	ntre Services			
Date In: 1/3/19-10/38	Jeb description	Date & Time Comp	leted De	oue py.
Ref No: Na INCIGO 25 12 /24	SAS e-filing			
Veh No: 5745782	E-mail (within 8hrs, Ale	2hrs)		· · ·
D.O.A: 29/~/19-03.00	i-Motor Claim For	m M7 1033982-0	02 1/3/19	10:59.
	i-Motor W/O (Within			
OD / TP / Reporting Only	i-Photo Uploaded	1		
TDI	Assessment/Survey R	eport		
TP Insurer:	Ass't Report by Fax	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:	
TP Particulars: Veh No: di	GMS FOTR.	INC( )/Non-INC(	)	
Owner / Driver: (		Tcl;	)	
Policy No: ( )	Period: (	) Cover Type: (		)
Confirmed by : (	Date	: Time:	)	- 1.05
Insured/Driver Liability: ( %	(WO):	N: 0-20%; P: 21-79%. P	: 30-100%]	20
Year of Registration: (	Warranty: YES ( )/N	0( )		
Excess: (\$ ) Loading:	\$1,000()/\$2,000()			
( ) Walk-In Customer: Customer's		al & Culture NO and and		
( ) Total Loss Case : to e-mail In:		A		
	Surer URGENILY.	1	[8]	
Drive-In ( )/ Towed-In ( ); Inv	oice: YES ( ) / NO (	); Towing Co: (	\$ #	)
Remarks: (INC hotline: 6788 6616			(w/k/27a583 <b>k</b> c	- Colored Time
		Date&Timb Comple	SOUTH NEW YORK	пору
The state of the s	/ Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )			
Injury:		<del></del>		
Date Time Actions			egruge arrender i	
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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 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.
- 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.

ACCIDENT STATEMENT

	ACCIDENT STATEMENT
Date Of Report	01/03/2019 10:38
Date Of Accident	27/02/2019 03:00
Exact Location Of Accident	JUNC CLARKE QUAY & RIVER VALLEY RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN538Z
Insured/Policyholder	
Name Of Registered Owner	FULTONN MOTOR PTE LTD
Co Reg No	201504673R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5106910744
Cover Note Number	
Driver	
Name of Driver	NAJIB LAHRICHI
NRIC No	S2731400G
Date Of Birth	06/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90239646
Fax Number	
Contact Number	OFFICE-90239646
EMail Address	NOEMAIL

BLK 672B EDGEFIELD PLAINS Address

#17-551 822672

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

YES

Was any injured conveyed to hospital by

ambulance?

NO

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

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

YES

NO 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

PUNGGOL N.P.C

TEL NO: - FAX NO:

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190228/2147.

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

SGM8805R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver NRIC/Passport Number

YAN SU TONG

Contact Number

Address

Postcode

Insurance Company Name

S2641683C

Page 2 of 22

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

Passenger 2

Passenger 3

Passenger 4

UNKNOWN

PRIVATE CAR

CHER CHEN YANG

S9021825E

5

NAME:

GENDER:

NAME:

GENDER:

NAME:

GENDER:

NAME:

GENDER: .

**DETAILS OF INJURED PERSON 1** 

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NAJIB LAHRICHI

BODY

SJN538Z

YES

NO

#### 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>.
- 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:
  - 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: HO Driver's Signature

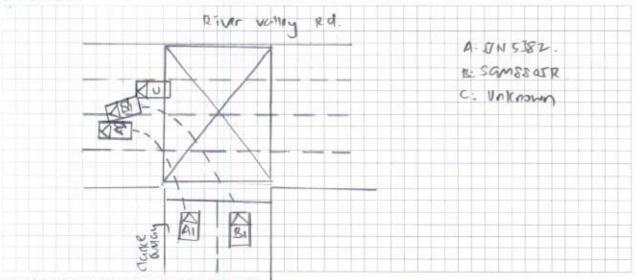
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to plice report - +/20190228/2147.

