	The second second state of the second		14 119 0505 78- DI			
Date In: 18/19/19-11:34	Jeb description	ON .	Date &Time Comple	ted	Dor	ie pi.
Res No: 49 14014306924124	SAS e-filin	g	İ			
Veh No: 363 9388 C	E-mail (with	ia Shrs, AIC 2hrs)				
D.O.A: 18/4/19-07-44	i-Motor Cl	aim Form	100 - (EECHOIPM.	(3	14/12	1176
OD : TP : Reporting Only	i-Motor W	O (Within: OD 2hrs				
SS 11 Kepoking City	i-Photo Up	loaded	1			
TP Insurer:	Assessment/	Survey Report				
	Ass't Report	by Fax / Hand t	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (The state of the s		Tol:	Fax		
TP Particulars: Veh No: 57	278052	. INC()/Non-INC () .	·0	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (The state of the s	Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: :	80-100	%]	
Year of Registration: ()	Warranty: YES ()			200 30
Excess: (\$) Loading: \$			/			-
ACASA (CALL CALL CALL CALL)			Saranaga R. T. M. P. T. Jan. No.			
The state of the s				Carrie	· · · ·	
() Walk-In Customer: Customer's in			ctly NO refer of repair	rer.		
() Total Loss Case : to e-mail Inst	urer URGENTLY.	-			*	
Drive-In ()/ Towed-In (); Invo	ice: YES () /	NO();To	wing Co: (-	1
		, , , , ,				1
	and the second second		3.	-		-
			Date&Time Complets	4 4	Don	t by
	/ Courtesy Car ()	Date&Time Complets	d 5 / 7	Don	by
Apply for Transport Allowance ()	CALADA SCAN GIR NOT ANNUA MANUAL MANU)	Date&Time Complete	41,500	Don	b by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Complets	48 5 6	Don	bby
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()))	Date&Time Complets	4.6	Don	¢ by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection	/ Courtesy Car ()))	Date&Time Complete	4 5 7	Don	t by
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()))	Date&Time Complets	d	Don	t by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()	Date&Time Complets	d V	Don	tby
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Complete	d b b	Don	t by
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Complete	d*b/s	Don	вЪу
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Complets	d S b	Don	ьру
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Complets	d 5/3	Don	t by
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Complete	d * b / s i	Don	b by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Complets	d b	A CHANG	
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car (Invoice Prep	Date&Time Complete	d	And (S)	Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy Car (1) AR : Accident R	aration Checklist:	d. D	A CHANG	Amu
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions.	/ Courtesy Car (1) AR : Accident R 2) DA : Damage A	aration Checklist: eporting (\$30); ssessment (\$100); INC	(\$80)	And (S)	Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Late/Time Particulars :-	/ Courtesy Car (1) AR : Accident R 2) DA : Damage A 3) TF : Towing Fee	aration Checklist: eporting (\$30); ssessment (\$100); INC	(\$80) \$40/\$45	And (S)	Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Simant's Particulars :- iver/Owner:	/ Courtesy Car (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr	eporting (530); ssessment (5100); INCough Survey ough Survey (Resurvey)	C (\$80) \$40/\$45 \$120 \$30	And (S)	Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions atimant's Particulars:- iver/Owner:	/ Courtesy Car (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) i*T: Follow-Thr For cleiming ago	eporting (\$30); seessment (\$100); INCough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30	And (S)	(Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Simant's Particulars :- iver/Owner:	/ Courtesy Car (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr	eporting (\$30); seessment (\$100); INC ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2	C (\$80) \$40/\$45 \$120 \$30	And (S)	(Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Simant's Particulars :- iver/Owner: intact No: imaged Portion:	/ Courtesy Car (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For cleiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Additions	eporting (\$30); seessment (\$100); INC sough Survey pugh Survey (Resurvey) inst INC Only (wef 10 Jan 2 on iMRT Survey	\$30 \$40/\$45 \$120 \$30 \$905) \$75	And (S)	(Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Simant's Particulars :- iver/Owner: intact No: imaged Portion:	/ Courtesy Car (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For cleiming aga 6) TR: Re-inspecti 7) N1: Idao DA + 3 8) NTUC Additions OD*	eporting (\$30); seessment (\$100); INC sough Survey pugh Survey (Resurvey) inst INC Only (wef 10 Jan 2 on iMRT Survey il Services:	C (\$80) \$40/\$45 \$120 \$30 \$75 \$160	And (S)	(Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions atimant's Particulars:- iver/Owner:	/ Courtesy Car (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For cleiming age 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Additional OD* *N5: Courtesy C	eporting (530); seesament (5100); INC ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 200 inst INC Only (wef 10 J	C (\$80) \$40/\$45 \$120 \$30 \$75 \$160	And (S)	Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Simant's Particulars :- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	/ Courtesy Car (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For cleiming aga 6) TR: Re-inspecti 7) N1: Idao DA + 3 8) NTUC Additions OD*	eporting (\$30); seessment (\$100); INC sough Survey pugh Survey (Resurvey) inst INC Only (wef 10 Jan 2 on iMRT Survey al Services:- ar/Tpt Allowance ordination	C (\$80) \$40/\$45 \$120 \$30 \$75 \$160	And (S)	Ami (
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions aimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments:-	/ Courtesy Car (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For cleiming age 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect	eporting (\$30); seessment (\$100); INC ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2 on iMRT Survey al Services:- ar/Tpt Allowance ordination Inspection it Excess Coordination	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$25 \$35	And (S)	Amt(
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Simant's Particulars :- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	/ Courtesy Car (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For cleiming age 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N	aration Checklist. eporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 3 on iMRT Survey al Services:- ar/Tpt Allowance ordination Inspection It Excess Coordination in INC) against INC	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$25 \$35 \$20	And (S)	Amu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions aimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments:-	/ Courtesy Car (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For cleiming age 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect	aration Checklist. eporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 3 on iMRT Survey al Services:- ar/Tpt Allowance ordination Inspection It Excess Coordination in INC) against INC	\$30 \$40/\$45 \$120 \$30 \$1005) \$75 \$160 \$25 \$25 \$20 30	Ant (3)	(Amu

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</u> and <u>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.

ACC	DENT	CTAT		7
ACC	DENI	SIA	- W	н

Date Of Report 18/04/2019 11:34
Date Of Accident 18/04/2019 07:45

Exact Location Of Accident WHITLEY RD TWDS BUKIT TIMAH RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGJ9088C

Insured/Policyholder

Name Of Registered Owner ZAINAL ABIDIN BIN ABU

NRIC No S0257748H
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-81211535

 Alternative Phone No
 OFFICE-81211535

Vehicle Particulars

Manufacturer SUZUKI
Model APV 1.6 AT

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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5021996551-11

Cover Note Number

Driver

Name of Driver MOHAMMAD AZHAR BIN ZAINAL ABIDIN

 NRIC No
 \$7633902C

 Date Of Birth
 29/10/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/12/2002

Driving Experience 16 YEARS AND 4 MONTHS

Gender MALE

Mobile Number +65-81211535

Fax Number

Contact Number OFFICE-81211535

EMail Address NOEMAIL

BLK 467B FERNVALE LINK Address

#10-531

Postcode 792467

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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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

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

SDJ7805Z

Vehicle Make/Model/Colour

Details Of Properties

HONDA JAZZ

Vehicle Category

PRIVATE CAR

Name of Driver

NUR JANNAH BINTE MOHAMED

NRIC/Passport Number

S7825706G 93668499

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

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)

PRIVATE CAR

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
- (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.
- 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 Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/04/19

Reporting Centre Person Name:

s Signature

NRIC/FIN No .:

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: 18/04/17

Reporting Centre Personnel

Name:

NRIC/FIN No.:

