NATIONAL Assessment Centre S	ervices. well	Jamos MM	4119-07528			
	cb description		Date & Time Complete	1	Done	py
Res No: MA INC 1900 101 7/24	SAS e-filing					
Veh No: 11 9-756	E-mail (within Shrs,	AIC 2hrs)				2901
D.O.A: 5/1/9-08:15	i-Motor Claim F	orm	MT 1028 16 V-001	16	11191	7:51
A	i-Motor W/O (wi	thin: OD 2hrs,	TP 4hrs)			
OD TP Reporting Only	i-Photo Uploadeo	d	1		V	
	Assessment/Survey	Report				
TP Insurer:	Ass't Report by Fa	x / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: YN 5941	6.	. INC()/Non-INC()		0	
Owner / Driver: (Ħ	Tel:)	
Policy No: () Period:	:()	Cover Type: ()	
Confirmed by : (D	ate:	Time:	National II)	
Insured/Driver Liability: (%) [Note	e-Est. Status (WO)	: N: 0-20	%; P: 21-79%. F: 80	0-100%	b]	10
Year of Registration: () Warn	ranty: YES ()	/NO()			
Excess: (\$) Loading: \$1,000 ()/\$2,000()				
General Remarks:				3. 600	\$ 1.0	1.7
() Walk-In Customer : Customer's informat		ential & Stri	ictly NO refer of repaire	er.		
() Total Loss Case : to e-mail Insurer U	RGENTLY.	*	* · · · · · · · · · · · · · · · · · ·			
Drive-In ()/ Towed-In (); Invoice: YI) ; To	wing Co: (*)
(700)		NA CALL	Date&Time Completed	#5.25s	Done	by .
Remarks: (INC horline: 6788 6616)	And the second s	1.00		1	1	
Apply for Transport Allowance () / Court QC Check / Post Repair Inspection	()		***************************************	1		
	1 ()	-	-	1		
3) Upload Resurvey Photo [Repair Cost > \$3000	1 ()					
Injury:						
Date/Time Actions		Self-			SOATUR.	
36						
					OTHER PROPERTY.	
•				7.00000000	F-50-70.2.2003	Decree Gar
No. 11 to 11	in	voice Prep	aration Checklist		Anit (\$)	Amil (3)
148 W22 A18	- SSS	R : Accident	Reporting (\$30);	758-30	S. INCOTHE:	(10)
laimant's Particulars :-	2) D	A : Damage /	Assessment (\$100); INC	(\$80) \$40/\$45		
river/Owner:	4) F	F : Towing Fe T : Follow-Th	rough Survey	\$120		
ontact No:	5) 1	T : Follow-Th	rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2	\$30 (QQ5)		
amaged Portion:	6) T	R : Re-inspec	tion	\$75		
animpod Portion.		VI : Idao DA +	SMRT Survey	\$160		
C Checked by (Engr-In-Charge):	2	Dr.		\$5		
C. Checked by (Engi-In-Charge):		N5: Courtesy N6: Repair Co	Car / Tpt Allowance	510		
uditors' Comments :-	AND ATTERNATIONS .	N7: Fost Repa		\$25 \$3		
():	I	P (N11): TP	(Non INC) against INC	\$20		
	9) 1	V12: Idea Mob		30 ea	200	aday a
1. 2 / 3;	1,000	oice dated	Fee Charg		salati.	

1 . 10. 11 1.72"

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	16/01/2019 16:45
Date Of Accident	15/01/2019 08:25
Exact Location Of Accident	9005 TAMPINES ST 92 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS9075G
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used a time of accident	t 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102870481
Cover Note Number	
Driver	
Name of Driver	ABDUL WAHID BIN ABDUL RAHMAN
NRIC No	S1332311I
Date Of Birth	05/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	14/04/1979
Driving Experience	39 YEARS AND 9 MONTHS

MALE

NOEMAIL

(LOCAL) +65-83109200

OFFICE-83109200

Address

BLK 414 PASIR RIS DRIVE 6

#04-205

Postcode

510414

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

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.

