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	i-Motor W/O (Within: OD 2)			
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	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tel: Fa	x:	
TP Particulars: Veh No: 70	CKOV6 INC)/Non-INC()	n n	MI SEC.
Owner / Driver: (- 137- 17	Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-10	0%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. 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 <u>truthful and accurate</u> 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.
- 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.

THE REPORT OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	14/12/2018 14:56
Date Of Accident	13/12/2018 06:45
Exact Location Of Accident	390 KIM SENG RD
Country/State of Loss	SINGAPORE
A Paris of the Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ362A
Insured/Policyholder	
Name Of Registered Owner	KURAISHA BEEVI W/O AKBAR ALI
NRIC No	S2207129G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93374382
Alternative Phone No	OFFICE-93374382
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX GT 2.0L CVT ABS D/AB 2WD HID
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	5092157586-01
Cover Note Number	
Driver	
Name of Driver	MOHAMED ANIS S/O AKBER ALI
NRIC No	S9731592B
Date Of Birth	13/09/1997
Occupation	INDOOR
Date Of Driving Pass	12/12/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93374382
Fax Number	
Control North Control	OFFICE 02274202

OFFICE-93374382

NOEMAIL

26 WOODLANDS DRIVE 16 Address

#01-13

Postcode 737882

Was driver an employee of the Insured's Company NO

CHILDREN 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 - 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

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

Passenger 1

NAME: : ARAFIN

GENDER: : MALE

Passenger 2

NAME: UDAY

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

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

PC1502G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 20

No. Of Passenger (Including Driver)

Name MOHAMED ANIS S/O AKBER ALI Approximate Age Injuries Sustain NECK Injured person in which vehicle? SJZ362A Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

SKET CH FLAR

IMPORTANT NOTICE

- Please report <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>trutiful</u> and <u>accurate as gossible</u>. Any wliful 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.
- 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 svailable 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 Monétary 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 peckages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- 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.:

KE/CH FLAN			
	Kim Sing R	2/10	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	0 1
I was tranculing along irmul Bank Road toward Kim S	Sing Kood
junction. When the traffic light turned green, I travel towards kim sing Road. Suddenly vehicle B from the	e right
The state of the s	conided
onto the right hand portion of my unicle.	

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.:

SINGATORS ACCIDENT STATEMENT

IMPORTANT NUTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

- Complete this submit this form to the individual insurance authorised reporting centre.

 Please report correctly on the details of the accident to speed up the claim process.

 This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful 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 folse reporting may be referred to the traffic police department for investigation.

	A SECULENT DETAILS	the same and the same same
Date of accident	13 December 2018	(DD/MAR/VV)
Tima of accident	6:44a.m	(MM:MM)
Exact location of accident	390 Kim Sing Road	

NEW THE PARTY OF T	Tatams of viewoli
Vehicle registration number	SJZ362A
Vehicle make and model	Mitsubishi Lancer
Type of vehicle	Saloon MPV CRV Van C
Vehicle category	Private Commercial Motorcycle D
Purpose of using at sald time	
Are you claiming under your own insurance company?	Yes D No d If no, please select: Third part claim Reporting only D

	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1	to a signification of a few school of
STEED THE CONTRACTOR	HOSTUTE AND TO THE	FORMATION)	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive ::	Third party fire & theft	TP only a

Name	Kuraisma Buvi w/O Albar Ali Male o Female
NRIC / Fin / Passport number	322071299
Confact	10 10 Days II HOL 12
Address	26 Woodlands Drive 16 #01-13 Singapore 737882

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Movamed Anis SO Arber Ali Male Female
NRIC / Fin / Passport number	597315928
Contact	93374382
Address .	26 woodlands Drive 16 #01-13 3(737882)
Email address	
Date of birth	13 911997
Occupation	Indoor D Outdoor D
Driving date pass	12/12/2016

1 1 2 3	Yes No No 2010
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Weather condition	The Motor
Road surface	Dryva Wet D (Inclusive of driver)
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Gender	Male D Female D
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	PASSENGERS
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Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
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	manurid Piricol 2
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Name	
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Was injured conveyed to	Yes D No D
hospital by ambulance?	
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MOHAMED ANIS SIO AKBER ALI EXENSITY CARD NO. S9731592B THE STATE OF STREET OF STREET 13-08-1997 SAGAPORE INDIAN

