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TP Insurer:	Assessment/Sur	vey Report			
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TP Particulars: Veh No: SUA	J. 1606 U	· INC()/Non-INC()	
Owner / Driver: (Tel:		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 misrapresentation 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.

THE COURSE OF TH	ACCIDENT STATEMENT
Date Of Report	28/01/2019 19:04
Date Of Accident	26/01/2019 15:15
Exact Location Of Accident	INFRONT OF NGEE ANN CITY MALL
Country/State of Loss	SINGAPORE
DI CONTRACTOR DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC4302H
Insured/Policyholder	
Name Of Registered Owner	SYED MOIZ
Passport No/FIN	G6231687Q
Email Address	MOIZ.SYED3@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91692471
Alternative Phone No	OTHERS-91692471
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL
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	REPORTING ONLY
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	5103038361
Cover Note Number	
Driver	
Name of Driver	SYED MOIZ
Passport No/FIN	G6231687Q
Date Of Birth	28/01/1982
Occupation	INDOOR
Date Of Driving Pass	24/05/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91692471
Fax Number	

MOIZ.SYED3@GMAIL.COM

Address

184 DEPOT ROAD #8-11 THE INTERLACE

Postcode

109686

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

COLLISION - HEAD TO REAR

Type Of Accident 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

NO

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)

2

Passenger 1

ambulance?

NAME:

: RAYAN MOIZ SYED

GENDER:

: MALE

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

PLEASE REFER TO SKETCH PLAN

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

SLW7666U

Vehicle Make/Model/Colour

TOYOTA VIOS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KOK BOON SIANG

NRIC/Passport Number

S1830413I

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.
- 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.
- 5. 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:
 - (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 "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:

10:05 AM

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

Name:

NRIC/FIN No.:

NGEE ANA CITY	
cecures her 5	Pour Pour
SL10 7666 u	ORCHARD LIMIK
SMC Y	BO2H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on Saturday 26m January 2019, Two driving
slower due to a Tam. The car infinit was also
Slowly due to a Tam. The car intient was also
Statemary.
Few rais started moving, and I thought the can
internt also moved while It didnt. As a result
I accidently bumped wito the car in front from
behind.
In the process , damaged the left tail lights of
In the process I damaged the Uff tail lights of the car without, also the rear bumper got
Supply dislocated
No damage was done to my car.
34

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Claim Handling

accident MT/1029988							
oky Nr.	5103030061		Vehicle for:	(5HC4302H		GST Registration No.	
ertificate No.							
skryhsider Name	SYED MOCE					Potzyholder NRIC	06251687Q
oduz Code	PRIVATE CAR INSURAN	VCR	Cover Type	drive CLASSIC		Loading	Ð
ornact No.(Nobile)	91822471		Contact No.(Office)			Contact No.(Home)	
nuil Address			Special Remark			eCtros	No. *
nc	v. No. Yes		TCA	a No. Ted		eClade Reason	
CD Protection	No		NGD Emillement(%)	0		Private Hire	No
▼ Accident Details							
aport Date	28/95/2019 19:20		Attident Report Within 24 hrs	Yes		Accident Type	Collegen + Heard to Reser
ate of Accident	26/01/2019		Time of Accident titum.	15:15		Country of Accident	Singepore
eporting Centre			Drange Force			30M No.	
ccident Location	INFRONT OF NGEE AN	N CCTY HALL					
7 Excess							
wn damage Excess		900.00	Altillional Excess	0		Windscreen Excess	100.00
nnamed Driver Excess		0.00	Outside Singapore OD Excess		600.00		SHAMO
ford Party Excess		0.00	Outside Singepore TP Excess		0.00		
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svamest driver Name	CHICAGO CHINO		Driver NRIIL	Q6233687Q		Driver DOS	26/07/4642
egister Date of Driver License	24/05/201#		Onver Age	353454545555745			36/01/1982
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est No.	SEEDER		Address Type	Singapore address		Post Code	100446
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WEXT E	NAC_BURIT_MERAH_BODS76(NATION 5 (BURIT MERAH)) or	NAL ASSESSMENT CENTRE SERVICE 128 Jan 2018 19:24	Phillips		Normal			Photos 21	129-1-28			
10	NAC_RIKIT_MERAH_80067N; NATION 5 (BURIT MERAH)) or	NAL ASSESSMENT CENTRE SERVICE 228 Jan 2019 19:34	Photos		Normal			Photos 20	19-1-28			
6	RAC_BURIT_HERAH_BOOK26(NATION B (BURIT HERAH)) or	NAL ASSESSMENT CENTRE DERVICE	Photos		Reserval			Photos: 35	19-1-30			
	NAC_BUNIT_HERAH_800676(NATION 5 (BUNIT MERAH)) or	NAL ASSESSMENT CENTRE SERVICE	Photos		Normal			Photos 20				
	NAC BUICT HERAN BOOKTS NATION	SAL ASSESSMENT CENTER SERVICE	Protos		Norma							
	3 (BUKIT MEKAH)) on NAC_BUKIT_MERAH_H00674(NATION	NAL ASSESSMENT CENTRE SERVICE			1075 3 3 T			Photos 25				
2757.75	S (BUKIT MERAH)) IN NAC_BUKIT_MERAH_BOD676(NATION	78 7an 2019 19:24	Phonos		hormal			Photos 20	19-1-29			
20-10	3 (BURIT MERAH)[se	26 3en 2014 19:34	Photoe		Normal			Photos 20	19-1-29			
1000	NAC_BURIT_MENAH_BOOK765 NATION S (BURIT MERAH)) IIII	NAL ASSESSMENT CENTRE SERVICE 28 Jan 2019 19:34	SAS		Normal			SAS 281	9-1-28			
The state of the s	NAC_BUNIT_MERAH_BUDGTO(NATION S (BUNIT MERAH)) on	NAL ASSESSMENT CENTRE SERVICE 120 Jan 2019 19:24	MIGC/ Driving License		Normal		NATO	Driving Co.	knae 2019-	-28		
❤ Video List	Uplicated By/Date	Folder tiete		File Name		- 0			Sn			

