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Date In: T/12/18-12/15	Job description	1	Date & Time Completed	Don	c by
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OD 119 : Reporting Only	i-Photo Uplo	aded			
TD January	Assessment/St	irvey Report			40 23 3
IP insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	
TP Particulars: Veh No: JCM311	8 1	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (V	WO): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Wz	arranty: YES ()/NO()		
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1) Apply for Transport Allowance ()/Cou	ırtesy Car ()			
2) QC Check / Post Repair Inspection	()				
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3) Upload Resurvey Photo [Repair Cost > \$300	())			
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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.
- 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.

MATERIAL MARKET SERVICE SERVICE	ACCIDENT STATEMENT
Date Of Report	05/12/2018 12:05
Date Of Accident	14/11/2018 06:30
Exact Location Of Accident	BKE (PIE) AFTER BUKIT PANJANG RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU3733H
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS G AUTO
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094921806-01
Cover Note Number	
Driver	
Name of Driver	ZAKARIAH B MOHD YUSOFF
NRIC No	S1674645B
Date Of Birth	10/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85091410
Fax Number	
Contact Number	OFFICE-85091410
EMail Address	NOEMAIL

Address BLK 480 PASIR RIS DRIVE 4

#02-455

Postcode 510480

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

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

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 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

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 STATED VENUE, SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR 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 SCM3118X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LEE KEE SENG
NRIC/Passport Number S1583789F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER: :

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:

EASIA

201727451N

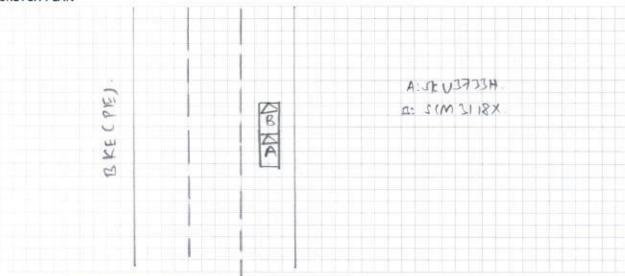
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.		

DECLARATION

I/We declare to lorgeong 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.:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

OF Raffies GOUNT EAST OF THE REST OF THE R

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

		1	ADDENDU	IM			
1)	PARTICULARS OF PER	SONMAKINGTHEAN	IENDMENTS				
	Original Report No :	MNA11815721	52	_Vehicle Registratio	n No:	SK437	33 H
	Name(as shown in Net):	ZAKARIAH BI	MOHD YUSO	NRIC/FIN/Passpor	tNo:	\$16746	45B
	(*Vehicle Driver/Veh	icle Owner) (*) Please	delete as ap	propriate			
	Address	BLK 480 PA	ISIR RIS	DRIVEY, HO	2-45	Singapore(5	1040
	Contact (Tel)	-		Mobile No.: 8	5091	410	
	Email Address	NOEMAIL	_				
	Date of Accident	14/11/20	18	Time of Accident :	_ 06	:30	
	Place of Accident	BKE (PIE) AFTE	IR BURIT	PANJ	ANG RD	EXI
	Insurance Company:						



G/20180801/2142

1 of 3

Report No. G/20180801/2142

POLICE REPORT (NP322)

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

Tel No: 1800-5852999

Property Information

Date/Time Report Made 01/08/2018 19:23	Vide Report No.			Station Diary No.	
Name Of Informant ZAKARIAH B MOHD YUSOFF	Address APT BL 510480	K 480 PAS	IR RIS DRIVE 4#	02-455 SINGAPORE	
ID Type / ID No. NRIC NO / S1674645B	Contact	Contact No. Home/Office Mobile 85091410			
Nationality SINGAPORE CITIZEN	Email A	ddress	00001410	#	
Occupation GRAB DRIVER	Sex Male	Age 54	Date of Birth 10/06/1964	Race Malay	
Institution/School Name	Languag	ge		,	
Date/Time Of Incident 01/08/2018 06:00	28000A0000CF0500H	Of Inciden	t SINGAPORE		
Brief details.			THE STATE		

On the above mentioned date, time and location, I discovered the below mentioned items missing. I made a search but to no avail. I am lodging this report for recording purposes.

Signature Of Officer Recording The Report:	Signature Of Informant:
G / Sgt 2 JEREMY CHUNG	
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2018 19:23
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DICKSON TAN LIP SHIN Contact No.: 62447200	Classification Of Case:
Authentication Stamp	FUPO hotline number: 68429645

7.





3 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180801/2142

6	Credit Card / Debit Card/ ATM Card	Lost	POSB		1		Cne POSE ATM card belonging to ZAKARIAH B MOHD YUSOFF.
7	Shell petrol card	Lost			1		One shell petrol card belonging to ZAKARIAH B MOHD YUSOFF.
8	Cash	Lost			1	Singapor e Dollars 400.00	Cash amounting to S\$400.00 only.
9	Licence	Losi	Qualified Driving Licence	-4	1		One driving licence belonging to ZAKARIAH B MOHD YUSOFF.

