License		Normal		NRIC/ Driving
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- 0	NAC PAYA UE	BI_B00601(NATIONAL ASSESSMENT CENTRE S	ERVICES) on	12				
-00	8 8	17 Nov 2018 09:44		Photos		Normal		Photos
- 60	NAC PAYA UB	N_800601(NATIONAL ASSESSMENT CENTRE S	ERVICES) on	0.250000		605034890		
- Will	0.00	17 Nov 2018 09:44		Photos		Normal		Photos
dia.	NAC PAYA LIB	I_800601(NATIONAL ASSESSMENT CENTRE S	ERVICES) on					
		17 Nov 2018 09:44	ERVICES/ OII	Photos		Normal		Photos
///Stee	NAC PAYA LIB	I_800601(NATIONAL ASSESSMENT CENTRE S	ERVICES) on					
		17 Nov 2018 09:44	EKVICES) OII	Photos		Normal		Photos
diam'r.	NAC DAVE HO		man manager					
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