		MAI 18164319.		
Date In: 21/1/18 - 17:25	Jeb description	Date &Time Completed	Done	by
Ref No: NA   IN C18022944   24	SAS e-filing			
Veh No: JUSYTYE	E-mail (within Shrs, AIC 2hrs)			- 4
D.O.A : 20/1/18 - 23: 17	i-Motor Claim Form	M7/1024815-201	21/12/18	18:33
The Seward Control of Management for Sentence of Control of Sentence of Control of Sentence of Control of Sentence of Control of Con	i-Motor W/O (Within: OD 2hr		and the same of th	mela
OD TPY Reporting Only	i-Photo Uploaded			4.5
TP Insurer:	Assessment/Survey Report			
Tr msurer.	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	
TP Particulars: Veh No: 14 C	8790P INC (	)/Non-INC( )	77	
Owner / Driver: (		Tel:	)	
Policy No: ( ) P	reriod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 30-1	00%]	Partie Victoria
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000 ( )			
General Remarks:			SECTION AND ADDRESS OF THE PARTY OF THE PART	-
( ) Walk-In Customer: Customer's inf	The state of the s			-
		nchy NO rater of repailer.		
( ) Total Loss Case : to e-mail Insu				
Drive-In ( )/ Towed-In ( ); Invoid	ce: YES ( ) / NO ( ); T	owing Co: (		)
Remarks:- (INC hotline: 6788 6616)		Date & Tirris Completed	Done	by
1) Apply for Transport Allowance ( )/	Courtery Car (	1		, ,
2) QC Check / Post Repair Inspection				
	( )			
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; §</li> </ol>	( )			-
Injury:				
Date/Time Actions			Mark Comment	100
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laimant's Particulars :- river/Owner:	1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$80); an ough Survey \$ arough Survey (Resurvey)	Ant (\$) fit Bill 745 120 \$30	40 (1000)
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Ah 1808477  Inimant's Particulars:- river/Owner: ontact No: nmaged Portion:  C Checked by (Engr-In-Charge): uditors! Comments:- 1: 2/3:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For elaiming as 6) TR : Re-inspec 7) N1 : Idae DA : 8) NTUC Additio OI)* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co	Reporting (\$30); Assessment (\$100); INC (\$86  S 400  arough Survey (Resurvey)  arough INC Only (wef 10 Jan 2005)  fion  SMRT Survey \$  and Services  Cor / Tpt Allowance  and the pection  and Excess Coordination  (an IHC) against INC	Ant (S)  fit Bill  745 120 530 575 160 555 510 525 53 520 30	T#8 0 (000 100 100 100 100 100 100 100 100

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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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	21/12/2018 17:25
Date Of Accident	20/12/2018 23:15
Exact Location Of Accident	DROP-OFF POINT OF TAMPINES AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS4454E
Insured/Policyholder	
Name Of Registered Owner	REVTECH ASIA
Co Reg No	53098661B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL 5DR FWD
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094308518-01
Cover Note Number	
Driver	

Name of Driver NUR IZZAD BIN NOORGHANI NRIC No S8421474D

Date Of Birth 16/07/1984 Occupation OUTDOOR Date Of Driving Pass 17/07/2014

**Driving Experience** 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87146838

Fax Number

Contact Number OFFICE-87146838

EMail Address NOEMAIL Address BLK 516 JELAPANG ROAD

#09-245

Postcode 670516

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 Registration Number of Driver's Own Vehicle

venicle

.

Insurance Company of Driver's Own Vehicle

.

2

NO

YES

NO

3

### 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 (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

AME: : -

GENDER: : FEMALE

Passenger 2

NAME:

8.0

GENDER: : FEMALE

### **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

SHC8790P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

### 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.
- 3. 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. 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
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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)
  - (i) 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 daims;
  - (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, involces, 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 cisims (collectively the
- 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.

REVTECH ASIA ROC: 53098661B

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

WARMERSKOLDPINISON- VA

NRIC/FIN NO.

1.

## SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- Complete and 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 false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date:	20	Dec 2018	(DD	/MM/YY) Tim	0. 12,00	(HH:MM)
Exact location of accident	пор	off	point		Tompines	Arc	(HH:MM)

### Details of vehicle

Vehicle registration number	SLS4454E
Vehicle make and model	kla Caren.
Type of vehicle	Saloon MPV CRV Van C
Vehicle category	Data de Militaria de Ciners:
Purpose of using at said time	Working. Motorcycle D
Are you claiming under your own insurance company?	Yes  No if no, please select: Third part claim Reporting only

### Insurance information

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third nest fire 0 at 5	
	1 combienciale [	Third party fire & theft	TP only

### Insured / Policy holder

Name	Lewlech Aska		
NRIC / Fin / Passport number	5309 86618	Male 🗆	Female
Contact	230/ 400/8		
Address	146 Sime: Street 2		
The state of the s	# 03-18 Senjapore 520146		

### Driver

## Same as insured above □ (skip to D.O.B)

Name	Hur Izzad Bin Hoorah ang Male of Females
NRIC / Fin / Passport number	184214740 Hoorghan Males Female
Contact	8714 6838.
Address	Block 516 Telapong Road Huf- 145 Senjapore 670516.
Email address	401= 210 000 g apore 640516.
Date of birth	16 July 1984
Occupation	Indoor D Outdoor
Driving date pass	17 July 2014.

