			WAII 8 160643	D-	· les
Date In:13 1418 - 09:33	Jeb description	1	Date & Time Completed	Done	o o v
Re[No: NA]INCIONIYYONY	SAS e-filing		i		
Veh No: \$1015167	E-mail (within	Shrs, AIC 2hrs)	A Lateral		•
D.O.A : 17/18/18 - 19:00	i-Motor Cla	im Form	M11623767-001	17/2/8 11	15Z-
OD TP Reporting Only	i-Motor W/0	O (Within: OD 2hr	s, TP 4brs)		
OB Traporang Only	i-Photo Uple	paded	N. N. S.		
TP Insurer:	Assessment/S	urvey Report			
11 11104101.	Ass't Report	by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: 35 26	inć .	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( ) Pe	riod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
		Contract of the second	0%; P: 21-79%. P: 80-	100%]	
	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,0	And the second second	The state of the s	Steamer States	मुझ्द ६ १ म. १९ ००	
			1674		- 1 -
( ) Walk-In Customer: Customer's info		infidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insure		7			
Drive-In ( )/ Towed-In ( ); Invoice	EYES( )/I	NO( );T	owing Co: (		)
Remarks:- (INC horline: 6788 6616)			Date& Time Completed	Done	by
Apply for Transport Allowance ( )/C	Courtesy Car (	)			
2) QC Check / Post Repair Inspection	(	)			
	(000) (	)			
	(0000] (	)			
3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	(0000] (	)			
3) Upload Resurvey Photo [Repair Cost > \$3	(0000] (	)		2009)O.D.V	
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3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	(0000] (	)		in the second	
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3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	(0000] (				
3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions	(0000] (	Invoice Pre	paration Checklist	Ant (5)	Amt(3)
Onte/Time Actions  NA 1808 187	(0000] (	Invoice Pre	Reporting (\$30);	fú.Bill	Amu(5)
Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  NA 1808 187  minant's Particulars:-	( 0000] (	1) AR : Accident 2) DA : Darrage	Reporting (\$30); Assessment (\$100); INC (\$	ficBill	and the second
Onte/Time Actions  NA 1808 187  mimant's Particulars:	( 0000] (	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti	Reporting (\$30); Assessment (\$100), INC (\$60) and the second survey	7\$6.Bill 80) 9/\$45 \$120	Property of the second
Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  NA 1808 187  aimant's Particulars:- iver/Owner:	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	1) AR : Accident 2) DA : Damage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti	Reporting (\$30); Assessment (\$100), INC (\$400);	75: Bill 80) 9/\$45 \$120 \$30	Property of the second
Upload Resurvey Photo [Repair Cost > \$3  Injury:  Onte/Time Actions  NA 1808 187  mimant's Particulars:- iver/Owner: ntact No:	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100), INC (\$60 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$4	75: Bill 80) 9/\$45 \$120 \$30	Property of the second
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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.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	13/12/2018 09:33
Date Of Accident	12/12/2018 19:00
Exact Location Of Accident	BUANGKOK GREEN BEFORE JUNC BUANGKOK LINK
Country/State of Loss	SINGAPORE
Company of the Compan	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC1526J
Insured/Policyholder	
Name Of Registered Owner	ADILLA BINTE ABDUL JALIL
NRIC No	S8502222I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87003284
Alternative Phone No	OFFICE-87003284
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 1.8XE A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099148110
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SAUFY BIN ABDUL RAHIM

NRIC No S8505327B Date Of Birth 16/02/1985 Occupation INDOOR Date Of Driving Pass 09/03/2018

Driving Experience 0 YEAR AND 9 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87003285

Fax Number

Contact Number OFFICE-87003285

EMail Address NOEMAIL Address BLK 278 TAMPINES STREET 22

#02-196 520278

.....

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

SPOUSI

.

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 2

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.

Number of Passengers (Including Driver) 1

#### **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

NO

If Yes, against whom?

## Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. VEHICLE IN FRONT OF ME STATING TO MOVE SLOWLY, SO I MOVED MY VEHICLE SLOWLY AS WELL. VEHICLE IN FRONT START TO JAMMED BRAKE, SO I JAMMED BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE 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 SJJ2611C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAY LAY CHENG (ZHENG LIJING)

NRIC/Passport Number \$7245260G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 21

#### 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:

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

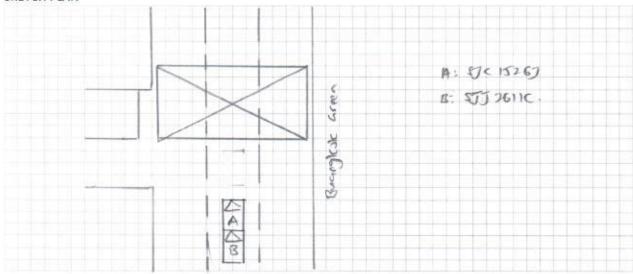
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pelor to Statemen			
/			
			W.
		150	
	^		

DECLARATION

I/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.:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8505327B





MUHAMMAD SAUFY BIN ABDUL RAHIM

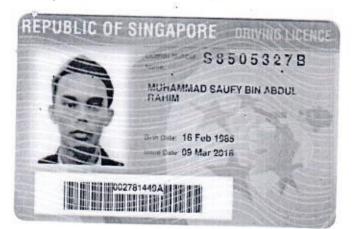
Rade

MALAY

16-02-1985

Country/Pince of birth

SINGAPORE



5464832



NAIC No. \$8505327B

06-05-2015

APT BLK 278 TAMPINES STREET 22 #02-198 SINGAPORE 520278

NRIC No: \$8505327B

Date: 29/10/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 09 Mar 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

NP 428A



eBaoTech						2000			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	• Chan	ge Password	+ Log Out
My Desktop	Policy Qu	uery								
Notice of Loss	Policy No.				Date of Accident 12/12/2018 19:00					
	Vehicle No.(For Motor)		SJC1526J		Certificate Number					
					Search					
	Select Police	cy No. Certifi		Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5099	148110	ADILLA BINTE ABDUL JALIL	S85022221	GPC	drivo CLASSIC	SJC1526J	SJC1526J	24/03/2018	23/03/2019
				1	Continue					

Policy No. Certificate No.	5099148110	Policyholder Name	ADILLA BIN	TE ABDUL JALIL	Policyholder NRIC	S8502222I	
Address	BLK 278 #02-196 TAMPINES ST	REET 22 SING	APORE 5202	78			
roduct			IN ONE DECE	,,,	Group		
Name	PRIVATE CAR INSURANCE	Plan			Policy Flag	N	
Policy Ssue Date	24/03/2018	Effective Date	24/03/2018	00:00	Expiry Date	23/03/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent	LQ INSURANCE AGENCY PTE LT	Agent Tel.	63340783		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
<ul><li>Policyl</li></ul>	holder Mailing Address						
ddress 1	BLK 278 #02-196	Addre	ess 2	TAMPINES STREET	22	Address 3	SINGAPORE 520278
Address 4		Addre	ss Type	Singapore address		Post Code	520278
Init No.		Relati	ed Policy				
20129-0000-000		Numb		5099148110			
) Insure	ed Object: SJC1526J	Numb		5099148110			
<ul><li>☐ Insure</li><li>☐ Endors</li></ul>		Numb		5099148110			2000000000
	sements	nt Basic		t Type	Endorsement	Anthony (Consultation Consultation Consultat	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 29 Mar 2018, the following amendment(s) is/am made to this policy: 1. The Policy is extended to include Excess waiver and is subject to Endorsement M8 attached. 2. The Policy is extended to include Daily transport allowance and is subject to Endorsement M9 attached. In view of this amendment, an additional premium of \$116.10 (inclusive of GST) is payable unde your policy. This amount will be debited to your credit card accounnumber xxxx xxxx xxxx 8329.