SINGAPOR	RE ACCIDENT STATEMENT
AC.	CIDENT STATEMENT
Date Of Accident	* [18/04/2019] Time 0745 Hrs
Exact Location Of Accident	- ALONG WHITLOY RD TURNING INTO BURIT TIMBH RD
	F OWN VEHICLE (VEHICLE A)
Vehicle Registration Number	* [G] 9088 C
Insured Rensymman	The Office of Management Company of the Service Servic
Name of Registered Owner	* ZAINOR ARIDIN BIN DRY
NRIC/FIN/Passport Number	* 802571484
Yahisia Paningnaya	
Manufacturer	Suzaki
Model	APV 116
Exact Purpose for which vehicle was being	
used at time of accident	* Private use Commercial use Hire & reward
Mark Strain of Republicand American Control of the	Others - please specify
Are you claiming under your own insurar	
policy for repair to your vehicle? If No, please state action to be taken	* Yes No Others
	* Third Party Claim Reporting Only
Vehicle Category	Private Commercial Motorcycle
histories Campiove.	na intra ma seasannaleas experientes in a
Name of Insurance Company	NTUC (NCOME
Type of Coverage	" THEO POETY PIECE THEFT
Fleet Policy	Yes No V
Policy Number	* 5021996551-11
Cover Note Number	
Name of Driver	
NRIC/FIN/Passport Number	MOHAMMAD AZHAR BIN ZAINDL ARIOIN
INFORMATION OF THE PROPERTY OF	
	\$76339020
Date of Birth	· 29/10/1976
Date of Birth Occupation	+ 29/10/1976 + Public es uprion
Date of Birth Occupation Date of Driving Pass	* 18 05 C 2002
Date of Birth Occupation Date of Driving Pass Gender	* 29/10/1976 * PUBLIC EUDITION * 18 DEC 2002 * Male V Female
Date of Birth Occupation Date of Driving Pass Gender Mobile Number	* 29/10/1976 * PUBLIC RECOPTION * 18 DEC 2002 * Male V Female 8121 1535
Date of Birth Occupation Date of Driving Pass Gender	* 29/10/1976 * PUBLIC EUDITION * 18 DEC 2002 * Male V Female
Date of Birth Occupation Date of Driving Pass Gender Mobile Number	* 29/10/1976 * PUBLIC ESCATION * 18 DEC 2002 * Male V Female 8121 1535 467 B FRENVOLE LINK \$10-531, 5 292467
Date of Birth Occupation Date of Driving Pass Gender Mobile Number Address Email Address Was driver an employee of the Insured's	* 29/10/1976 * PUBLIC ESTOPTION * 18 DEC 2002 * Male Y Female 8121 (\$35) 4678 FRENVOLE LINK
Date of Birth Occupation Date of Driving Pass Gender Mobile Number Address Email Address Was driver an employee of the Insured's Company?	* 29/10/1976 * PUBLIC ESCATION * 18 DEC 2002 * Male V Female 8121 1535 467 B FRENVOLE LINK \$10-531, 5 292467
Date of Birth Occupation Date of Driving Pass Gender Mobile Number Address Email Address Was driver an employee of the Insured's	* 29/10/1976 * 18 05C 2002 * Male V Female 8121 1535 467 B FEENVOLE CINK \$10-531, 0 292462 azharott@yahoo.com.58

