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Date In: 18] 1/19-19:57	b description	Date &Time Completed	Dollo o'	
	SAS e-filing	İ	300110000000000	
	E-mail (within Shrs, AIC 2hrs)			*
	i-Motor Claim Form	Wallos 220 -001	18/1/19 20:	73.
	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			50/75
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: Fa 1978	inc ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period:		Cover Type: (
Confirmed by: (Date:	Time:	,000/1	-10-11-11
Insured/Driver Liability: (%) [Note	E-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	[00%]	-
Year of Registration: () Warr	ranty: YES ()/NO ()		-
Excess: (\$) Loading: \$1,000 ()/\$2,000()		MARK THE THE	
General Remarks:			1000	
() Walk-In Customer : Customer's informat	tion strictly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer U.		* 3		
Drive-In ()/Towed-In (); Invoice: YI		Towing Co: (1.0)
		Date&Turio Completed	Done by	7
Remarks:- (INC horline: 6788 6616)		Dates tario compre on	The transfer of	
1) Apply for Transport Allowance ()/ Court	tesy Car ()			
2) OC Charle / Done O mair Inspection	()	8 8 W	The same of the sa	
2) QC Check / Post Repair Inspection				
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000]	1 ()			
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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 <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.

	ACCIDENT STATEMENT
Date Of Report	18/01/2019 14:57
Date Of Accident	17/01/2019 17:30
Exact Location Of Accident	SIMS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD1289P
Insured/Policyholder	
Name Of Registered Owner	SWIFT-AIRE ENGINEERING SERVICES
Co Reg No	52831534W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83318007
Alternative Phone No	OFFICE-83318007
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.0 XL CVT
Exact Purpose for which vehicle was being used a time of accident	t 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	5080456734-02
Cover Note Number	

Driver

 Name of Driver
 TAN GEOK SENG

 NRIC No
 \$1747903B

 Date Of Birth
 29/10/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/07/1989

Driving Experience 29 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83318007

Fax Number

Contact Number OFFICE-83318007

EMail Address NOEMAIL

Address 142E LORONG J TELOK KURAU

Postcode 425972

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING Road Surface WET

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

2

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190117/7027.

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

FQ2928A

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver MUHAMMAD HAIKAL BIN HASHIM

NRIC/Passport Number S9426031J Contact Number 87843112

Address

Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

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.
- 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 companies.
- 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.
- 7. 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:
 - (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 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
- (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.

SWIFT-AIRE ENGINEERING SERVICES

Policyholdec sognature

Date & Time:

Driver's Signature

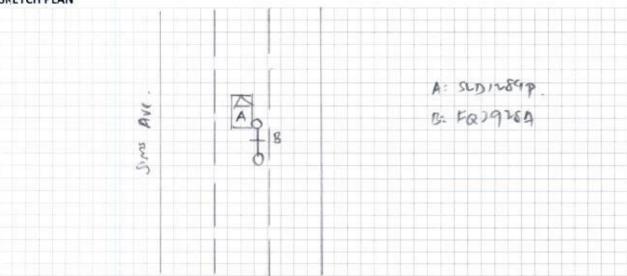
(If driver is not the policyholder)

Date & Time:

Reporting Centre/P sonnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter to	DICE MONTH	. جرمد (دراه او المراد ر	
	price 129719		
	-		

SWIFT ARE INCHNEER IN SET SET BY LOCATION 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 .:

