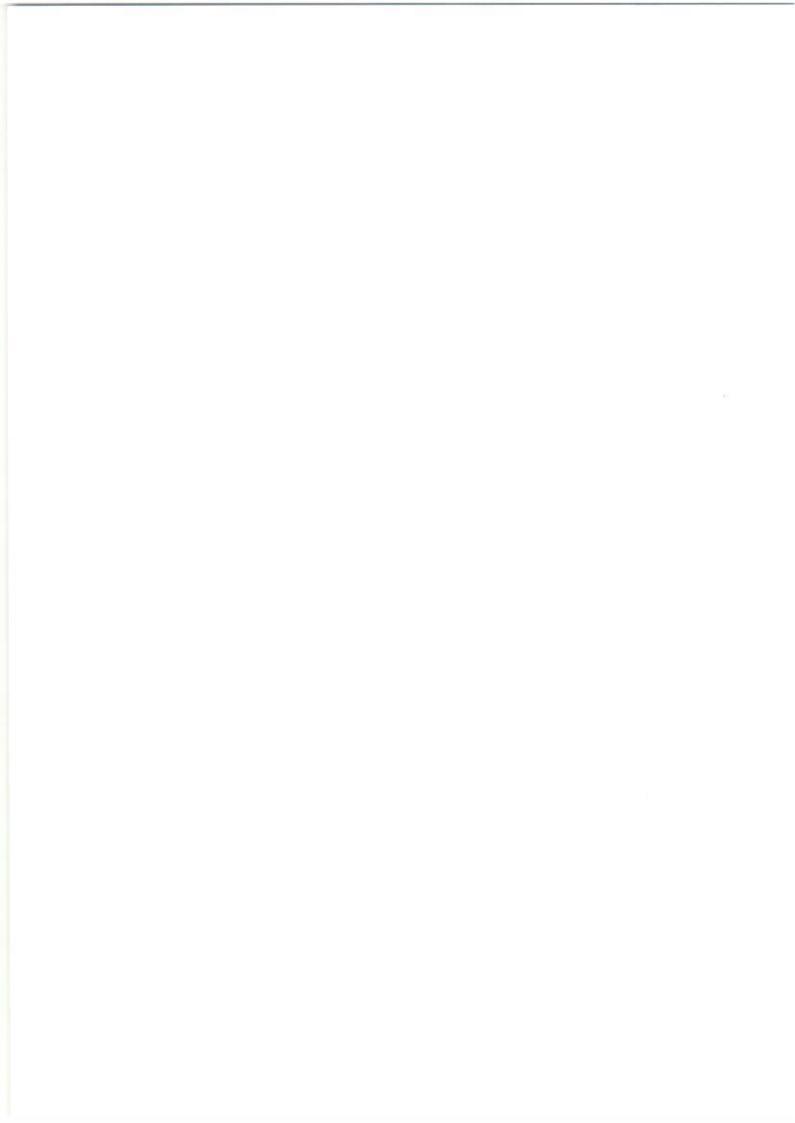
N. 1710N. H. Assessment Course Service	00°				
Intelle 29/04/2019 16:27 Jeb descr	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE OWN	L. F. Norten Chris	lan Carl		
ROLL ADALTASCIA MATERIAL		1,Jaie &	Time Completed	()	one by
CII FOIL					
rmail	(within Slars, AIC 2hrs,	<u>i</u>			
111) - 29/04/2019 15:00 I-Aloton	r Claim Form	: MT/	1042299	-001 3	0/4/19 09
OD TP ' Reporting Only !-Motor	W/O (Within: OD 2hr	rs. TP 4hrs)			[41-4
14 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Uploaded				64 (SM E)
TP Insurer: Assessm	ent/Survey Report	1			
Ass't Re	port by Fax / Hand t	to Owner/\	Vksp	-	
Preferred Wksp / INC Assign Wksp / QW: (Tel:		ax:	
TP Particulars: Veh No: YP 6910	D INC		ı-INC ()	ax:	
Owner / Driver. ((Tel:	i-inc ()		
Policy No: () Period: (7	Cover Ty	me: ()	
Confirmed by: (Date:	557611)	
Insured/Driver Liability (%) [Note-Est. Star	tus (WO): N: 0-20	0%: P 2:	Time:)	
) Warranty: YE	S()/NO() P: 21	-/9%. F: 80-1	00%]	
Excess (\$,000()	,			
Conneal B	The Work Langer	Onneval.			
Apply for Transport Allowance () / Courtesy Car (QC Check / Post Repair Inspection (Upload Resurvey Photo [Repair Cost > \$3000] ()				
Injury:					
Date/Time Actions				ASSET	
NA 1903049	Invoice Prepa	A top order by	recklist	Ant (\$)	Amt (\$)
nimant's Particulars :-	1) AR : Accident Re 2) DA : Damage As	sporting (S.	30); 100); INC (\$80)		
ver/Owner:	3) TF : Towing Fee		\$40/\$4	5	
ntact No:	4) FT : Follow-Thro 5) FT : Follow-Thro		S12 Resurvey) S3		
naged Portion:	For claiming again	nst INC Only	(wef 10 Jan 2005)	U .	
	6) TR: Re-inspectio 7) N1: Idae DA + S		\$7		
Checked by (Engr-In-Charge):	8) NTUC Additional		510		
o o (ongi-in-charge):	*N5: Courtesy Car	r/Tpt Allow	ince \$:	5	
ditors' Comments :-	*N6: Repair Co-or *N7: Post Repair I		\$10 \$2:	the same of the same of the	
L	*N8: DV / Collect	Excess Coor	dination 55		
3/3	TP (N11): TP (N- 9) N12: Idae Mobile	n INC) again	st INC S20	-1	
MAZOPRO	Invoice dated		Fee Charged		the control



