Date In: 18 1 19 - 1655	Jeb description	Date & Time Completed	Done	př.
ROTNO: NAJINCIA DOININ 24	SAS e-filing			
Veh No: 1/2 17744.	E-mail (within Shrs, AIC 2hrs)			1
D.O.A: in)1/19-16250	i-Motor Claim Form	m11028514-201	18], 1,9 19	. 20
	i-Motor W/O (Within: OD 2)		الماراني الم	: 38 .
OD TP Reporting Only	i-Photo Uploaded			+
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW: (	riso ( report of Till / Till /		ax:	
	inc inc			
TP Particulars: Veh No: XE103	INC.	Tel:	,	_
Policy No: ( ) Period	d: (	Cover Type: (	<del>/,</del>	
Confirmed by : (	Date:	Time:		
	te-Est. Status (WO): N: 0-:		100%1	
<del></del>	arranty: YES ( )/NO (	)		-
Excess: (\$ ) Loading: \$1,000				
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( ) Walk-In Customer : Customer's information		the tip NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer I				
Drive-In ( )/ Towed-In ( ); Invoice: Y	YES( )/NO( );	Fowing Co: (		
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Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	hy
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
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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.
- Information provided must be as <u>truthful</u> and <u>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.

- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/01/2019 16:55
Date Of Accident	17/01/2019 16:50
Exact Location Of Accident	PIE (TUAS) BEFORE ANAK BUKIT FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC1774Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMED HANAFIAH BIN ABU BAKAR
NRIC No	S1586948H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97474014
Alternative Phone No	OFFICE-97474014
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	NEW GOLF 1.4 AT 5K13G5
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	5098928070
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD RIFDI BIN MOHAMED HANAFIAH
NRIC No.	S95244677

 Name of Driver
 MUHAMMAD RIFDI BIN MOHAMED HA

 NRIC No
 \$9524467Z

 Date Of Birth
 08/07/1995

 Occupation
 INDOOR

 Date Of Driving Pass
 22/05/2018

 Driving Experience
 0 YEAR AND 7 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97474014

Fax Number

Contact Number OFFICE-97474014

EMail Address NOEMAIL

BLK 702 BEDOK RESERVOIR ROAD Address

#07-3550

470702 Postcode

NO Was driver an employee of the Insured's Company

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

DRIZZLING Weather Conditions WET Road Surface

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? 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.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

2

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)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

XE3033A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## 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>.
- 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.
- 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)

Lunderstand, 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:
  - 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:

1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pers

s Signature

Name:

NRIC/FIN No.:

PIECTUAS), before AMER BAILIT Vehicle A. SKC 17744 vehicle B: YE 3033A/TPD 4426U.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	0n	1111	stat	ed dat	e v	time,	7, ve	hille?	A', .	SKC 17	747,
Was	tra	vellin	g stra	aight	along	the	stated	l venu	P. S	Indde	nly,
ventcl	e B	, XE	3033	A, cut	INTO	my	lane	and	col	ided	onto
my \	vehic	2991	right	portion	. He	then	contin	nued	to	furt	ner
went	on	for	a	couple	4 W	netre(.		NI WATER TO THE REAL PROPERTY.			
			-								<u> </u>
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							_		MACOO		
-						_				HARDING.	
	()- <u></u>				_					* POSITATIO	
	-7127-01	Hitte sort		/	-			e ye in the			
	/					1					