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: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

# **ACCIDENT STATEMENT**

ACCIDENT DATE: 1 19 )(DD/MM/YYYY), TIME: 03 : 00 )(HH:MM)
LOCATION: June clarky dungy e. kiver valley Rd.
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: VIN 5382
C)POLICY NUMBER: 5 1669 157 49  D)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
h) PURPOSE OF USING AT ACCIDENT TIME: OMMERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY GLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER
A)NAME: Fulton motor Pte Hd. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 2015 04 673 R. CONTACT:
* CONTINUE TO 3 d IS DRIVED AND DOLLOWS
The of passenge. DRIVER
(Including driver) a)NAME: Najib (Ahrich: [MALE / FEMALE]  b)NRIC/FIN/PASSPORT: 57771406. CONTACT: 90739646.  c)ADDRESS: Allo 67073 Edgent (1d plaint of 17 MI) (422674)
*d)DATE OF BIRTH: ( 6 / 5 / 1967 .)(DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO) 7. CI) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE
Including driver) b) DRIVER'S NAME: 100 1200
9. THIRD PARTY VEHICLE
Induding driver of NRIC/FIN/PASSPORT: SQL 2/87/5 000000000000000000000000000000000000
(I) NRIC/FIN/PASSPORT: S902/82/15 CONTACT:

email = fulltonn motor @gmail.com.



Occupation: PRIVATE HIRE DRIVER

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No. 1800-8049899



Date of Expiry:

Report No. Tr20190228/2147

Station Diary No.: 77 REPORT OF A TRAFFIC ACCIDENT Vide Report No. Date/Time Report Made: 28/02/2019 18:44 Informant's Particulars APT BLK 6728 EDGEFIELD PLAINS #17-551 SINGAPORE Name of Informant NAJIB LAHRICHI B22672 Contact No.: Home/Office: Mobile: 90239646 ID Type / ID No.: NRIC NO / \$2731400G Email: Nationality: SINGAPORE CITIZEN Type of Informant: Driver Date of Birth: 06/05/1967 Age: 51 Sex: Institution / School Name: Male Language: English Race: Arab Driving Licence Information:

Class: 3

General Information Type of Accident:	Injury Attended by Police	Drink Drive: No.	Date/Time of Accident: 27/02/2019 03:00	Type of Location: T-Junction
Location: Junction of River VALLI TAN TYE PLI Lamp Post Ni Weather:	ACE TO THE PARTY OF	Road Surface:		Road Speed Limit:
Clear Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Heavy Anyone conveyed by
Tuno of Collie	on: ng Vehicles - Head To S	ide		ambulance: No

Details of		Make	Model	Color	Condition No of Passeng
Vehicle No. SGM8805R		KIA	Picanto 1.0	Red	Seriously 0 Damaged
SJN538Z	Car	TOYOTA	Vios 1.5	Red	Seriously 0 Damaged
UNKNOWN Not ccurate)	Car	AUDI	Q5	Red	Seriously 4 Damaged





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999



Report No. T/20190228/2147

CONTINUATION OF REPORT

Details of Vivenicle No. SJN538Z	line.	e Insurance urance Company UC Income Insuran sted	nce Co-Operative	510691	A STATE OF THE PARTY OF THE PAR	(fect)	ve 2019	Expiry Date 15/01/2020
Details of P	erso	n Involved	TOTAL PROPERTY.	A REPORT				
Any Pedestr	an ir	s Injured: NIL	NAME OF TAXABLE PARTY.	Use of Pe	destrian Cross	ing:	NA.	
Driver	112111				TIS NO.	527	31400	G
Name		NAJIB LAHRICH			ID No.		39646	
Related Veh	cle	SJN538Z (Car)			Contact No.			
Hospital/Clin	ic	SENGKANG GEL LTD.	NERAL HOSPITA		Class of Driving Licence & Expiry Date	Dat		cpiry; NIL
	1	07/00/2010	CONTROL DE	Date Dis	charge 27/0	2/20	19	<b>计算机器建筑器建筑</b>
Data Treatm	ent	27/02/2019 ed Medical Leave	03	Degree o	of Injury Slig	ht		
oriver lame		CHEN CHEN YU	The state of the s		ID No.	S	02182	5E
Related Vehic	cle	NIL			Contact N	o. N	IL .	
lospital/Clini		NIL			Class of Driving Licence 8 Expiry Da	. 0	lass: Nate of	IIL Expiry: NIL
		NI CONTRACTOR OF THE PARTY OF T	100	Date D	scharge N	L		NE STREET
of Days gr	ente	d Medical Leave	NIL	Degree	of Injury N	IL		NO. A STREET
ver me		YAN FU TONG			ID No.		S2641	1683C
ated Vehicle	1	ur. 1			Contact	No.	NIL	
pital/Clinic	N	IL .			Class of Driving Licence Expiry	&	Date	s: NIL of Expiry: NII
Treatment	NI			Date I	ACCOUNT OF THE PARTY OF THE PAR	NIL	10.25	
li earment	ALL L	Medical Leave	NIL	ST ST STORMS	e of Injury	NIL		MARKET THE PARTY OF THE PARTY O



Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-5049899



Report No. 1/20190228/2147

CONTINUATION OF REPORT

Brief Details.

