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TD Insurer	Pax/Hand to Owner/Wksp
Proforred Wksp / INC Assign Wksp-/ QW: (Telt Fax:)
TP Particulars: Veh No: SCO 33071	. INC(,)/Non-INC()
Owner / Driver: (Tol:)
Policy No. () Period: () Cover Type: ().
Confirmed by 1 (Dater Tliner)
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20%; P: 21-79%. P: 80-100%]
Year of Registration: () Warranty: YES ()/NO()
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1) Apply for Transport Allowance ()/ Courtesy Car ()	
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Driver/Owner:	3) TF: Towing Fee \$40/545 4) FT: Follow-Through Survey \$120
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	8) NTUC Additional Services:-
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 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 aforesaid.

THE RESIDENCE OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	14/02/2019 18:41
Date Of Accident	29/01/2019 10:00
Exact Location Of Accident	BLK 354 CLEMENTI AVENUE 2 CARPARK
Country/State of Loss	SINGAPORE
全国40万全型 (ST 2012) 19 19 19 19 1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ6355D
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE, LTD.
Co Reg No	201533177E
Email Address	THENZG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81526120
Alternative Phone No	OFFICE-81526120
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106658007
Cover Note Number	
Driver	
Name of Driver	JAMAL BIN SAMANI
NRIC No	S1650041J
Date Of Birth	21/06/1964
Occupation	INDOOR
Date Of Driving Pass	09/02/2000

18 YEARS AND 11 MONTHS

(LOCAL) +65-81526120

THENZG@GMAIL.COM

OTHERS-81526120

MALE

Address

Postcode

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

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD ON COLLISION

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

YES

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

PLEASE 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

SLD3307H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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</u> and accurate as possible. 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.
- 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.
- 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DECLARATION

Policybolder's Signature

Date & Time:

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

Driver's Signature

Date & Time:

(If driver is not the policyholder)

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Name:

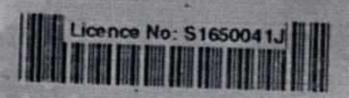
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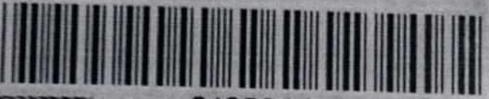
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive 09 May 2002 of the driver; and other motor vehicles =< 2500kg



5291662



NRIC No. S1650041J



Date of Issue

21-03-2014

APT BLK 71 REDHILL ROAD #10-03 SINGAPORE 150071

NEIC No. \$1650041J

07/07/2015

5 (BUXIT MENANI) on 14 Feb 2019 18:40

Uploaded By/Date

Folder Date

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ACCIDENT STATEMENT

ACCIDENT DATE: 101 , 2019 (DD/MM/YYY), TIME: 10. BO (HH:M
LOCATION: BUK 354 CLAMMANI BUK I CARPBERC
1. DETAILS OF VEHICLE
alvehicle Number: SCW 6355 D
b)INSURANCE COMPANY: WILL
C)POLICY NUMBER:
dipolicy ryon to
D)MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
IF NO, PLEASE STATE (THIPD BARTY OF ANY STATE (YES NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
A)NAME: JAMOC KIM SAMBRY 19008
DINRIC/FIN/PASSBORY ON MALE / FEMALE)
CIADDRESS:
- Office Ress
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
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Chelidae 1. S GINAME: IMMR . DILL AM PALL
DINRIC/FIN/PASSPORT. (MALE / FEMALE)
CIADDRESS: CONTACT: 81526/20
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O. WAS ANTRODY IN HIDED IVER INCOM
7. a)REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POUCE STATION:
He of passenger a) VEHICLE NUMBER: SCD 3307 H
Including driver) b) DRIVER'S NAME: MODEL:
() PRIC/FIN/PASSBORT
9. THIRD PARTY VEHICLE CONTACT:
No of passenger d) VEHICLE NUMBER:
(NPIC/EIN/PASSOON
CONTACT:
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ANTON THE PRINCIPLE OF

email =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Name S1650041J

JAMAL BIN SAMANI

Birth Date 21 Jun 1964 Insue Date 01 Apr 2014



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1650041J



Name



JAMAL BIN SAMANI

MALAY
Date of birth
21-06-1964
Country/Place of birth
SINGAPORE

Sex M



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive 09 May 2002 of the driver; and other motor vehicles =< 2500kg

Licence No: S1650041J

5291662



NRIC No. \$1650041JA



Date of Issue

21-03-2014

APT BLK 71 REDHILL ROAD #10-03 SINGAPORE 150071

NEIC No. \$1650041J

07/07/2015

PASSPORT



REPUBLIC OF SINGAPORE

Type Country Code Passport No. PA SGP Name

E7050062L



Sex Nationally M SINGAPORE CITIZEN . Date of berth 21 JUN 1964 Date of Mark 27 OCT 2017 The state of the last of the l SEE PAGE 2 National ID No 51650041J

Place of back SINGAPORE Date of eapers 27 JUL 2023 Anthonica

MINISTRY OF HOME AFFAIRS

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