Signature Of Officer Recording The Report:

G / Sgt 2 JEREMY CHUNG

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DICKSON TAN LIP SHIN Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time: 01/08/2018 19:23

Classification Of Case:

FUPO hotline number: 68429645

2.





2 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180801/2142

S/N	Item	Туре	Brand/	Make/	Serial	Quantity	Value	Description
	Core of Charles		Account/	Model/	No./			
			Property/	Bank/	IMEI/			
			Security-	Address/	Acct No.	TO STATE	1 TO	3 200 5 4
			Туре	Counter				
1	General property	Lost				1		One black wallet.
2	Identity Card	Lost	SINGAP ORE NRIC			1		One NRIC belonging to ZAKARIAH B MOHD YUSOFF.
3	Licence	Lost	PVDL			1		One PVDL belonging to ZAKARIAH B
736.								YUSOFF.
4	Ezlink Card	Lost				1		One adult ezlink card.
5	CashCard	Lost				1		One cashcard

Signature Of Officer Recording The Report:	Signature Of Informant:
G / Sgt 2 JEREMY CHUNG	
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2018 19:23
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DICKSON TAN LIP SHIN Contact No.: 62447200	Classification Of Case:
Authentication Stamp	FUPO hotline number: 68429645

2.





VOCATIONAL LICENCE Licence No: \$1674645B Name: ZAKARIAH B MOHD YUSOF

Please visit www.lta.gov.sg to check the status of this vocational licence

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

13

PRIVATE HIRE CAR VL

03/07/2018



eBaoTech	AC_PAYA_UBI_800601 ktop Policy Query of Loss Policy No. Vehicle No.(For Motor) SKU3733H								G	eneralCl	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	· Change Pa	ssword	Log Out
My Desktop	Loss Policy No. Date of Accident 14/11/2018 06:30	٠									
Notice of Loss	Policy N	lo.				Date of	Accident	14/1	1/2018 06:30	125	
	Vehicle	No.(For Mator)	SKU373	13H	Search Search Vehicle Insured Comm						
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type		Insured Object	Commence Date	Expiry Date
	0	5094921806- 01		ACCURATE LEASING PTE LTD	201727451M	GFT	Third Party, Fire & Theft	SKU3733H	SKU3733H	09/10/2018	
					Co	ntinue					

March Marc	Claim Handling The premium on this policy has Accident MT/1019873	not been collected.				- Exit.
Married Marr	Policy No.	5094971805-01	Vehicle No.	SKU3733H	GST Registration No.	
March No. Marc	Policyholder Name	ACCURATE LEASING PTE LTD			Policyholder NRIC	201727451M
March 1999 May	roduct Code:	PLEET INSURANCE	Cover Type	Third Perty, Fire & Theft	Loading	0
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The part of the		15/11/2018 11:03	Acopent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Company Comp						
ADDITION Comment Com		14/14/60/10		00.00		
Receive		NAME AND POSTABLE AND ADDRESS OF THE	Change Parce		ace, so	
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Targateration No	□ Benefits					
Trigotopeomina	GST Registered Informa	ition				
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Principalation Melitria Address					Yes	
	fodification History	16/11/2018 t0:04:20 Debor	an Mur changed GST Status Venne	rd from No to Yes		
Address Type	▽ Policyholder Hailing Ad	dresa				
Revised Purple Number 10 10 10 10 10 10 10 1	Address t	53 UBLAVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Division Early Division Early Division Early Division Early Division Early Division Early Ea	Address 4		Address Type	Singapore address	Post Code	408934
Driver Type	unit No.	01-33	Related Policy Number	5094921806-01		
Driver Name	□ OI Driver Info					
Driver Age Driver Commany Driver Age	Driver Name		Driver Type			
Contact No. (Mobile)	Unnamed driver Name		Driver NRIC		Driver DOB	
Agress 1 Agress 2 Address 3 Agress 1yee Foreign eddress Page Code Intel No. Intel No.	Register Date of Driver License		Driver Age		Driving Experience	
Address 14 Address Type Foreign address Past Code Int No.	Contact No.(Mobile)		Contact No.(Office)		Contact No. (Home)	
Driver Vehicle No. Driver No. Driver Vehicle No. Driver No. Driver Vehicle No. Driver No. Driver Vehicle No. Driver No. Driver Vehicle No. Driver Vehicle No. Driver No.	Address 1		Address 2		Address 3	
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Care	Unit No.					
Claim 002 New Claim 002 New	Doet he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Claim 802 New Claim 1 Type * OD-Mix	Mod Scation Metani					
Contact No. (Mobile) Contact N						
Contact No. (Mobile) Contact N						
Table Address Domain Type Claimant Type Pease Select Type of Benefit * Pease Select Type o		DD-500		AUCURATE LEASING PTE LTD		COLONIACORAN
Type of Benefit Demant Name * Demant Address SKU2713H / SCM3118X ON 14 Nov 2018 Insured Leability * Preferred Workshop, Name unknown ∨ GiA report Deferred Workshop (Date Care No						777
Commant Address Comman					TP Vehicle Number	SOM3118K
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