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ACCIDENT STATEMENT

7001	PENT DATE: LO OF DE	T)(DD/MM/YYY).	TIME: (0'3: ()	(HH:MM)
LOCAT	ION: IN PEW OF N	SEE ANN OT	Y MALL	
State State	DETAILS OF VEHICLE	1042004	774	
	a) VEHICLE NUMBER: SA		* *	20 38 32
14	b)INSURANCE COMPANY:	mome		
		03038361		
	d)POLICY TYPE: (COMPREHE	NSIVE / THIRD PART	Y / THIRD PARTY FIR	E &THEFT)
	B)MAKE & MODEL: NISS	N XIKHIL 20	216	
	f)TYPE:(SALOON / COUPE / N	MPV /VAN / LORRY	MOTORCYCLE/	OTHERS)
	9) VEHICLE CATEGORY: (PRIV	ATE / COMMERCIAL	L / MOTORCYCLE	7 39
	THURPOSE OF USING AT AC	CIDENT TIME: HEY	SONALUSE	
	I) ARE YOU CLAIMING UNDER	YOUR OWN INSURA	ANCE WESINO	
	IF NO, PLEASE STATE (THIRD	PARTY CLAIM / REP	ORTING ONLY)	12
	INSURED / POLICY HOLDER	.0		
	A)NAME: MOD SYE		MALE / FE	
PAYAN MOR SHOD	b) NRIC/FIN/PASSPORT: 5	62316876	CONTACT: 91	692471
WHILL INOUT SHED	CLADDRESS: 184 - DEPOT	KOHD 08-11,	THE INSTERLAKE	109684
11100		50		
ANO of passangas. 1	CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLD	DER	130
This was a series of the serie	NAME:			
- Country Charles	NRIC/FIN/PASSPORT:		(MALE / FE	MALE)
	ADDRESS:	-777	CONTACT:	
The second of th				
	d) DATE OF BIRTH: (28) 0	1/1982-1100/MA	177771	
	OCCUPATION: (INDOOR / C	DUTDOOR)	over and	
r,	DATE OF DRIVING PACC	VIII.	6	
4. V	VAS DRIVER AN EMPLOYEE	OF THE INSURED	S COMPANY? (YE	57(00)
1	NO, KELATIONSHIP OF T	HE DRIVER WITH I	NGIIDED. SG C	- 100
J, Q	IMEATHER CONDITION: (CLE	ARY RAINING / OTH	HERS_CLEAR	
D	JROAD SURFACE: (DRY / WEI	LOTHERS DE)
0. W	AS ANYBODY INJURED (YES	(NO)		***
/. d	REPORTED TO POLICE (YES /	(60)		17.4
	IF YES, PLEASE STATE WHICH	POLICE STATION:		
4 He of passenger c	HIRD PARTY VEHICLE TO VEHICLE NUMBER: SLW	7///1	TALLA	11125
Chad de La N F	DEIVEDIS NAMER: SCO	10000	MODEL: TOYOTH	A102
Circling diviver)	DRIVER'S NAME: KOK (BOW SIMM		
() 9. TH	IRD PARTY VEHICLE	304131	CONTACT:	
× Alia all nace O		101 9	Walter Co.	
1 100 of prizzevist	DRIVER'S NAME:		NODEL:	
(Including driver) for	NRIC/FIN/PASSPORT:		0017107	-1.7
() "	O/111/1 Most OKI1		CONTACT:	
	174.0			3.0
	Elizabeth Company		8	

email = moiz syed3 29mail com VIDEO



EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

GOOGLE ASIA PACIFIC PTE. LTD.



SYED MOIZ INDUSTRY MANAGER

062316870

Date of Apprication. 23-01-2018

Date of Issue 05-03-2018

05-03-2020



L8540427



VISIT PASS

Immigration Regulations

Name SYED MOIZ



Date of Birth Sex

28-01-1982 M PAKISTAM FIN Date of Issue Date of Expiry

G6231687Q 05-03-2018 05-03-2020

Nationality

MULTIPLE JOURNEY VISA ISSUED



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

EFFECTIVE DATE

Class 28 Class 3

Motorcycles =< 200 cq:
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

NP 428A





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5103038361

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SMC4302H

Chassis Number

: JN1JANT32Z0002525

2. Name of Policyholder.

3. Effective Date of Insurance

: SYED MOIZ

: 25 Aug 2018

4. Expiry Date of Insurance

: 29 Sep 2019

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : 55600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS

: N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : SYED MOIZ NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : DBS BANK LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: HUA YANG CREDIT PTE LTD (00000613824)

Date of Issue

: 23 Aug 2018 09:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive