* + pa at + 2 NATIONAL Assessment Centre Services. Met 1 Jamos Myaligo 28570 Done by Date & Time Completed Job description Date In: 2 19-12:14 Ref No: HATING 19003893/2 SAS e-filing Veh No: JJM6667A E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form D.O.A: 1/3/19-70:30 M-1 1034280-001 2/3/19 12:23. i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD ! TP ! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: (Tol: Veh No: GARLOSIL. INC ()/Non-INC (TP Particulars: Tcl: Owner / Driver: (Period: (Policy No: (Cover Type: () Confirmed by : (Date: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Loading: \$1,000 (Excess: (\$)/\$2,000 (General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO (); Towing Co: (Date&Time Completed Done by Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Anit (S) Amt (3) Invoice Preparation Checklist MA1901 630. fit Bill Add Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA: Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against JNC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services .-QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Post Repair Inspection Auditors' Comments :-*N8: DV / Collect Excess Coordination 55 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idac Mobile Fee Charged 2at. 2 / 3: Invoice dated

Invoice dated

Fee Charged

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 <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.
- 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
Date Of Report	02/03/2019 10:14
Date Of Accident	01/03/2019 22:30
Exact Location Of Accident	ALONG WOODLANDS AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM6667A
Insured/Policyholder	
Name Of Registered Owner	SHL MOTOR PTE LTD
Co Reg No	201611814M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81536003
Alternative Phone No	OFFICE-81536003
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5080551065-02
Cover Note Number	
Driver	
Name of Driver	MUHAMAD FAIZAL BIN SA'FIE
NRIC No	S8131681C
Date Of Birth	21/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2002
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84820263
Fax Number	
Contact Number	OFFICE-84820263
EMail Address	NOEMAIL

Address BLK 434 TAMPINES STREET 43

#12-91

Postcode 520434

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

ende

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

Was any injured conveyed to hospital by

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I DID NOT NOTICED THAT VEHICLE B WAS IN STATIONARY POSITION. AS A RESULT. MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

2

NO

YES

NO

1

NO

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBB2681L

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMME

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

Page 2 of 17

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 "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
- 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.
- 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

complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

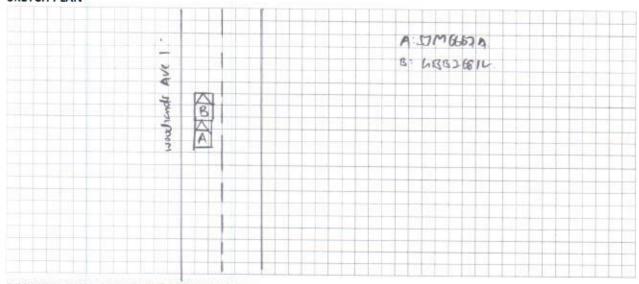
UEN No. 01611814N

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

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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OR	0		
CLARATION	Yest -		

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

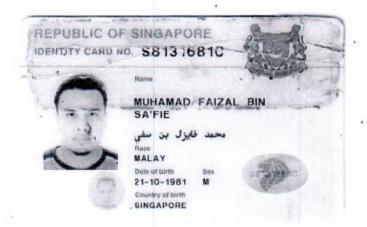
Policyholder's Signature Date & Time:

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

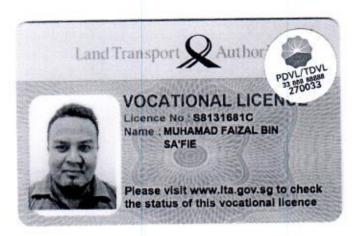
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PAGE DATE

OF Feb 2000
Of July 2006
Of State 2A

Motor Carses 3000kg with early passenges, exclusive 13 Nov 2002

Class 3 of the driver; and other motor voliticles as 2500kg

NP 428A

Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date

13 PRIVATE HIRE CAR VL 27/04/2018

This card is not transferable and is the property of the Land Transport

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Hello, NAC_PAYA_UBI_8 My Desktop Notice of Loss	Policy Query					· Change La	nguage	Change P	assword •	Log Out
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ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MUHAMAD FAIZAL BIN SA'FIE	Driver NRIC	S8131681C	Driver DOS	*********
pater Date of Driver License		Driver Age	37		21/10/1981
itact No.(Mobile)	84820263	Contact No.(Office)	0	Driving Experience	16
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