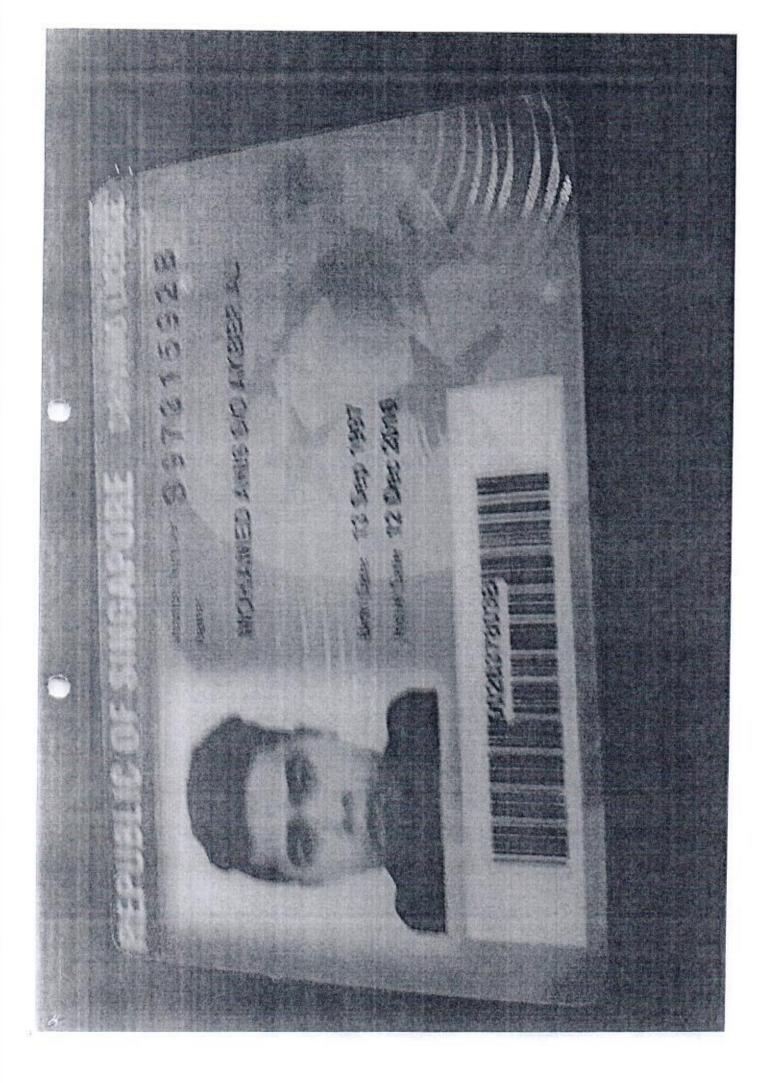
Date of Issue

27-12-2013

26 WOODLANDS DRIVE 16 #01-13 SINGAPORE 737882

NRIC NO: S9731592B

Date: 19/06/2017



Classe 3

inchor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

12 Dec 2016

Linea to Abrohaman

eBao Tech						To ave				Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					-	• Change	Language	e • Chan	ge Password	· Log Out
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Notice of Loss	Policy N	lo.			Date of Accident 13/12/2018 08:45	06:45					
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092157586- 01		KURAISHA BEEVI W/O AKBAR ALI	52207129G	GPC	drivo CLASSIC	SJZ362A	SJZ362A	26/10/2018	25/10/2019
					8	Continue					

Policy No.	5092157586-01	Policyholder Name	KURAISHA	A BEEVI W/O AKBAR A	Policyholder NRIC	S2207129G	
Certificate		, was the			MAIC		
Address	BLK 604 #07-46 CLEMENTI W	EST STREET 1 S	INGAPORE	120604			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/10/2018	Effective Date	26/10/201	8 00:00	Expiry Date	25/10/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	1000	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	M PRO CONSULTANCY	Agent Tel.			GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	BLK 604 #07-46	Addre	ss 2	CLEMENTI WEST ST	REET 1	Address 3	SINGAPORE 120604
Address 4		Addre	ss Type	Singapore address		Post Code	120604
	07-46	Relate	ed Policy er	5092157586-01			
Jnit No.							
	ed Object: SJZ362A						
							-

roduct Cable PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading ontact No. (Mome) 93374382 Comact No. (Office) 0 Contact No. (Home) mail Address Special Remark eCode eCode eCode FK ® No. ○ Yes TEA ® No. ○ Yes eCode Reason CD Profection No. ○	52207129G 0 0 No No Collision - Change / Cross lane
### ### ### ### ### ### ### ### ### ##	S3207129G. 0 0 1/2 V No Collision - Change / Cross lane
Foliation (Code) PRIVATE CAR INSURANCE Cover Type drive CLASSIC Loading contact No. (Mode) 9 3574382 Corract No. (Office) 0 Contact No. (Home) FR ® No. ○ Yes TEA ® No. ○ Yes #Code Reason FD Profection NCD Profection NCD Entitlement(N) 10 Private Hirs ## Accident Details ### Accident Details ### Accident Details ### Accident Private Hirs Accident Report Within 24 first Yes Accident Type Bite of Accident 13/12/2018 Time of Accident hh:mm 06:45 Country of Accident reporting Centra 10M No. Instant Location 390 KIM Sehic RD ### Excess 1000 Windscreen Excess Wind screen 500.00 Additional Excess 1000 Windscreen Excess Innumed Driver Excess 0.00 Outside Singapore Ob Excess 600.00 Windscreen Excess	0 0 Tree V No Collision - Change / Cross lane
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