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

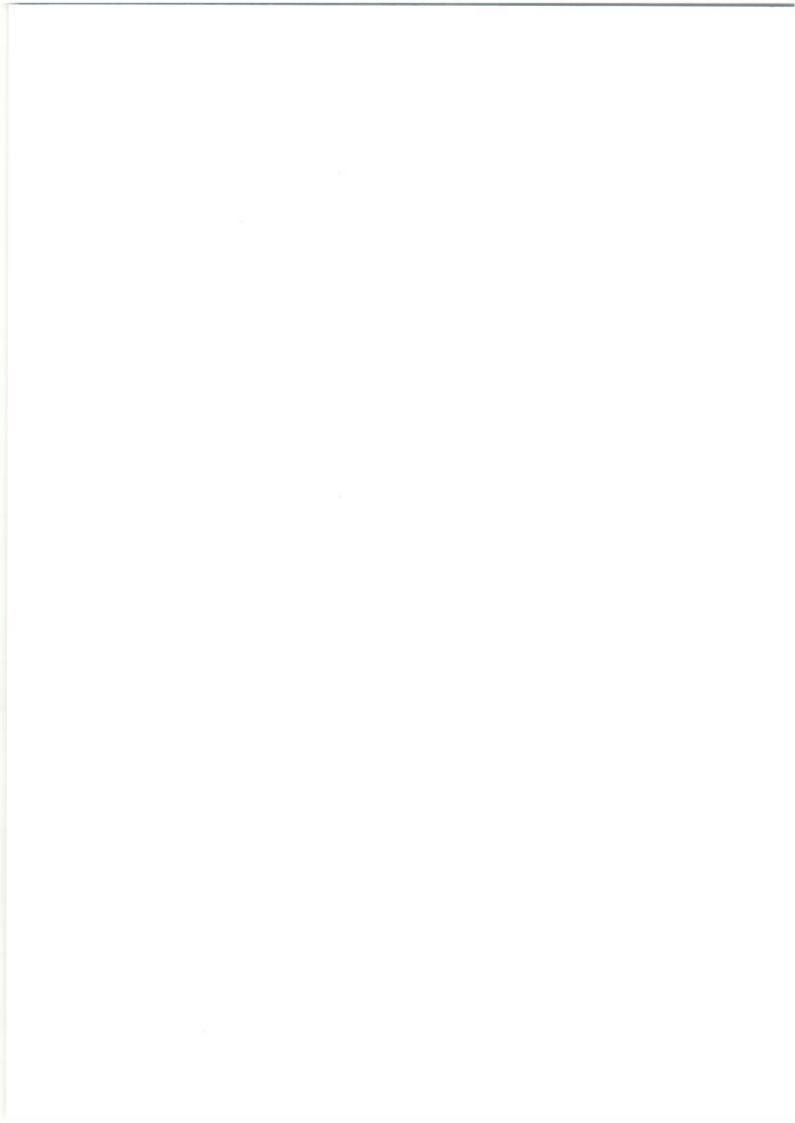
5. Any false reporting may be referred to the Police for investigation.