ACCIDENT STATEMENT

ACC	IDENT DATE: (12/1/19)(DD/MM/	YYYY), TIME:(17:30)(HH:MM)
LOCA	ATION: Simo Ave.	No process of the second secon
1	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SUD 1269P	*
	BINSURANCE COMPANY: Ly	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	OPPY / MOTOPCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMM	AERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME	- Waltering
	I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE YES/NO
	IF NO, PLEASE STATE (THIRD PARTY) CLAIM	W/ REPORTING CIVETY
2	. INSURED / POLICY HOLDER	(MALE / FEMALE)
	A)NAME:	CONTACT: 833 KOZ
	b) NRIC/FIN/PASSPORT:	CONTACT:
	c) ADDRESS:	
25 80		
4	* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER
No of passenge	, DRIVER	" CITTAINE
Including driver	a) NAME: IM MEDIC HOR	(MALE / FEMALE)
	DITAKIC/TIM/I ASSI OKT.	9 9 R CONTACT: 8 13 18 00]
(2)	CIADDRESS: 142E Wrong J Tela	ile knigh (425922)
1 female.	30	error on the Europe
	*d)DATE OF BIRTH: (19/ 19/ 19/8	(DD/MM/YYYY)
	e OCCUPATION: (INDOOR / OUTDOOR)	-1 1.5.00
	f) YEARS OF DRIVING EXPRERIENCE:	5/3/1907
4	WAS DRIVER AN EMPLOYEE OF THE IN	ISURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED: OWNER
5	a) WEATHER CONDITION: (CLEAR / RAINII	NG / OTHERS DIT COLLEGE
	b) ROAD SURFACE: (DRY / WET / OTHERS_	
	WAS ANYBODY INJURED (YES / NO)	
7	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STA	ATION:
. 8		
de of passenger	a) VEHICLE NUMBER: 129784	MODEL:
Induction dise	b) DRIVER'S NAME:	
	c) NRIC/FIN/PASSPORT:	CONTACT:
(<u>2</u>)	THIRD PARTY VEHICLE	
	II VELICIE VIII (DED.	MODEL:
No of passenger	AL DRIVER'S NAME	The second secon
Induding drive	f) NRIC/FIN/PASSPORT:	CONTACT:
r 5	2 IJ ANOTHAT TOO ONT	
()		
	R.,	
	980	

email =

fax =

VIDEO =





1 of 4 Report No. T/20190117/7027

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Details of Valatata Income

	ate/Time Report Made: Vide Report No.: 7/01/2019 23:57			
Informa	nt's Partic	ulars		
	f Informant: OK SENG		Address: 142E LORONG J TELOK KU	RAU SINGAPORE 425972
	/ ID No.: O / S17479	03B	Contact No.: Home/Office:	Mobile: 83318007
National SINGAP	ity: ORE CITIZ	'EN	Email: yimfong1@gmail.com	
Sex: Male	Age: 52	Date of Birth: 29/10/1966	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat	ion:		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 17/01/2019 17:30	Type of Location Straight Road
Location: SIMS AVENUE				
Weather:		Road Surface:	ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:	oad Speed Limit:
		Wet	40) Km/h
Drizzling Traffic Flow: One Way		Wet Traffic Control: Not Controlled	Tr	

Details of V	ehicle Involve	ed				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FQ2928A	Motorcycle			Blue	Slightly Damaged	1
SLD1289P	Car	NISSAN	TEANA 2.0	Blue	Slightly Damaged	1





T/20190117/7027

2 of 4

Report No. T/20190117/7027

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No				
No. of Pedestria		Use of F	edestria	n Cros	sing: NA
Rider		000011	CGCStrial	10103	Sirig. IVA
Name	MUHAMMAD HAIKAL BIN HA	SHIM	ID No).	S9426031J
Related Vehicle	FQ2928A (Motorcycle)		Conta	act No.	87843112
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave NIL		of Injury		
Cyclist			a mijury	Oligit	
Name	MUHAMMAD HAIKAL BIN HAS	SHIM	ID No		S9426031J
Related Vehicle	FQ2928A (Motorcycle)		Conta	ct No.	87843112
Hospital/Clinic	NIL		Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge		
No. of Days grant	ed Medical Leave NIL	Degree o			
Vehicle Owner	Michigan Company				
Name	SWIFT-AIRE ENGINEERING S	SERVICES	ID No.		52831534W
Related Vehicle	SLD1289P (Car)		Contac	ct No.	83318007
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e&	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ed Medical Leave NIL	Date Disc	maige	INIL	





3 of 4

Report No. T/20190117/7027

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver						
Name	TAN GEOK SENG			ID No),	S1747903B
Related Vehicle	SLD1289P (Car)	100000		Conta	act No.	83318007
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 17 Jan 5:30pm when I was travelling on Sim Ave towards Sim Ave east (near lorong 33 geylang), the head of the motorcycle FQ2928A collided with the rear end of my car SLD1289P while my car was not moving. He suffered little abrasion at palm and toes and stopped us for call ambulance. He asked us not to report the case and request for private settlement.