Insurance Company of Driver's Own Vehicle (if applicable) General information on the Accident Type of Accident Weather Conditions Road Surface Other Information Was any body injured in the Accident? Was any other material or property damaged? Details of Bijured Persons Name Address Approximate Age Injuries Sustained If vehicle Occupants, state in which vehicle? Were seat belts worn? Was injured conveyed to hospital by ambulance? Details of Bolic Action Was the Accident reported to the Police? Yes No	
Type of Accident Weather Conditions Road Surface Other Information Was any body injured in the Accident? Was any other material or property damaged? Details of Injuried Sustained If vehicle Occupants, state in which vehicle? Was injured conveyed to hospital by ambulance? Petails of Pollic Action * Cocus 10 N PCONT TO PENC Clear Raining Others Dry West Others No Yes No Y	
Weather Conditions Road Surface Other Information Was any body injured in the Accident? Was any other material or property damaged? Details of Injured Persons Name Address Approximate Age Injuries Sustained If vehicle Occupants, state in which vehicle? Were seat belts worn? Was injured conveyed to hospital by ambulance? Details of Police Action	
Road Surface	
Road Surface	
Other Information Was any body Injured in the Accident? Was any other material or property damaged? Details of Injured Persons Name Address Approximate Age Injuries Sustained If vehicle Occupants, state in which vehicle? Were seat belts worn? Was Injured conveyed to hospital by ambulance? Details of Police Action	
Was any body injured in the Accident? Was any other material or property damaged? Petails of Injured Persons Name Address Approximate Age Injuries Sustained If vehicle Occupants, state in which vehicle? Were seat belts worn? Was injured conveyed to hospital by ambulance? Details of Bolica Action	
Was any other material or property damaged? Yes No Details of injured Persons Name Address Approximate Age Injuries Sustained If vehicle Occupants, state in which vehicle? Were seat belts worn? Was injured conveyed to hospital by ambulance? Details of Brillice Action	
Name Address Approximate Age Injuries Sustained If vehicle Occupants, state in which vehicle? Were seat belts worn? Was injured conveyed to hospital by ambulance? Details of Brilice Action	
Name Address Approximate Age Injuries Sustained If vehicle Occupants, state in which vehicle? Were seat belts worn? Was injured conveyed to hospital by ambulance? Details of Brillice Action	Market en
Approximate Age Injuries Sustained If vehicle Occupants, state in which vehicle? Were seat belts worn? Was injured conveyed to hospital by ambulance? Details of Prilice Action	Language.
Injuries Sustained If vehicle Occupants, state in which vehicle? Were seat belts worn? Was injured conveyed to hospital by ambulance? Details of Brillice Action	
Were seat belts worn? Was injured conveyed to hospital by ambulance? Details of Brilice Action	
Were seat belts worn? Was injured conveyed to hospital by ambulance? Details of Brillice Action	
Were seat belts worn? Was injured conveyed to hospital by ambulance? Details of Brillice Action	
Was injured conveyed to hospital by ambulance? Petalis of Bolice Action	
Details of Rollice Action	
The state of the s	
Was the Accident reported to the Date of	ENTER STATE
	ESCARGO CO
If Yes, please state which Police Station	
Was notice of intended Prosecution given? Yes No	
If Yes, against whom?	
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)	
Vehicle Registration Number • 20J 78 ∘ ≤ 2	
Vehicle Make / Model / Colour HONOA / JA22 /	
Detail Of Properties	
Name of Driver + NUR JANHAH BINTE WOHAMED	
NRIC/Passport Number 238257066	
Contact Number + 93668499	
Email Address	
Address	
Insurance Company Name NTUC	Diame.
Nature of Damage	
Defails O AW Inter State Control of the Control of	
Name Name	Photographics
Phone Number	
Email Address	100



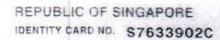
GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDENE	OUM	
A)	PARTICULARS OF PE	RSON MAKING THE AMENDMEN	rs:	
	Original Report No	MNA119050538	Vehicle Registration No:	SGJ9088C
	Name(as shown in NRIC)	MOHAMMAD AZHAR BIN ZAINAL A	BIDWRIC/FIN/Passport No:	S7633902C
		hicle Owner) (*) Please delete as a		
	Address	BLK 467B FERNVALE LINK	#10-531	Singapore(792467)
	Contact (Tel)		Mobile No. : 81211535	
	Email Address			
	Date of Accident :	18/04/2019	Time of Accident : 07:4	5
	Place of Accident :	WHITLEY RD TWDS BUKIT T	IMAH RD	
	Insurance Company:	NTUC Income Insurance Co-	operative Ltd	
	Add in vehicle C - u	ITIKITOWIT		
				1 1
	Policyholder / Driver's Date:	Signature	Reporting Centre Personame: NRIC/FIN No.:	nnel's Signature

Date:





0

MOHAMMAD AZHAR BIN

ZAINAL ABIDIN

MALAY
Date of birth
29-10-1976
Country of birth

SINGAPORE

Sex M









Certificate of Insurance

39)

MOTOR VEHICLES (THIRD PARTY RISKS AND COME ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 19	
Certificate Number: 5021996551-11	Cover : Third Party, Fire & Theft
1. Index mark and Registration Number of Vehicle	
Chassis Number	: MHYGDN71V00104537
2. Name of Policyholder	: ZAINAL ABIDIN BIN ABU
Effective Date of Insurance	: 25 Jul 2018
Expiry Date of Insurance	: 24 Jul 2019
 Persons or Classes of Persons entitled to driver (a) The Policyholder. (b) Any other person who is driving on the Policyholder. 	
Provided that the person driving is permitt	ed in accordance with the licensing or other laws or regulations to drive
(a) Use for social domestic and pleasure purpo	oses and in connection with the Policyholder's business or profession.
This Policy does not cover	profession.
 (d) Use for any purpose in connection with the # Limitations rendered inoperative by Section 	amples) in connection with any trade or business.
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
NSURE WITH COE	YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	ZAINAL ABIDIN BIN ABU *
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	SPEED CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
/We hereby Certify that the Policy to which this Ce Vehicles (Third Party Risks and Compensation) Act Agency : INCOME - TAMPINES BRANC Date of Issue : 18 Jul 2018 16:44 hrs Reprint : 18 Jul 2018 16:45 hrs	ertificate relates is issued in accordance with the provisions of the Motor (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) H (00000600507) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	Jun June divined
Authorised 0	Officer Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The same boulded	AND DESCRIPTION OF THE PARTY OF	The Real Property lies	+ Change	Language	• Chang	e Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	0.				Date	of Accident	1	8/04/2019 0	7:45	
	Vehicle	No.(For Mator)	SG)908	38C		Certif	icate Number	Ē			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5021996551- 11		ZAINAL ABIDIN BIN ABU	S0257748H	GPC	Third Party, Fire & Theft	SG39088C	SG)9088C	25/07/2018	24/07/2019
					15	Continue					