On 27 February 2019 around 0300hrs, after I make a left turn with the vehicle B. Vehicle B was at the most right lane making a left turn. Vehicle C was speeding along the main road. Vehicle B swerve to my ane, vehicle C hit onto vehicle B right portion which caused the impact to my vehicle and hit onto my rehicle right portion. I went for a medical checkup at sengkang general hospital after that and was given 3 lays outpatient sick leave. There was a traffic camera at lamp post 31.



Police Station Of Origin: Punggol N.P.C. 21A Tebing Lane SINGAPORE 828837 Tel No. 1800-6049998 THE REPORT OF THE PARTY OF THE

Report No. Triorscoper

CONTINUATION OF REPORT

Sketch Plan informent is not able to provide aketch 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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:

Sgt 2 LAI TECK YONG

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178

Authentication Stamp

Signature Of Informant:

Date/Time: 28/02/2019 18:44

Classification Of Case:

を を Signature:

Singapora Police Force

SN GOE











<b>eBao</b> Tech									(	GeneralC	laim
Hello, NAC_PAYA_UBI_8	00601						• Change La	nguage	· Change P	assword	Log Out
My Desktop	Poli	cy Query									- 4
Notice of Loss	Policy N	10.	5106910	744		Date of	Accident	27/0	2/2019 03:0	0 1	
	Vehicle	No.(For Motor)	SJN5382			Certifica	te Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	0	5106910744		FULTONN MOTOR PTE LTD	201504673R	GFT	Third Party, Fire & Theft	SJN538Z	SJN538Z	16/01/2019	
					Cor	ntinue					

Policy No.	5106910744	Policyholder	FILLER	N MOTOR PET	Policyholder		4/3
Certificate	2100210744	Name	FULTON	N MOTOR PTE LTD	NRIC	201504673	R
No.	ALVEST AND STREET		A100000				
Address Product	BLK 588D #08-233 ANG MO KI	O STREET 52 F	PARK CEN	TRAL @ AMK SINGAPOR	E 564588		
Name Policy	FLEET INSURANCE	Plan			Group Policy Flag	N	
ssue Date	09/01/2019	Effective Date	09/01/2	019 00:00	Expiry Date	26/11/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1000	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	1099.17				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1000			You	ng/Inexperience Driver Excess
Agent	SGP BUSINESS CONSULTANCY	i Agent Tel.	6281077	77	GST Flag	Y	
Co- nsurance Flag Open Policy Info	No				3311139		
Certificate Info							
	older Mailing Address						
ddress 1	BLK 588D #08-233	Addre	ss 2	ANG MO KIO STREE	T 52	Address 3	PARK CENTRAL @ AMK
ddress 4	SINGAPORE 564588		ss Type	Singapore address	i	Post Code	564588
Jnit No.	08-233	Relate Numb	ed Policy er	5106910744			
D Insure	d Object: SJN538Z						
	ements						
Sequen	ce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorsen	nent Status	Endorsement Content
	09/01/2019 00:00	Basic Informat Endorsement	tion	000001286983506	Endorseme Effective	nt Take	Update Excess to \$1K
		Basic Informat Endorsement	ion	000001286989010	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN538Z 16-01-2019 \$1,240.99 In view of this amendment, an additional premium of \$1,240.99 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by
							cash or NETS.

laim Handling repressure on this policy has	not been collected.				
cident MT/1033982		375460000 IZ	MEWANA W	Mar. 0.0 No. 10 No. 10 No. 10 No.	
ikcy No.	5106910744	Vehicle No.	SIN538Z	GST Registration No.	
rtificate No.					
icyholder Name	FULTONN MOTOR PTE LTD			Policyholder NR3C	201504673R
oduct Code	PLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ritadi No.(Mobile)	Ne	Contact No (Office)		Contact No.(Home)	
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K	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Not resident
Accident Details			ž.	Private rare	Not available
port Date	28/02/2019 09:07	Andrea North Honor Aven		W200.00 00.000 00.000	
		Accident Report Within 24 hrs	Yes	Accident Type	Unknown
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orting Centre		Orange Force		ICM No.	
ident Location	NA				
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n damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
lamed Driver Excess		Outside Singapore OD Excess	0.00		0.000
rd Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
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uire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
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