- 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

The state of the s	ACCIDENT STATEMENT
Date Of Report	29/04/2019 16:27
Date Of Accident	29/04/2019 15:00
Exact Location Of Accident	OPENSPACE CARPARK NEAR SUNSHINE PLAZA
Country/State of Loss	SINGAPORE
The best of the be	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL5346P
Insured/Policyholder	STATE OF THE PARTY
Name Of Registered Owner	NORAIN BTE IBAD
NRIC No	S1754206J
Email Address	RIDZWANZAFIR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96685627
Alternative Phone No	OTHERS-96685627
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097644593-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD RIDZWAN ZAFIR BIN AZMI
NRIC No	S9245393F
Date Of Birth	04/12/1992
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96685627
Fax Number	
Contact Number	OTHERS-96685627
	AND DESCRIPTION OF A PROPERTY

RIDZWANZAFIR@GMAIL.COM



BLK 19 MARINE TERRACE Address

#05-154

Postcode 440019

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

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?

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 YP6910D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver MUHAMMAD SUFYAN BIN SAPIEE

S9516747J

NRIC/Passport Number Contact Number 92477415

Address

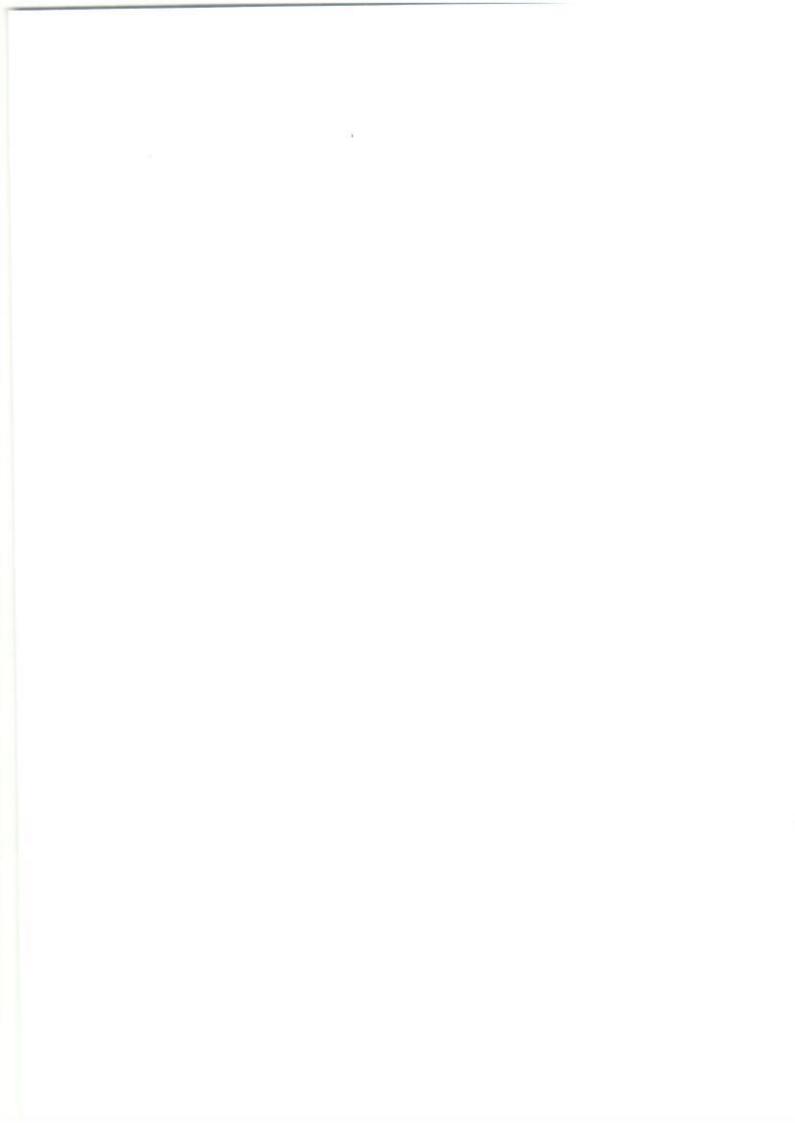
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 24