Policy No.	5021996551-11	Policyholder Name	ZAINAL A	BIDIN BIN ABU	Policyholder NRIC	S0257748H	
Certificate No.		0.00			MALC		
Address	BLK 109 #06-289 TAMPINES ST	T 11 SINGAPOR	RE 521109				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/07/2018	Effective Date	25/07/20	18 00:00	Expiry Date	24/07/2019 2	23:59
Excess Type		All Claims Excess					
Third Party Excess	o	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	INCOME - TAMPINES BRANCH	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policyl	nolder Mailing Address						
Address 1	BLK 109 #06-289	Addre	ss 2	TAMPINES ST 11		Address 3	SINGAPORE 521109
Address 4		Addre	ss Type	Singapore address		Post Code	521109
Unit No.		Relate Numb	ed Policy er	5021996551-11			
) Insure	d Object: SGJ9088C	17 87 5557	800				
	ements						
♥ Endors							

coldent MT/1040733					
	5021996551-11	Vehicle No.	9G)9088C		
Certificate No.	A. A		80/7060	GST Registration No.	
Olicyholder Name	ZAINAL ABIDIN BIN ABU				
Yoduct Code		120 B		Palicyholder NRIC	S0257748H
	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No. (Mobile)	81211535	Contact No. (Office)	0	Contact No.(Home)	0
nari Address		Special Remark		eCode	N. V
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	- Indiana
CD Protection	Yes	NCD Engitlement(%)	50		100
Accident Details			~	Private Hire	No
port Date	45/04/0040 +4/6-				
	18/04/2019 11:54	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
te of Acadent	18/04/2019	Time of Accident hh:mm	07:45	Country of Accident	Singapore
sorting Centre		Orange Force		ICM No.	
cident Location	WHITLEY RD TWDS BUKIT TIMAH RD				
Excess					
n damage Excess	0.00	Additional Excess		THE STATE OF THE S	
named Driver Excess	500.00	Outside Singapore OO Excess	8200	Windscreen Excess	0.00
rd Party Excess			0.00		
	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venhed	Yes.	
Offication History				6376	
Policyholder Mailing A	Idress				
iress 1	BLK 109 #06-289	Address 2	TAMPINES ST 11	Address 3	discourant to the
fress 4					SINGAPORE 521109
t No.		Address Type	Singapore address	Post Code	521109
Of Driver Info		Related Policy Number	5021996551-11		
ver Name		reconstants	200000000000000000000000000000000000000		
	Unnemed Driver	Driver Type	Unnamed Driver		
arried driver Name	MOHAMMAD AZHAR BIN ZAINAI	Driver NRIC	57633902C	Driver DOB	29/10/1976
ister Date of Driver License	18/12/2003	Driver Age	42	Driving Experience	16
tact No.(Mobile)	81211535	Contact No.(Office)	0	Contact No.(Home)	D
ress 1	8LK 467B	Address 2	FERNVALE LINK	Address 3	
reso 4	SINGAPORE 792467	Address Type			FERNVALE LEA
t No.	10-531	Address type	Singapore address	Post Code	792467
as he own a Singapore					
istered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
ieration					
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
tuning?					
asing?					
sification History					
ification History					
fication History					
fication History	00-466	Insureo Name		No. and MRC	
fication History aim 001 New	DO-MK V	Jisured Name	ZAINAL ABIDÎN BIN ABU	Insured NRSC	50257748H
aim 001 New w Type * act No.(Mobile)		Contact No.(Home)	ZAINAL ABIDEN BIN ABU 67826210	Insured NRIC Contact No.(Office)	50257748H
n Type + act No.(Motile)	96211146		ZAINAL ABIDÎN BIN ABU		50257748H S0178052
n Type + act No.(Motile)	00-MX 96211146	Contact No.(Home)	ZAINAL ABIDEN BIN ABU 67826210	Contact No.(Office)	
n Type + act No.(Mobile) 4 Address ant Type Claimant Type *	96211146	Contact No.(Home) Of Vehicle Number	ZAINAL ABIDIN BIN ABU 67826210 9039088C	Contact No.(Office)	
n Type + act No. (Motile) 4 Address ant Type Claimant Type *	96211146 Please Select	Contact No.(Home) OI Vehicle Number Typs of Benefit *	ZAINAL ABIDIN BIN ABU 67826210 9039088C	Contact No.(Office)	
n Type + act No. (Motrie) if Address mant Type Claimant Type + mant Name + mant Address	96211146 Please Select	Contact No.(Home) OI Vehicle Number Typs of Benefit *	ZAINAL ABIDIN BIN ABU 67826210 9039088C	Contact No.(Office) TP Vehicle Number	
