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Date In: 25/1/19-17:34	Jeb descriptio	n	Date &Time Completed	D0:	ue o'i
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Veh No: SY7608A	E-mail (withi	a Shrs, AIC 2hrs)			
D.O.A: 361/9-1350	i-Motor Cla	im Form	100-58+6xc1/14	28/1/19	1453.
	i-Motor W/	O (Within: OD 2hr	CONTRACTOR OF THE PERSON NAMED IN COLUMN		
OD The Reporting Only	i-Photo Upl	oaded			
TDI	Assessment/S	Survey Report	i		=3/5
TP Insurer:	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tol:	ax:	
TP Particulars: Veh No: A	1146000	INC ()/Non-INC()	Side of the second	
Owner / Driver: (10/10-10		Tel:)	HOWEST DESCRIPTION
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()		ALTERNATIONS DESCRIPTIONS)		
	\$1,000 ()/\$2,000				
General Remarks:	27,000 () / \$2,000	MORNAGO VIEW	A SUPPLIES OF THE PARTY	185 K. I	
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() Total Loss Case : to e-mail Ins			9,4 1 1	A Designation	
Drive-In ()/ Towed-In (); Inve	oice: YES () / 1	NO(); T	owing Co: (
Remarks: (INC hotline: 6788 6616	0.5		Date&Time Completed	Dor	cby
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1) Apply for Transport Allowance () / Courtesy Car (1			
	/ Courtesy Car ()	-	-	
2) QC Check / Post Repair Inspection	()			
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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 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.
- 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

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 Date Of Report
 28/01/2019 12:34

 Date Of Accident
 26/01/2019 13:50

Exact Location Of Accident JUNC LOYANG AVE & TAMPINES AVE 7

Country/State of Loss SINGAPORE

DE	FAILS	OF	OWN	VEHI	CLE

Vehicle Registration Number SLP7608A

Insured/Policyholder

Name Of Registered Owner ABDUL KHALIK B HOSSOON MIAH

NRIC No S1609905H Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-94890664

 Alternative Phone No
 OFFICE-94890664

Vehicle Particulars

Manufacturer HONDA

Model VEZEL 1.5X CVT

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 5101398766

Cover Note Number

Driver

Name of Driver ABDUL KHALIK BIN HOSSOON MIAH

 NRIC No
 \$1609905H

 Date Of Birth
 20/08/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 28/05/1997

Driving Experience 21 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94890664

Fax Number

Contact Number OFFICE-94890664

EMail Address NOEMAIL

BLK 227 TAMPINES STREET 23 Address

#11-189

521227

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

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number AJX6000 (COMMERCIAL VEHICLE)

2

NO

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? YES

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

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : NORYATI BTE MOHD NOOR

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES NORTH NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190126/2103.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number AJX6000

Vehicle Make/Model/Colour MERCEDES AXOR

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver YUSOF BIN RAZAK @ YASHAK NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful 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 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:
 - 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

10:08 au.

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

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PECLADATION	September 19 and 19	
DECLARATION		
We declare the foregoing part	iculars are true in every respect.	
		V
olicyholder's Signature 28 (19		
Khe L.		I M
II A Made Standards of CO	Driver's Signature	Reporting Centre Personnel's Signature
Policyholder's Signature 18619	(If driver is not the policyholder)	Name:
atte of 111110.		

10:08am.

GIARMC SherchffanForm, V3

Date & Time:

NRIC/FIN No.:

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.

In the second	ACCIT	DENT	DETAILS	TO STATE		THE W	
Date of accident	26	01	2019				(DD/MM/YY)
Time of accident		13	30				(HH:MM)
Exact location of accident	TRAFFIC d	moc	TION	Œ	LOYANG	AVE	TAMPINE

	DETAILS OF VEHICLE SLPTLOGA
Vehicle registration number	
Vehicle make and model	HONDA VEZEL 1.5X CUT
Type of vehicle	Saloon MPV CRV Van CRV O Van Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	GOING HOME
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim D Reporting only D

一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	INSURANCE IN	FORMATION	[10] [10] [10]
Insurance company		NTUC	
Policy number		5101398766	
Type of policy	Comprehensive	Third party fire & theft	TP only