NO

Number of Passengers (Including Driver)

1

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

YN5941G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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:

Drivery Signature

(If driver is not the policyholder)

Date & Time:

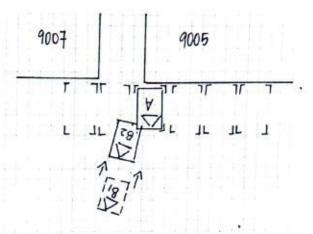
Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

vehicle A: SJS9073G

Vehicle B. YN 59416



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	the	Stated	date	0	time	, <i>I</i> ,	vehicle	Я,
was	par Kec	l in	201	#10 a	ong	the	state	d unu	e.I
was	restina	g in	my	vehicle	W	nen s	ndd	enly, he	hicle 8
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portion	7 .								
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		-							
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's spanure Date & Time: Driver's Signature

(If driver is not the policyholder)

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

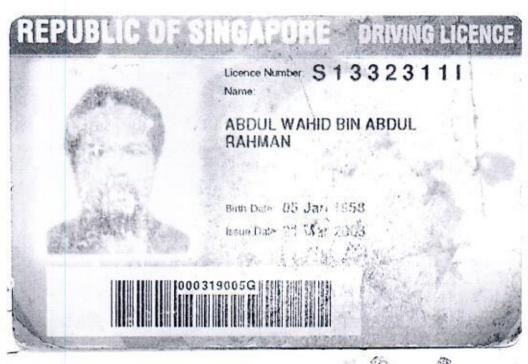
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ACCIDENT STATEMENT

	ACCIDE	T DATE:	5/01/	2019-11	DD/MM/Y	YYY), TIME	(OB:_	<u> 25 ү</u> нн:мм
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	i)	PURPOSE O ARE YOU CL IF NO, PLEAS	AIMING UN	DER YOU	ROWNIN	SURANCE	(YES/NG)	_
	2 16	SURED / PO	HCY HOLDE	-R		the Ltd	_(MALE /	FEMALE)
	ь	NRIC/FIN/P	ASSPORT:			CON	TACT:	
8	С	ADDRESS:_			100			
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6		CONTINUE TO	O 3.d IF DRI	VER ALSO	POLICY	HOLDER		98
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्टा रु		NRIC/FIN/P	414 Pas	1 00	Drive b,	朝04-20		04/4).
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	*,	DATE OF BI	RTH: 1 05	01/	958 JOE	/MM/YYY	7)	8.1
		OCCUPATIO			OORI .		8 3	
	f)	YEARS OF DE	IVING EXPR	FRIENCE	301	ears		.,
	4. W	AS DRIVER	AN EMPLO	YEE OF	THE INSU	RED'S COI	MPANY? ()	(ES / (00)
	IF	NO, RELAT	IONSHIP O	F THE D	RIVER WI	TH INSUR	ED:	Hirer
	5 0	WEATHER CO	HOITIQUO	CLEAR /	RAINING	OTHERS_	Vermalally a man	
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& No of page		VEHICLEN		YN5	9416	MODE	l:	10
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	190	시간에서 있어 있었다.	IUMBER:			MODE		1.00
A Ho of pas	Manger .	DRIVER'S N			1.			
(Induding	driver) for		PASSPORT:_			CONT	ACT:	
(_)		14/10/11/4/1	, , , , , , , , , , , , , , , , , , ,			CON	ACI	
						142		

email =

fax =



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1332311



Name



ABDUL WAHID BIN ABDUL RAHMAN





Sex



M









VOCATIONAL LICENCE

Licence No. \$13323111

Name ABOUL WAHID B ABD RAHMAN

seue Date 13/2/2015

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

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

PASS DATE

Class 2B Motorcycles not exceeding 200 ht 1 Jun 1983

Class 3

Motor Cars and Motor Trackets For weight of

14 Apr 1979

Class 4

which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the

weight of which unladen exceeds 2500 kilograms

01 Dec 1981

Class 5

Motor Vehicles which are not constructed themselves to carry any load and the weight 02 Feb 1982

of which unladen exceeds 7250 kilograms

icence No: S1332311

NP 428A

2003753





NRIC No. S13323111

Blood Group Date of issue

0+

10-05-1994

APT BLK 414 PASIR RIS DRIVE 6 #04-205 SINGAPORE 510414

NRIC No:

\$13323111

Date:

14/03/2018

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

02

TAXI VL

Issue Date

15/11/1991



Scanned by CamScanner

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80060	01						Change	Language	• Chang	e Password	· Log Out
My Desktop	Policy Q	uery	25								
Notice of Loss	Policy No.					Date	of Accident	15	5/01/2019 0	8:25	
	Vehicle No.(f	For Motor)	SJS907	75G		Certifi	icate Number				
					1	Search					
	Select Pal	icy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5102	2870481		METRO CAR LEASING PTE LTD	201810490D	GPC	Third Party	S3S9075G	SJS9075G	03/08/2018	02/08/2019
						Continue	1				