in Type + act No. (Motile) Address Stant Type Claimant Type + sant Name + sant Address To Description	DO-MIX	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	ZAINAL ABIDIN BIN ABU 67826210 SGJ9088C Please Select	Contact No.(Office)	
n Type + act No. (Motile) if Address nont Type Claimant Type + nent Name + nent Address in Description erried Workshop Comment	DO-MIX 96211146 Pleade Select >>> 5G99088C / S037805Z ON 18 Apr 2019	Contact No.(Home) Of Vehicle Number Type of Beneft * Claimant NRIC *	ZAINAL ABIDIN BIN ABU 67826210 SGU9008C Please Select Fully at Fault	Contact No.(Office) TP Vehicle Number	
in 001 New New Type + act No. (Mobile) (Address tant Type Claimant Type + tant Name + tant Address Description red Workshop Contact re Finalization	DO-MIX	Contact No.(Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option	ZAINAL ABIDIN BIN ABU 67826210 SGJ9088C Please Select	Contact No.(Office) TP Vehicle Number	
In type + Int No. (Mobile) Address Int Type Claimant Type + Int Address Int Address In Description Inter Workshop Contact Inter Final Institute Registered	DO-MIX 96211146 Please Select >>> SG99088C / SD37805Z ON 18 Apr 2019 Yes V85	Contact No.(Home) Of Vehicle Number Type of Beneft * Claimant NRIC *	ZAINAL ABIDIN BIN ABU 67826210 SGU9008C Please Select Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SD17805;7
In type + Int No. (Mobile) Address Int Type Claimant Type + Int Address Int Address In Description Inter Workshop Contact Inter Final Institute Registered	DO-MIX	Contact No.(Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option	ZAINAL ABIDIN BIN ABU 67826210 SGU9008C Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SD1780SZ
Type + ACT No. (Motale) Address ant Type Claimant Type + ant Name + ant Address Description med Workshop Comment Registered 1 Taken By	DO-MIX 96211146 Please Select >>> SG99088C / SD37805Z ON 18 Apr 2019 Yes V85	Contact No.(Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option	ZAINAL ABIDIN BIN ABU 67826210 SGU9008C Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SD1780SZ
in 001 New Type + act No. (Mobile) (Address tent Type Claimant Type + tent Name + tent Address Description Tred Workshop Comtect the Finalisation Registered ti Taken By	DO-MIX 96211146 Please Select >>> SG99088C / SD37805Z ON 18 Apr 2019 Yes V85	Contact No.(Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option	ZAINAL ABIDIN BIN ABU 67826210 SGU9008C Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SD1780SZ
in 1001 New aim 001 New art No. (Mobile) I Address tent Type Claimant Type * tent Name * tent Name * tent Address T Description rind Workshop Comtect are Finalisation Kagatered rt Taken By	DO-MIX 96211146 Please Select >>> SG99088C / SD37805Z ON 18 Apr 2019 Yes V85	Contact No.(Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option Claim Class Date	ZAINAL ABIDIN BIN ABU 67826210 SGU9008C Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SD1780SZ
fication History	DO-MIX 96211146 Please Select >>> SG99088C / SD37805Z ON 18 Apr 2019 Yes V85	Contact No.(Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option Claim Class Date	ZAINAL ABIDIN BIN ABU 57925210 S039088C Please Select Fully at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SD1780SZ
in 001 New w Type * act No.(Mobile) A Address mant Type Claimant Type * mant Address mant Addr	DO-MIX 96211146 Please Select >>> SG99088C / SD37805Z ON 18 Apr 2019 Yes V85	Contact No.(Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option Claim Class Date	ZAINAL ABIDIN BIN ABU 57925210 S039088C Please Select Fully at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SD1780SZ
