NATIONAL Assassment Con	tre Services	[ter' : Ja-10-1]	g, 2	<del> </del>	<del></del> ;	
Date In: 18/63/2019 17:3	( ) Job description	00	Date &	Time Completed	. Don	ie by
Rers. NA/INC19004890/1	CY SAS e-filing		-			
Veh 110 SFQ 7188.K		n Shre, AlC Chrej	i i		<del> </del>	
0.04 16/03/2019 09:0	ts I-Motor Cla	THE RESERVE THE PERSON NAMED IN	<del></del>	MT/10364	171-001	Traislig
OD TP Reporting Only		O (Within: OD 2hrs.	TP 4hrs)	***	111 001	1.1020
	I-Photo Upl			:	<del> </del> -	
TP Insurer:	Assessment/S	Survey Report	i			•
		by Fax / Hand to	Owner	/Wksp	<del> </del> -	
Preferred Wksp / INC Assign Wksp / QW: (	700		Tel;	-	Fax:	-
TP Particulars: Veh No:	SHC545	95, INC(	)/N	n-INC()		
Owner / Driver: ( Policy No: (			Tel:		)	
Confirmed by : (	Period: (		Cover	Type: (	)	
1 1/0/		Dates		Time!	)	NUMBER OF STREET
Year of Registration: ( )	[Note-Est Status (		%; P:	21-79%. P: 80-	100%]	
	Warranty: YES (	CONTRACTOR OF THE REAL PROPERTY OF THE PARTY				
General Remarks	,000 ( )/\$2,000	0 ( )				
Walk-In Customar : Customer's in	formation strictly Course URGENTLY.	onfidential & Stric	tly No	refer of repairer.		
Drive-In ( )/Towed-In ( ); Invoi	ce: YES ( ) /	NO( ); To	wing C	0, (		)
Remains (INCHA) Res 6788 6616	Service				. Josepha	24
1) Apply for Transport Allowance ( )/	Courtesy Car (	**************************************	PS POSTOR	Entild Scotletinion.	1	5.0y
2) QC Check / Post Repair Inspection	(	1				
3) Upload Resurvey Photo [Repair Cost > 3	\$30001 (	)				
Injury:						400 A DA DA DA
Date/Time >Actions / 1 2 Post 18	HENNIS III SOUR CHOO NA SOUR	entransann van	2000228	**************************************	01 No. 1 A	
Actions & Sections	SECTION SECTION	数次数数	A STATE OF	PARIS AND IN	A	
NA190	1978.	Invoice Prepa	HUSA	cherality with	Amicros)	'Add Bill
humanus Particulares (all California)		1) AR : Accident Re	porting	(\$30);		Add Bill
river/Owner:	<b>一种企业的企业的企业</b>	3) TF : Towing Fee	se sament		(0) (/545	
		4) FT : Follow-Thro			\$120 \$30	
ontact No:		For claiming agai	ost INO	only (wef 10 Jen 2005	1	
amäged Portion:	15	6) TR: Re-Inspection 7) NI: Idao DA + S		vey	\$75	
	*	8) NTUC Additions				
C Checked by (Engr-In-Charge):		NS: Courtery Co			\$5	
utitors Comments	7465 F1775.04	*N6: Repair Co-c *N7: Post Repair	Inspeddo	n	\$10 \$25	
Lik	"	*N8: DV / Collect TP (N11): TP (N			\$3	<u> </u>
2/3:	<u> </u>	9) N12: Idao Mobile		Pee Charged	30	
or all and a second sec		Invotes dated	1	Fee Charged	:15-1	TODE STR

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. 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 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.
- 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 o

aforesaid.	to hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/03/2019 17:51
Date Of Accident	16/03/2019 09:45
Exact Location Of Accident	PIE TWDS CHANGI B4 STEVEN RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFQ7188K
Insured/Policyholder	
Name Of Registered Owner	ZUBIN PERVEZ DABU
NRIC No	S7066774F
Email Address	DANESHDADU66@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81261527
Alternative Phone No	OTHERS-81261527
Vehicle Particulars	
Manufacturer	NISSAN