DECLARATION

I/We declarg the fgregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 17/01/2019 100	/MM/YYYY), TIME:( 16:50 HH:MM)
LOCATION: PIECTUAS), before An	
LOCATION. TECHNOST, STEE	
1. DETAILS OF VEHICLE  GIVEHICLE NUMBER: VEL 177  b)INSURANCE COMPANY: NTU	
LOCALCY AND APER	THIRD PARTY / THIRD PARTY FIRE &THEFT)
CHAVE & MODEL . VOIES W	auch auth
FITYPE-ISALOON / COUPE / MPV /VA	N / LORRY / MOTORCYCLE / OTHERS)
DIVEHICLE CATEGORY: (PRIVATE / C	OMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT	TIME: MVATE
I) ARE YOU CLAIMING UNDER YOUR OF NO, PLEASE STATE (THIRD PARTY)	LAIM / REPORTING ONLY)
2 INSUPED / POLICY HOLDER	Barar
AINAME MONOMED HOMOTI	
DINKIC/FIN/FASSPORT	948H CONTACT: 4550,
CIADDRESS: 702 BEDOK FES	3(470702)
* CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER
15-No of percents. DRIVER	TUNATION
a) NAME: MUMAINMAN PROPERTY	in monamed AIMPLEAFEMALE
Child Child Child Child	4672 CONTACT: 117 17014 YVOIV ROAD #07-3550
(01) claddress: 702 Bedof Rese	\$(470702)
*d) DATE OF BIRTH: ( 09, 07 / 190	15 J(DD/MM/YYYY)
eloccupation: (INDOOR / OUTDOO	OR)
TYEARS OF DRIVING EXPRERIENCE:	CI VEOV
4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRI	VER WITH INSURED: Child:
5. GIWEATHER CONDITION: (CLEAR / RA	INING / OTHERS DWILLING
DIROAD SURFACE: (DRY / WET / OTHE	RS
6. WAS ANYBODY INJURED (YES / NO)	Part of the contract of the co
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	STATION:
No of passenger a) VEHICLE NUMBER: XE 3033	A MODEL:
TPNILL	16'U.
Induaing driver)	CONTACT:
9. THIRD PARTY VEHICLE	3 3
No of passenger of DRIVER'S NAME:	MODEL:
The state of the s	CONTACT:
Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT
(_)	4 - 10

email =

fax =

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 9 5 2 4 4 6 7 Z

Name:

MUHAMMAD RIFDI BIN MOHAMED HANAFIAH

Birth Date: 08 Jul 1995

Issue Date: 22 May 2018





# SINGAPORE ARMED FORCES **IDENTITY CARD**

Name

MUHAMMAD RIFDI BIN MOHAMED HANAFIAH



NRIC NÓ S95244



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

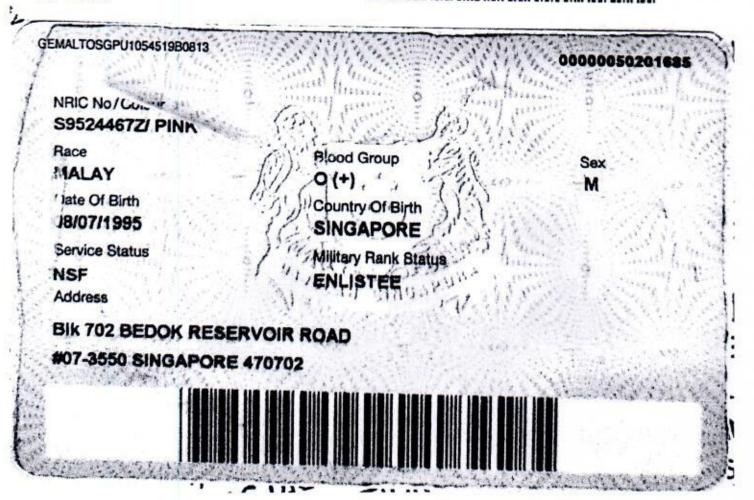
# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

**EFFECTIVE DATE** 

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 22 May 2018 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S9524467Z

**NP 428A** 



<b>eBao</b> Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	e Languag	e + Chang	ge Password	+ Log Out
My Desktop	Policy Que	ry								
Notice of Loss	Policy No.				Date	of Accident		17/01/2019	16:50	
	Vehicle No.(For I	Motor) SKC17	774Y		Cert	ficate Number				
					Search					
	Select Policy !	No. Certificate Number	Policyholder Name	Policyholder NR1C	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5098928	3070	MOHAMED HANAFIAH BIN ABU BAKAR	S1586948H	GPC	drivo CLASSIC	SKC1774	SKC1774Y	17/03/2018	16/03/2019
				- 1	Continue					