in 001 New w Type * act No.(Mobile) A Address mant Type Claimant Type * mant Address mant Addr	DO-MIX 96211146 Please Select >>> SG99088C / SD37805Z ON 18 Apr 2019 Yes V85	Contact No.(Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option Claim Class Date	ZAINAL ABIDIN BIN ABU 57925210 S039088C Please Select Fully at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SD1780SZ
in 001 New aim 001 New in Type + act No. (Mobile) if Address mant Type Claimant Type + mant Name + mant Address in Description error Workshop Comact size Finalisation Registered art Taken By Print AK letter tachment	DO-MIX 96211146 Please Select >>> SG99088C / SD37805Z ON 18 Apr 2019 Yes 18/04/2019 11:56 Jeckson	Contact No.(Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	ZAINAL ABIDON BIN ABU ST026210 SGU9088C Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SD1780SZ
in 001 New aim 001 New in Type + act No. (Motile) if Address mant Type Claimant Type + mant Address no Description errod Workshop Comact irre Finalisation Registered rt Taken By brint AK letter tachment	DO-MIX 96211146 PResse Select >>> SG99088C / SD37805Z ON 18 Apr 2019 Yes 18/04/2019 11:56 Jeckson	Contact No. (Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	ZAINAL ABIDON BIN ABU 57025210 SGU9008C Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SD1780SZ
in Type + act No. (Motile) (Address tent Type Claimant Type + tent Name + tent Name + tent Address T Description tred Workshop Comact are Finalisation Registered rt Taken By trine AK letter sachment	DO-MIX 96211146 Please Select >>> SG99088C / SD37805Z ON 18 Apr 2019 Yes 18/04/2019 11:56 Jeckson	Contact No.(Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	ZAINAL ABIDON BIN ABU ST026210 SGU9088C Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SD1780SZ
in Type + act No. (Motile) (Address tent Type Claimant Type + tent Name + tent Name + tent Address T Description tred Workshop Comact are Finalisation Registered rt Taken By trine AK letter sachment	DO-MIX 96211146 PResse Select >>> SG99088C / SD37805Z ON 18 Apr 2019 Yes 18/04/2019 11:56 Jeckson	Contact No. (Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	ZAINAL ABIDON BIN ABU 57825210 SGU9008C Please Select Fully at Fault Preferred Workshop, Name unknown Ont 18/04/2019 11:57	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	S0178052 S0178052 Received 18/04/2019 00:00
in type + int No. (Mobile) Address Lant Type Claimant Type + int Name + int Address Description inter Workshop Contact inter Finalization Registered 1. Taken By inter AK letter achment	DO-MIX	Contact No. (Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	ZAINAL ABIDIN BIN ABU S7026210 SGU9088C Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit 001 18/04/2019 11:57 Category *	Contact No. (Office) TP Vehicle Number Name of Professed Workshop GIA report Data Received Confidential Urgence	SD17805Z Received 18/04/2019 00:00
in 001 New Type + int No. (Motale) Address ant Type Claimant Type + ant Name + ant Address Description med Workshop Contact re Finalization Registered 1 Taken By rine AK letter sechment	DO-MIX	Contact No. (Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse.	ZAINAL ABIDIN BIN ABU S7025210 SGU9008C Please Select Pully at Fault Preferred Workshop, Name unknown O01 18/04/2019 11:57 Category * Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Proferred Workshop GIA report Data Received Contidential Urgence Vor Normal	SD178052 SD178052
in 001 New w Type * act No.(Mobile) A Address mant Type Claimant Type * mant Address mant Addr	DO-MIX	Contact No. (Home) Of Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date	ZAINAL ABIDON BIN ABU S7026210 SG09088C Please Select Pully at Fault Preferred Workshop, Name unknown O01 18/04/2019 11:57 Category * Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Professed Workshop GIA report Data Received Confidential Urgence	SD17805Z Received 18/04/2019 00:00