是 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INSURED / POLICY HOLDER		
Name	ABDUL KHALIK BIN HASSOON MIAH	Male o	Female
NRIC / Fin / Passport number	S1609905H		
Contact	948910664		
Address	BLE 32T TAMPINES ST 23 #11-189 3521227		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male D Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	1 20 08 1963
Occupation	Indoor D Outdoor D
Driving date pass	28 05 1997

THE RESIDENCE OF THE PARTY OF T	-	FORMATION OF	THE ACCII	DENT	San San Maria Constitution
Vas driver an employee of	Yes 🗆	Nove	down and t	animad.	2-NER
he insured's company?		tionship of the c	river and i	nsureu.	
scoldent captured by camera?	Yes	No 🗆	Othors		
Veather condition	Clear	Raining D	Others:		
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CASTON AND THE CHARLES		PASSENGER		MOHD	HOOR
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Gender	Male D	Female 2			
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Name Gender	Male D	Female 🗆			
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N. C. T. L. L. C.	No.	OTHER INFORM	NOITA		I SHEET THE PARTY OF
Was anybody injured?	Yes 🗆	No.			
Was other vehicle damaged?	Yes 🗆	No p			
Was Deller delline warrage					Developed the second
	D	ETAILS OF POLIC	E ACTION		
Reported to police?	Yes	No □ If	yes, please	state which	police station.
Police station name		TAMPINE	s Nor	TH NPP	
				NAME OF TAXABLE	
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Name			- 1		
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-1 -40 DESCRIPTION	THIRD PARTY VEHICLE 1
/ehicle registration number	AJX6000
/ehicle make model	MERCEDES AKOR
Name	YUSOF BIN RAZAK @ YASHAK 790508065171
NRIC / Fin / Passport number	790506065171
Contact	
5011600	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
THE PARTY OF THE P	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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THE RESERVE AND DESCRIPTION OF THE PERSON OF	THIRD PARTY VEHICLE 4
Vehicle registration number	-0-12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
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Name Name	
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	THIRD PARTY VEHICLE 5
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NRIC / Fin / Passport number	
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	THIRD PARTY VEHICLE 6
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NRIC / Fin / Passport number	
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Contact	
	THIRD PARTY VEHICLE 7
to blds maintains number	
Vehicle registration number Vehicle make model	
Vehicle make model	
Name	

Contact

Name			
injuries sustained	4800		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	№ □	
Was injured conveyed to hospital by ambulance?	Yes 🗅	No 🗆	

	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to hospital by ambulance?	Yes □	No D

N-150 200 100 100 100 100 100 100 100 100 10	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

THE RESIDENCE OF THE PARTY OF T		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?	E- In the second	
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D

Start Color		INJURED PERSON 6	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗅	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	





1 of 3

Report No. T/20190126/2103

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

	me Report 019 15:40	Made:	Vide Report No.: G/20190126/0166	Station Diary No.: 21		
Informa	nt's Partic	ulars				
	f Informant; KHALIK BI	N HASSOON	Address: APT BLK 227 TAMPINES ST 521227	FREET 23 #11-189 SINGAPORE		
ID Type / ID No.: NRIC NO / S1609905H			Contact No.: Home/Office: Mobile: 94890664			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 55 20/08/1963			Type of Informant: Driver			
Race: Pakistani			Language: Institution / School Nan			
Occupation: SITE MANAGER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

Type of Accident: Non-Injury Foreign Vehicle		Drink Drive: No	Date/Time of Accident: 26/01/2019 13:5	Type of Location Straight Road
Loyang Ave E	ENUE	ampines		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collisi Between Movi	ion: ing Vehicles - Side Swij	oe - Same Direction		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
AJX6000	Lorry					0
SLP7608A	Car	HONDA	VEZEL 1.5X CVT	Silver		0

Details of V	ehicle Insurance		4.5	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP7608A	NTUC Income Insurance Co-Operative Limited	5101398766	16/06/2018	15/06/2019





Report No. T/20190126/2103

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

CONTINUATION OF REPORT

Tel No: 1800-7818999

Brief Details.