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.
- 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.
- 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.

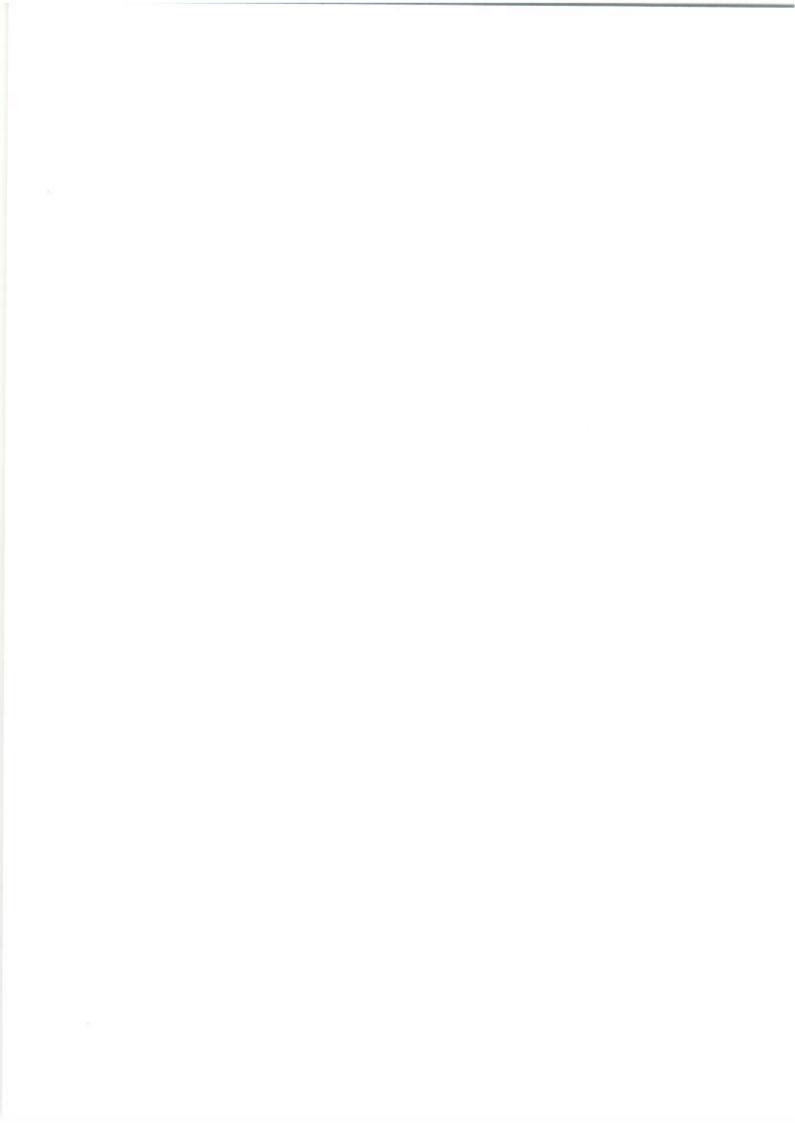
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time: 1645 / 29/04/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
A DRIVER WAS NOT AROUND AT POINT OF ACCIDENT. RECEIVED CAILS FROM PARTY'B'.	
AMET WITH B AT ACCIDENT AKEA; AT THE OPEN AKEA NEAR SUNSHINE PLARA	
A WAS INFOLMED THAT ACCIDENT TOOK PLACE AT ABOUT 3 PM, WHEKEBY B	HIT A WHILE
REVENSING AS B WAS UNAGLE TO BEAKE IN TIME.	
ACCIDENT DAMAGE WAS AT THE SIDE REAR OF VEHICLE A WHICH RESULTED	IN THE PETROL
COVER NOT BEING AGLE TO OPEN . A BIG DENT ON THE SIDE AND TO	HE PERR BRAKE
LIGHT WAS BROKEN .	
NO INJUKIES REPORTED .	