Policy No.	5098928070	Policyholder Name	MOHAMED	HANAFIAH BIN ABU I	Policyholder NRIC	S1586948H	
Certificate No.							
Address	BLK 702 #07-3550 BEDOK RI	ESERVOIR ROAD	SINGAPORE	470702			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	15/03/2018	Effective Date	17/03/2018	3 00:00	Expiry Date	16/03/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate							
Info	holder Mailing Address						
Address 1	BLK 702 #07-3550	Addre	ee 2	BEDOK RESERVOIR	POAD	Address 3	SINGAPORE 470702
Address 4	DEN 102 907 3330						
Audress 4			ss Type	Singapore address		Post Code	470702
Unit No.		Numb	ed Policy er	5098928070			
	d Object: SKC1774Y						
1 Insure	d object. Skerrivi						
1 Insure	and the same of						

laim Handling						
Hey No.	5098928070		Vehicle No.	SKC1774Y	GST Registration No.	
ertificate No.						
Acyholder Name	монамер на	ANAFIAH BIN ABU BAKAR			Policyholder NRIC	S1586948H
oduct Code	PRIVATE CAR	INSURANCE	Cover Type	drivo CLASSIC	Loading	0
incact No. (Mobile)	97474014		Contact No.(Office)	0	Contact No.(Home)	0
nail Address			Special Remark	0400	eCode	N. V
ĸ	® No ○ Yes		TCA	® No ○ Yes	eCode Reason	Long
D Protection	No					
	1900		NCD Entitlement(%)	50	Private Hire	No
Accident Details	82250424800	92925				
port Date	18/01/2019 1	19:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	17/01/2019		Time of Accident hh:mm	16:50	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	
odent Location	PIE (TUAS) B	EFORE ANAK BUKIT PLYO	VER			
Excess						
in damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		2,500.00	Outside Singapore OD Excess	600,00		
rd Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Informa	etion					
Registered	AND CO.	No		GST Registration Date		
Registration No.		6500		GST Status Ventled	Yes	
ification History					140	
The Control of the Co						
Policyholder Hailing Ad	dress					
fress 1	BLK 702 #07-	3550	Address 2	SEDOK RESERVOIR ROAD	Address 3	S9NGAPORE 470702
dress-4			Address Type	Singapore address	Post Code	470702
it No.			Related Policy Number	5098928070	POST CODE	470702
OI Driver Info			Meleting report House	3030320070		
ver Name	Unnamed Driv	er.	Driver Type	Unnamed Driver		
named driver Name		RIFOL BIN HOHAM	Driver NRIC	S9524467Z	Driver DOS	08/07/1995
		III DE DES FIORDES				Ser Seamon
gister Date of Driver License			Oriver Age	23	Driving Experience	0
ritact No.(Mobile)	97474014		Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 702		Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470702
dress 4			Address Type	Singapore address	Post Code	470702
It No.	07-3550					
es he own a Singapore gistered car?	○ Ves ® No		Driver Vehicle No.		Driver Insurer Company	
granding cars.						
claration						
eathalyser or Blood Test	0 mg		Any injury?	○ Yes ® No		
eding?	-000		50.04 7.95045.5	30,000		
dification History						
Daim 001 OD-MX New	h					
and the second second	100					
GUARNO I	-		STORESTORE		500 0 - 320000	
m Type *	OD-MX	v	Insured Name	MOHAMED HANAFIAH BIN ABU I	Insured NRIC	51586948H
rtact No. (Moorie)	81577635		Contact No.(Home)	NIL	Contact No.(Office)	
HI Address	NULGVERIFIED	0.00	Of Vehicle Number	SKC1774Y	TP Vehicle Number	XE3033A
mant Type Claimant Type •	Pmase Select	V	Type of Benefit *	Please Select		
mant Name *		22	Claimant NRIC *	GH COLUMN TO SERVICE STATE OF THE SERVICE STATE OF		
mant Address						
m Description	5KC1774Y / X	E3033A ON 17 Jan 2019			Name of Preferred Workshop	
erred Workshop Contact	San	7, 34, 74, 74, 74, 74, 74, 74, 74, 74, 74, 7	Instinat Lightley 4	Nov or South	I remit of Freiends Monkshop	
	Total Control		Insured Liability *	Not at Fault	100000000000000000000000000000000000000	
ure Pinalisation	Yes	~	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	18/01/2019 19	2:36	Claim Close Date		Date Received	18/01/2019 19:40
ort Taken By	Jackson	-	Workshop Repairer		Total Loss but Repaired	
Print AK letter						
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				Save Subme		
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	140	257	15.000,000,000	1020		
ident No.	MT/10285		Claim No.	001		
t Doc. Received	● Yes C	2 No	Upload Date	18/01/2019 19:40		
		Path *		Category *	Confidential Urgen	y * Description *
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