Model CEFIRO 2.3

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 5105081931

Cover Note Number

Driver

Name of Driver DANESH ZUBIN DABU

NRIC No. S9991228F Date Of Birth 04/01/1999 Occupation **INDOOR** Date Of Driving Pass 17/12/2018

Driving Experience 0 YEAR AND 2 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96828458

Fax Number

Contact Number OTHERS-96828458

EMail Address DANESHDADU66@GMAIL.COM

BLK 1 TANJONG RHU ROAD Address

#21-04

Postcode 436879

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN 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? 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.

YES NO

1

Number of Passengers (Including Driver)

**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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

NO

Was there any audio recorded?

NO

2

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

SHC5459S

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)

Passenger 1

NAME: : NIL

GENDER: ; FEMALE

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

**SLN7446K** 

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)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

SMG6815K

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

2

: NIL

GENDER: : FEMALE

## **DETAILS OF INJURED PERSON 1**

Name DANESH ZUBIN DABU

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? SFQ7188K Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? Address

Postcode

## 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)
  - (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.
- (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:
  - (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
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN (A) SFQ 7188 K. (B) SHC 54598 (C) SLN 7446 K (0) SMG 6815 K DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 0945 Ws was travelling Changi due\_ impact rear. collission Was DECLARATION I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 11-40 om
16/03/2019.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

16/03/2019 11:40 am Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Vehicle No.	SFQ 7188 K Model/Make Nasan Celino
Date of Accident	16/03/19. Widdel/Make Nagan Cefero
Time of Accident	0945 HRS
Location of Accident	PIE towards Changi before Steven Road Exit.
Exact purpose use during a	ccident Private Used
Name of Owner	Zubin Pervez Dabu
Telephone No.	H/P: 8126 LS27. Home: Office:
NRIC	S 7066774 F.
Address	BLK, 1, Tanjong Rhu Road, # 21-04, (3) 436879.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5105081931
Name of Driver	As Above If No, Danesh Zubin Dahu
NRIC	\$ 999 1228 F Any Passengers: N.A.
Date of birth	04/01/1999
Occupation	Outdoor / (Indoor)
Driving License Pass Date	17 /12 / 2018 ·
Gender	Male / Female
Contact No.	H/P: 9682 8458 Home: Office:
Address	BLK 1, Tanjong Mu Road, # 21-04, (8) 436879
Driver have any own vehicle	e No, If yes, Reg No.
Relationship	Employee, If no, state Son
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Danesh Zuben Dabu (HIP: 9682 8458)
Name And Contact No.	(Mr. 1000 0 140)
Police Report	No, If Yes, Where?
Vehicle B No.	StC 54598 Any Passengers: O((F)
Name of Driver	Contact No. :
Vehicle C No.	SLN 7446 B Any Passengers: N-4
Vehicle D No.	SMG 6815 K Any Passengers: 01 (F)
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear Portion
Camera Recorder	Yes (No
Email Address	dancehdabu 66 @ gnall. com
	16/03/19
PARTICULAR WORKSHOP	Twinter N-51 wanting for
CONTACT NO.	6842 0051 / 6744 0510 DIL BACK
CONTACT PERSON	Huixin : sine
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	s sales @ n51. com. sg