On 26/01/2019 @ 1350hrs, I was driving my Car SLP7608A (v1) and was stationary at the center of five lanes at the junction of Loyang Ave towards Tampines Ave by TPE. Traffic light was red with right green arrow. I saw a Malaysian Trailer (V2), registration plate no. AJX6000 was on 2nd from right of 5 lanes making a right turn from Loyang Ave into TPE(SLE). While making the turn V2 side swipe V1 right hand side of the vehicle. I homed to alert V2 of the accident but V2 did not stop. I followed V2 and manage to stop him along TPE(SLE) 1.5km.

I have an in car camera and the SD Card was handed over to TP Officer. No one was injured. The right side of the car was scratched and dented.

in charge case is TP IO Jeff Tan.







T/20190126/2103

3 of 3

Report No. T/20190126/2103

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: Sr Staff Sgt MOHAMMAD ABDULGHANI BIN MOHD ADNAN Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD

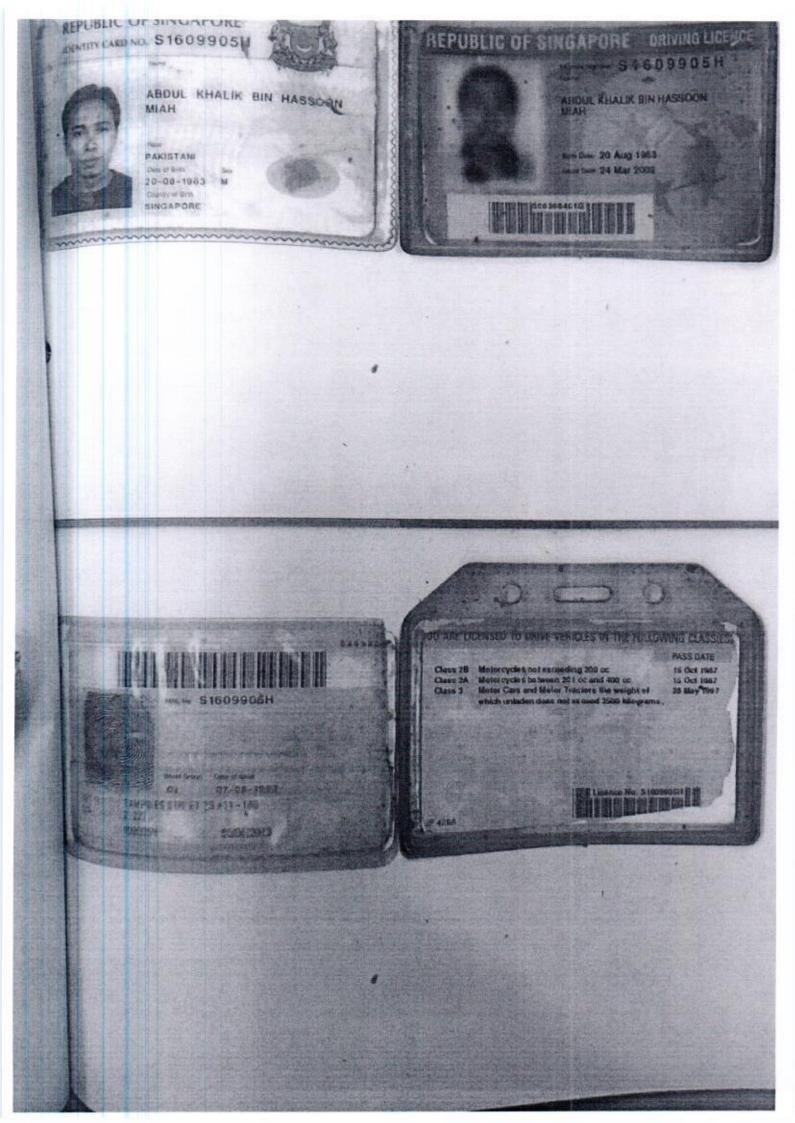
Authentication Stamp NP168

Contact No.: 65472076

Signature Of Informant:

Date/Time: 26/01/2019 15:40

Classification Of Case:



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