# General information of the accident

Yes No.	Herer.
	Tirrer
Classic de la constantina della constantina dell	
- Others.	
3	(Inclusive of driver)
	Yes No. No. If no, relationship of the driver and insured: Yes No. No. Others: Clear Raining Others: Dry Wet D

## Passenger 1

Name		
Gender	Male 🗆	Female

### Passenger 2

Name		
Gender	Male 🗆	Female p

### Passenger 3

Name			
Gender	Male 🗆	Female D	

### Passenger 4

Name		
Gender	Male 🗆	Female

### Passenger 5

Name			7
Gender	Male 🗆	Female o	retire .

## Passenger 6

Name			
Gender	Male 🗆	Female D	

## Other information

Was anybody injured?	Yes 🗆	No	
Was other vehicle damaged?	Yes	No 🗆	Stapht.

## Details of police action

Reported to police?	Yes  No If yes, please state which police station.
Police station name	it yes, please state which police station.

### Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	2HC 8790P.	
Vehicle make model	3,1,0 0 , , , , ,	

## Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Witness 1 Name Witness 2 Name Injured person 1 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No a hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes a No D hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No o hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes a No 🗆 Was injured conveyed to Yes 🗆 No a hospital by ambulance?

### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8421474D





NUR IZZAD BIN NOORGHANI

Race INDIAN Date of birth 16-07-1984

584214745

Country of birth SINGAPORE





No. S8421474D



03-02-2005

APT N S19, ELAPANS ROA SINGAPORE 670516 NRIC No: SB421474D

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

EFFECTIVE DATE

Class 2 Motor Cars=< 3000kg with =<7 passengers, exclusive 17 Jul 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A

ř

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						+ Change	Language	• Chan	ge Password	• Log Ou
My Desktop	Policy	Query									
Notice of Loss	Policy No.					Date	of Accident	[2	0/12/2018	23:15	
	Vehicle N	o.(For Motor)	SLS44	4E		Certif	icate Number	Ē		-	
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0 5	094308518- 01		REVTECH ASIA	53098661B	GPC	drivo CLASSIC		SLS4454E	25/09/2018	24/09/2019
						Continue	I				

Sequer	ice Date of Endorsemen		Endorsemen	v= 355	Endorsement	Open verber	Endorsement Content
⊕ Endors							
Jnit No.	d Object: SLS4454E	Numb	ed Policy er	5106350113			
Address 4			ss Type	Singapore address		Post Code	520146
Address 1	BLK 146 #02-18	Addre	ss 2	SIMEI STREET 2		Address 3	SINGAPORE 520146
→ Policy!	nolder Mailing Address	2015					
Certificate Info							
Open Palicy Info							
Co- nsurance Flag	No						
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Υ	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type		All Claims Excess					
Policy Issue Date	24/09/2018	Effective Date	25/09/201	8 00:00	Expiry Date	24/09/2019 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 146 #02-18 SIMEI STREET	2 SINGAPORE	520146				
Certificate No.					00000		
	5094308518-01	Policyholder Name	REVTECH A	ASIA	Policyholder NRIC	53098661B	

Accident MT/1024815 Policy No.					
55 C C C C C C C C C C C C C C C C C C	5094308518-01	Vehicle No.	SLS4454E	GST Registration No.	
Certificate No.					
Policyholder Name	REVTECH ASIA			Policyholder NRIC	530986618
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	The V
KFK,	® No ⊜ Yes	TCA	® No ○ Yes	eCode Reason	
ACD Protection	Nα	NCD Entitlement(%)	10	Private Hire	Yes
✓ Accident Details				Compare raise	16
Report Date	21/12/2018 18:31	Accident Report Wathin 24 his	Yes	020020204020	825-386-3000-3000-05-486-35
Date of Accident				Accident Type	Consion - Head to Rear
	20/12/2018	Time of Accident Inh.mm	23:15	Country of Acadent	Singepore
eporting Centre		Orange Force		ICM No.	
codent Location	DROP-OFF POINT OF TAMPINES AVE				
♥ Excess					
wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
fird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
□ Benefits					
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
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lodification History					
	Andreil.				
Policyholder Hailing Ad		A Manuscript	An one was well a	- SECURIOR ST	Da-Dastala was a la
iddress 1	BLK 146 #02-18	Address 2	SIMEI STREET 2	Address 3	SINGAPORE 520146
Address 4		Address Type	Singapore address	Post Code	520146
Init No.		Related Policy Number	5106350113		
OI Driver Info			***************************************		
Iriver Name	Unnamed Driver	Driver Type	Unriamed Driver		
nnemed driver Name	NUR IZZAD BIN NOORGHANI	Driver NRIC	58421474D	Onver DOB	16/07/1984
egister Date of Driver License	17/07/2014	Driver Age	34	Driving Expenence	•
ontact No. (Mobile)	87146838	Contact No. (Office)	0	Contact No. (Home)	0
ddress 1	BLK 515	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670516
doress 4		Address Type	Singapore address	Post Code	670516
Init No.	09-245				
oes he own a Singapore	○ Yes ® No	2000-000-000			
egistered car?	VE1 15	Driver Vehicle No.		Driver Insurer Company	
		Driver vence No.		Driver Insurer Company	
eclaration reathalyser or Blood Test	D mg	Any injury?	○ Yes <b>®</b> No	briver insurer Company	
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