Policy No.	5102870481	Policyholder Name	METRO CA	AR LEASING PTE LTD	Policyholder NRIC	201810490D	
Certificate		Name			NKIC		
Address	210 TURF CLUB ROAD #L0	OTAB THE GRANDST	AND SING	APORE 287995			
Product Name	PRIVATE CAR INSURANCE	AND STATE OF STATE AND STATE OF STATE OF		action wasted	Group Policy Flag	N	
Policy ssue Date	03/08/2018	Effective Date	03/08/201	18 00:00	Expiry Date	02/08/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LT	D. Agent Tel.	64650020	null	GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	210 TURF CLUB RO	AD Addre	ess 2	#LOTAS THE GRAN	IDSTAND	Address 3	SINGAPORE 287995
Address 4		Addre	ess Type	Singapore address		Post Code	287995
Unit No.	LOTAB	Relati Numb	ed Policy er	5105166699			
1	ed Object: SJS9075G						
D Insure							
□ Insure □ Endors □ Endors	sements						

aim Handling cident MT/1028162						
licy No.	5102870481		Vehicle No.	5359075G	GST Registration No.	
rt-ficate No.						
icyholder Name	METRO CAR LEA	SING PTE LTD			Policyholder NRIC	2018104900
duct Code	PRIVATE CAR D	BURANCE	Cover Type	Third Party	Loading	0
react No.(Mobile)	8		Contact No. (Office)	0	Contact No. (Home)	0
ali Address			Special Remark		eCode	To V
C C	® No ○Yes		TCA	No ○ Yes	eCode Reason	
D Protection	No		NCD Entitlement(%)	0	Private Hire	Yes
Accident Details						
ort Cate	16/01/2019 17:	49	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst perked
e of Accident	15/01/2019					
orting Centre	19/01/1019		Time of Accident hh:mm	08:25	Country of Accident	Singapore
ident Location	SOOK TANKSON	PT 81 C18015-	Orange Force		ICM No.	
Excess	SOUS TAPPUNES	ST 92 CARPARK				
		200	Witt 629			
n damage Excess		0.00	Additional Excess	9	Windscreen Excess	0.00
named Driver Excess			Outside Singapore OD Excess	0.00		
nt Party Excess		1,500.00	Outside Singapore TP Excess	1,500.00		
Genefits GST Registered Informa	22769					
_	ition					
Registered Registration No.		No		GST Registration Date	2220	
Registration No.				GST Status Verified	No	
nutration states						
Policyholder Mailing Ad	dress					
ress 1	210 TURF CLUB	ROAD	Address 2	FLOTAS THE GRANDSTAND	Address 3	SINGAPORE 287995
Iress 4	40 P. V. 75 C. 20	436,75	Address Type	Singapore address	Post Code	287995
t No.	LOTAS		Related Policy Number	S. Marin Hall Marin		C West
OI Driver Info	- ARTHR		Partition County Humber	5105166699		
er Name	Unnamed Driver		Date of Taxas			
named driver Name	ABDUL WAHID I		Driver Type Driver NRIC	Unnamed Driver S13323111	Driver DDB	05/01/1958
oster Date of Driver License		are regarde, now in				
			Driver Age	61	Oriving Expenence	39
rtact No.(Mobile)	83109200		Contact No.(Office)	0	Contact No.(Home)	٥
ress 1	BLK 414		Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510414
iress 4			Address Type	Singapore address	Post Code	510414
t No. ts he own a Singapore	04-205					
istered (ar)	☐ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
aration athalyser or Blood Test						
ding?	0 mg		Any injury?	○ Yes ® No		
ification History						
0.00						
aim 001 New						
п Туре •	Ор-мх	V	Insured Name	METRO CAR LEASING PTE LTD	Insured NRIC	201810490D
tact No.(Hobile)	81119294	- 6	Contact No.(Home)		Contact No.(Office)	NIL
iii Address	-		Of Vehicle Number	\$359075G	TP Vehicle Number	YN5941G
	Please Select	v	Type of Benefit *	Please Select	The same regiment	- Tables
nant Name *		22	Claimant NRIC *			
nant Address		122	-0.000000000000000000000000000000000000		1	
Description	5359075G / VHS	941G ON 15 Jan 2019			Name of Preferred Workshop	
erred Workshop Contact	G2020, 30 / 1763	212 01 12 701 2013	Sectional Links	Process Company	- seeme or Presented Workshop	
		100	Insured Liability *	Not at Fault	ZVSV USA	
uire Finalisation	Yes		Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	16/01/2019 17:5	1	Claim Close Date		Date Received	16/01/2019 00:00
ort Teken By	Jackson					
Print AK letter						
			77	(exist release)		
			10	Save Submit		
tachment						
dent No.	MT/102816		Claim No.	001		
Doc. Received	● Yes ○	No	Upload Date	16/01/2019 17:52		
		Path *		Category *	Confidential Urgen	cy * Description *
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