Claim Handling						· Exi
Accident MT/1023767	4.0000000000000000000000000000000000000					
Policy No.	5099148110		Vehicle No.	\$3015263	GST Registration No.	
Certificate No.		ve-				
Policyholder Name Product Code	ADILLA BINTE ABDUL 3/		2		Policyholder NRIC	585022221
Contact No.(Mobile)	PRIVATE CAR INSURAN	95	Cover Type	drive CLASSIC	Loading	0
Email Address	87003284		Contact No.(Office)	0	Contact No.(Home)	0
KEK:	91.00		Special Remark		eCode	H V
NCD Protection	® No ○ Yes		TCA	® No ○Yes	eCode Reason	
Accident Details	No		NCD Entitlement(%)	0	Private Hire	No
	191999411119740					
Report Date	13/12/2018 16:04		Accident Report Within 24 hrs		Acodent Type	Collision - Head to Rear
Date of Accident Reporting Centre	12/12/2018		Time of Accident hh:mm	19:00	Country of Accident	Singapore
	amina representation		Orange Force		ICM No.	
Accident Location  ** Excess	BUANGKOK GREEN BEF	OKE JUNC BUANGKO	HC LINK			
Own damage Excess		0.00	Additional Excess			
Unnamed Driver Excess		0.00	Outside Singapore OD Excess	0	Windscreen Excess	100.00
Third Party Excess		0.00		0.00		
₩ Benefits		0.00	Outside Singapore TP Excess	0.00		
Coverage				Sum Insured		
Excess Waiver				99999999.99		
Transport Allowance				99999999.99		
□ GST Registered Informa	ation,					
GST Registered	No			GST Registration Date		
GST Registration No.				GST Status Verified	Yes	
Hodification History						
THE BOTTON OF MARKET AND A	and the same of					
□ Policyholder Mailing Ad						
Address 4	BUX 270 #02-196		Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520278
Unit No.			Address Type	Singapore address	Post Code	520278
₩ OI Driver Info			Related Policy Number	5099148110		
Driver Name	MUHAMMAD SAUFY BIN	ABDUL BAHIM	Driver Type	Named Onver		
Unnamed driver Name			Oriver NR3C	S85053278	Driver DOB	16/02/1985
Register Date of Driver License	09/03/2018		Driver Age	33	Driving Experience	0
Contact No.(Mobile)	87003285		Contact No.(Office)	0	Contact No. (Home)	0
Address 1	BLK 278		Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520278
Address 4			Address Type	Singapore address	Post Code	520278
Unit No.	02-196			50 V # 36 V 30 V		are and a second
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
William Control					(GIVE) CHARLESTER IN	
Declaration						
Breathalyser or Blood Test : Reading?	omg		Any injury?	○ Yes ® No		
Modification History						0
Operational Methy and						59
Claim 001 New						
Claim Type *	ор-мх	-	Insured Name	ADILLA BINTE ABOUL JALIL	Insured NRIC	585022221
Contact No.(Mobile)	87003284		Contact No.(Home)		Contact No.(Office)	DOSOLEELE
Email Address	Dilla 021@hotmail.com		Of Vehicle Number	S)C15263	TP Vehicle Number	5332611C
Claimant Type Claimant Type *	Please Select	V	Type of Benefit *	Please Select		33720110
Clamant Name +		22	Claimant NRIC +			
Claimant Address			a series de la constante de		1	
Claim Description	SIC15263 / S332611C ON	12 Dec 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.			Insured Liability +	Not at Fault		
Require Finalisation	Yes	Y	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received V
Date Registered	13/12/2018 16:07		Claim Close Date		Date Received	13/12/2018 00:00
Report Taken By	Jackson			0		1-00-00-00-00-00-00-00-00-00-00-00-00-00
Print AK letter						
			1	Save Submit		
Attachment						
9						
Accident No.	MT/1023767		Claim No.	(88)		
Last Doc. Received	● Yes ○ No		Upload Date	001		
V. 6. V. P. S.			Optoral Date	13/12/2018 16:09		
	Pat	h +	The same of the sa	Category *	Confidential Urgen	Cy * Description *