# SINGAPORE ARMED FORCES **IDENTITY CARD**

DANESH ZUBIN DABU

NRIC No

S9991228F

GEMALTOSOPUIOSASTIDITTIS

00000050325136

Sex M

NRIC No/Colour S9991228F/ PINK

PARSEE

Date Of Birth 04/01/1999

Service Status

NSF Address

BIK 1 TANJONG RHU ROAD

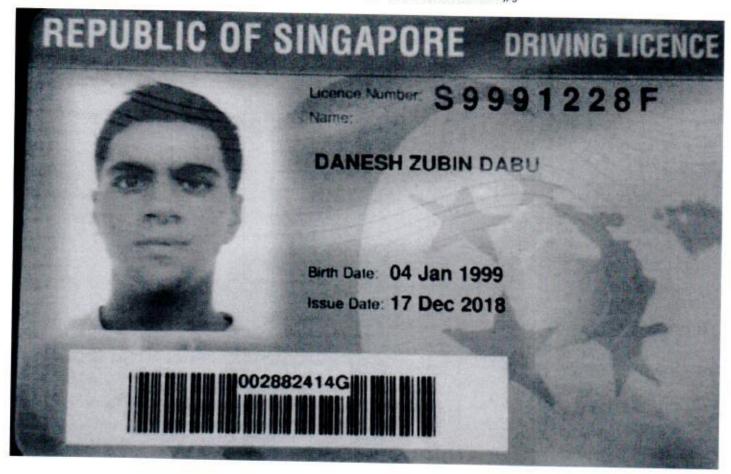
#21-04 SINGAPORE 436879



Blood Group A (+)

OFFICER

Military Rank Status



# YOU ARE LICENSED TO DRIVE THE CLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

17 Dec 2018

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

Licence No:S9991228F



## 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: 5105081931

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SFO7188K

Chassis Number

: JN1BAUJ31Z0050885

2. Name of Policyholder

: ZUBIN PERVEZ DABU

3. Effective Date of Insurance

: 16 Nov 2018

4. Expiry Date of Insurance

: 15 Nov 2019

5. 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) \$\$600 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 : ZUBIN PERVEZ DABU NAMED DRIVER (1) : SHENAZ ZUBIN DABU NAMED DRIVER (2) : DANESH ZUBIN DABU

HIRE PURCHASE COMPANY : N/A

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

SPEEDO CAPITAL PTE. LTD. (00000615301)

Date of Issue : 30 Oct 2018 12:06 hrs

egn. No.: 201305517W HEEDO CAPITAL PTE LTD Uh Avenue 3 #01-75 Vertex

en 6614 7757 Fax: 6684 7737

Front ce & Insurance Design

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

<b>eBao</b> Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_86 My Desktop		cy Query					• Chan	ge Languag	e , Chan	ge Password	
Notice of Loss	Policy No. Vehicle No.(For Motor)		SFQ7	188K		Date of Accident 16/03/2019 09:45 Certificate Number		09:45			
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	9	5105081931		ZUBIN PERVEZ DABU	S7066774F	GPC	drivo CLASSIC	SFQ7188K	SFQ7188K	16/11/2018	15/11/2019

# Policy Information

Policy No.	5105081931	Policyholder Name	ZUBIN PERVEZ DABU	Policyholder	S7066774F
Certificate No.				NRIC	370007741
Address	1 TANJONG RHU ROAD #21-0	4 THE WATERSII	DE SINGAPORE 436970		
roduct lame	PRIVATE CAR INSURANCE	Plan		Group	N
Policy ssue Pate	30/10/2018	Effective Date	16/11/2018 00:00	Policy Flag  Expiry Date	15/11/2019 23:59
hird arty xcess	0	Own damage Excess	600	Windscreen Excess	100
dditional xcess	0	OS Premium	0		
utside ingapore D xcess	600	Outside Singapore TP Excess	0		
gent	SPEEDO CAPITAL PTE. LTD.	Agent Tel.	66847757	GST Flag	
o- surance ag	No			GS1 Flag	Y
pen olicy ofo					
ertificate fo					

# Policyholder Mailing Address

Address 1	1 TANJONG RHU ROAD	Address 2	#21-04 THE WATERSIDE	Address 3	SINGAPORE 436879
Address 4		Address Type	Singapore address	Post Code	436879
Unit No.	21-04	Related Policy Number	5105081931		

# Insured Object: SFQ7188K

▼ Endorsem	nents			
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
L	08/01/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 08 Jan 2019, the following amendment(s) is/are made this policy: NAMED DRIVER 1 DANESH ZUBIN DABU NAMED DRIVER 2: SHENAZ ZUBIN DABU In view of this amendment, an additional premium of \$258.41 (inclusiv of GST) is payable under your policy. This amount will be debited to your credit card account number 4006-10xx-xxxx-2407.