T/20190117/7027

4 of 4

Report No. T/20190117/7027

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch	P	lan
UNCLUIT		I CALL

Contact No.: 65476436

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

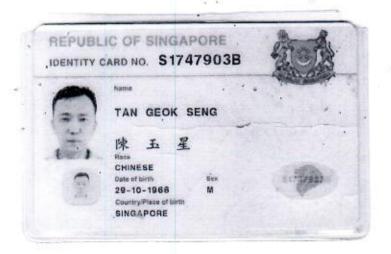
Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
17/01/2019 23:57

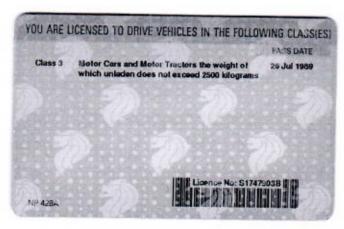
Classification Of Case:
TP / TPHQ /
ONG YONG HOCK

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.











THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5080456734-02

The Policyholder

: SWIFT-AIRE ENGINEERING SERVICES

142E LORONG J TELOK KURAU

SINGAPORE 425972

Period of Insurance

: 16 May 2018 To 15 May 2019

Sum Insured

Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: S\$1,520.99

Interest Insured

Cover Type

: Comprehensive

Make/Model

: NISSAN/OTHERS

Capacity

: 1.99 ton(s)

Number of Seater

: 5

Registration Number

: SLD1289P

Registration Date

: 16 May 2016

Chassis Number

: MNTBBAL33Z0005703

Insure with COE

: Yes

Excess (Section 1)

: \$\$2,000

Excess (Section 2)

\$\$2,000

NCD Entitlement

: 20%

Hire Purchase Company

: N/A

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Young and inexperienced driver excess will not apply.

1) Make & Model: NISSAN TEANA 2.0 XL CVT

2) Vehicle Capacity: 1997

3) All Claims Excess of \$2,000 is applicable

Endorsement Operative : N/A

Agency

: AON SINGAPORE PTE LTD (00000691150)

Date of Issue

: 18 Apr 2018 21:49 hrs

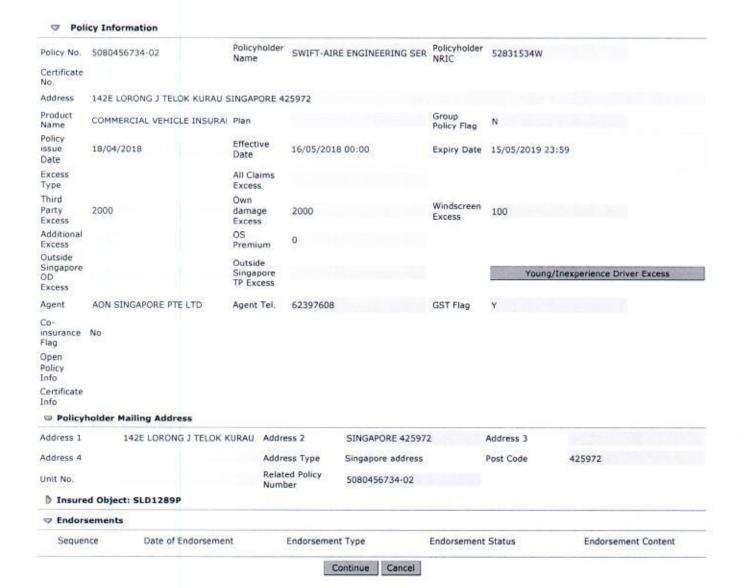
DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive





Samed driver Name Table CECK STING Driver ARIC S174790318 Driver Double Dri	nit ko. © OI Briver Info			Related Policy Number	5060456734-02		
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