Continue Cancel

# Claim Handling

Accident MT/1036471						
Policy No.	5105081931	Vehicle No.	SE071884			
Certificate No.			SFQ7188K		GST Re	gistration N
Policyholder Name	ZUBIN PERVEZ DABU					
Product Code	PRIVATE CAR INSURANCE	Cover Type	Cauto temperatur			older NRIC
Contact No.(Mobile)	81261527	Contact No.(Office)	drivo CLASSIC 0		Loading	
Email Address		Special Remark	0			t No.(Home
KFK	No Yes	TCA	O No Wes		eCode	
NCD Protection	No	NCD Entitlement(%)	No Yes		eCode i	The state of the s
Accident Details		The state of the s	20		Private	Hire
Report Date	19/03/2019 10:06	Accident Report Within 24 hrs	Yes		242.000	
Date of Accident	16/03/2019	Time of Accident hh:mm	09:45		Acciden	
Reporting Centre		Orange Force	09,43			of Acciden
Accident Location	PIE TWDS CHANGI B4 STEVEN RD EXIT	# 10 PO PO			ICM No.	
<b>™</b> Excess						
Own damage Excess	600.00	Additional Excess	0			
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		100000	Windscr	een Excess
Third Party Excess	0.00	Outside Singapore TP Excess		600.00		
<b>▽</b> Benefits		Outside Singapore IP Excess		0.00		
▼ GST Registered Informa	ition					
GST Registered	No		CCT DAY	that was a market of		
GST Registration No.				distration Date tus Verified		Valorite
Modification History			331 310	tos vermeu		Yes
Policyholder Mailing Add	dress					
Address 1	1 TANJONG RHU ROAD	Address 2	#21-04 THE WAT	ERSIDE	Address	3
Address 4		Address Type	Singapore addres		Post Cod	
Unit No.	21-04	Related Policy Number	5105081931			
♥ OI Driver Info						
Driver Name	DANESH ZUBIN DABU	Driver Type	Named Driver			
Unnamed driver Name		Driver NRIC	59991228F		Driver D	ОВ
Register Date of Driver License	01/01/2019	Driver Age	20		Driving E	Experience
Contact No.(Mobile)	96828458	Contact No.(Office)	0		Contact I	No.(Home)
Address 1	1 TANJONG RHU ROAD	Address 2	# THE WATERSIC	DE	Address	
Address 4		Address Type	Singapore addres	s	Post Cod	e
Unit No.						
Does he own a Singapore Registered car?	yes ∗ No	Driver Vehicle No.			Driver In	surer Com
D. J. W.						
Declaration Breathalyser or Blood Test						
Reading?	0 mg	Any injury?	Yes 🌸 No			
Modification History						
Claim 001 OD-MX New	ĺ					
Claim Type *					Include	
				OD-MX	▼ Insured Name	ZUBIN
Contact No.(Mobile)					Contact No.	
M 1962 1962 197					(Home)	
Email Address					OI Vehicle	SFQ718
Claim Description					Number	
				SFQ7188K / SHC5459S O	N 16 Mar 2019	
Preferred Workshop	Insured Liability Partially at Fa	ndt T				
Sommet No. Yes	▼ Repair Preferred Workshop, Nam	GIA Genetical				
	Option	report Received		P. Committee	Chris	
Date Registered	- Option			10/02/2010 10	Claim	
Pate Registered	Sylvin			19/03/2019 10:21	Close	
Date Registered Report Taken By				19/03/2019 10:21	Close	