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:

thousand the

Reporting Centre Rersonnel's Signature

Name: NRIC/FIN No.:

GIASMC Skatch@lanEarm V

2





Ah Wai

ECU & TCM Online
Programming

→ Auto Transmission Gearbox Repair & Rebuilt

HP (S'pore): +65 8265 8352 HP (M'sia): +6016 475 5335

MTA Auto Solutions Pte Ltd

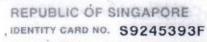
25, Kaki Bukit Road 4 #07-47 & #07-75 Synergy@KB Singapore 417800 Email: mta.autosolutions@gmail.com



We Specialize in

- Aircon
- 24 Hrs Towing
- Tyres & Battery
- → Accident Claims
- Engine Overhaul
- Repair & Servicing
- Diagnostic & Programming









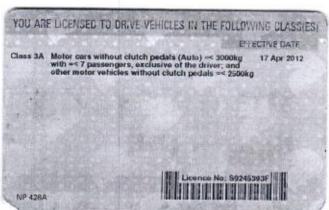
MUHAMMAD RIDZWAN ZAFIR BIN AZMI

BOYANESE Date of birth 04-12-1992 Country of birth SINGAPORE

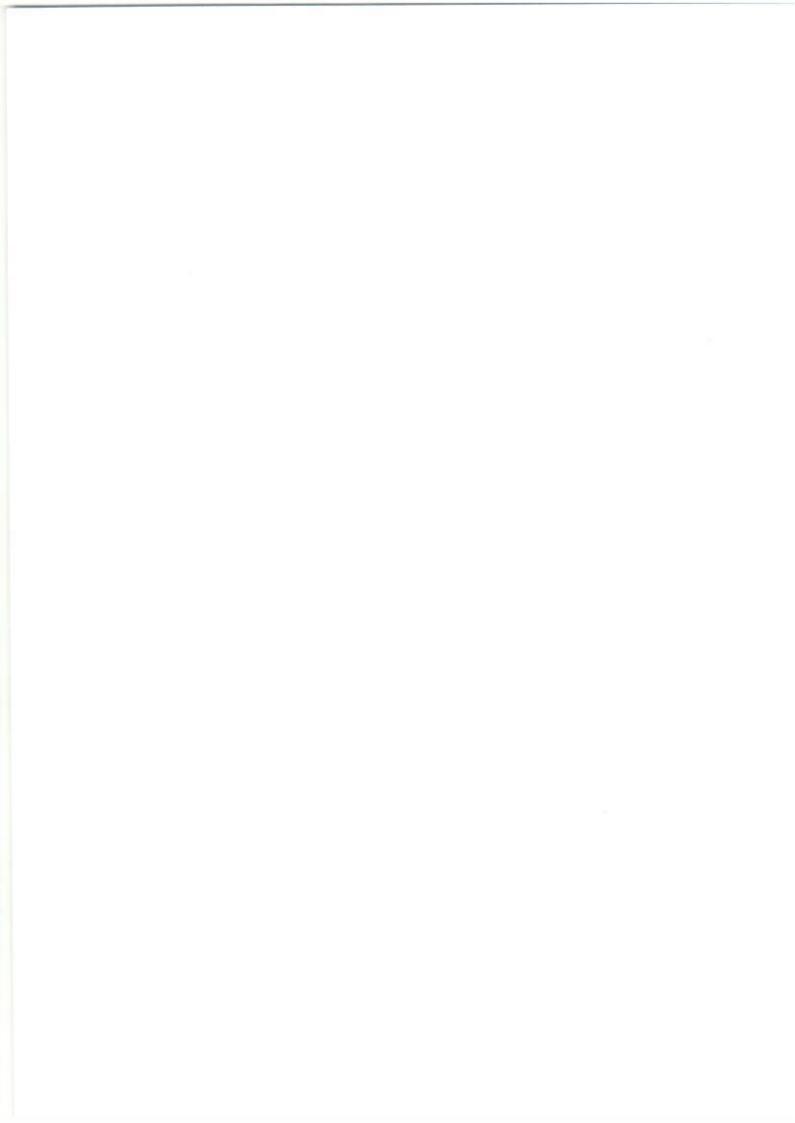






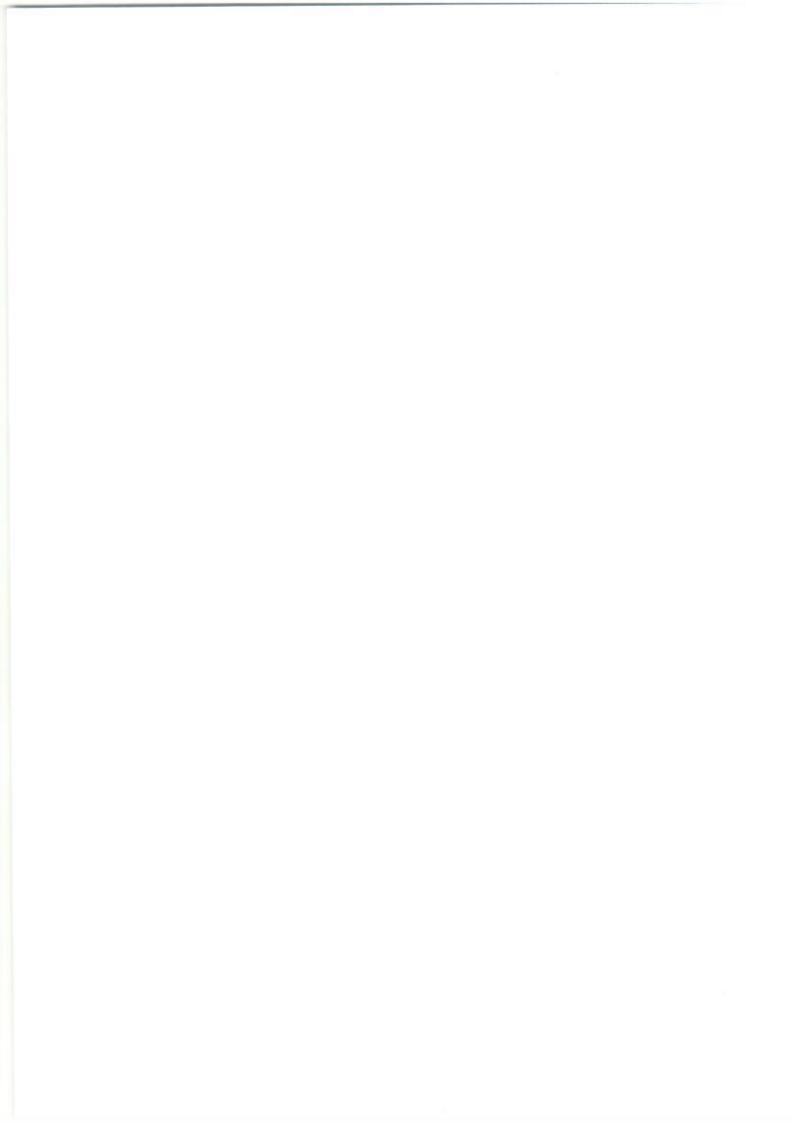


WUY



Continue

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. 29/04/2019 15:00 Date of Accident Vehicle No.(For Motor) SLL5346P Certificate Number Search Policyholder Name Policyholder NRIC Certificate Number Vehicle Insured Commence Select Policy No. Product Cover Type Expiry Date Object Date 5097644593-NORAIN BTE drivo CLASSIC S1754206J GPC SLL5346P SLL5346P 28/02/2019 27/02/2020 01 IBAD

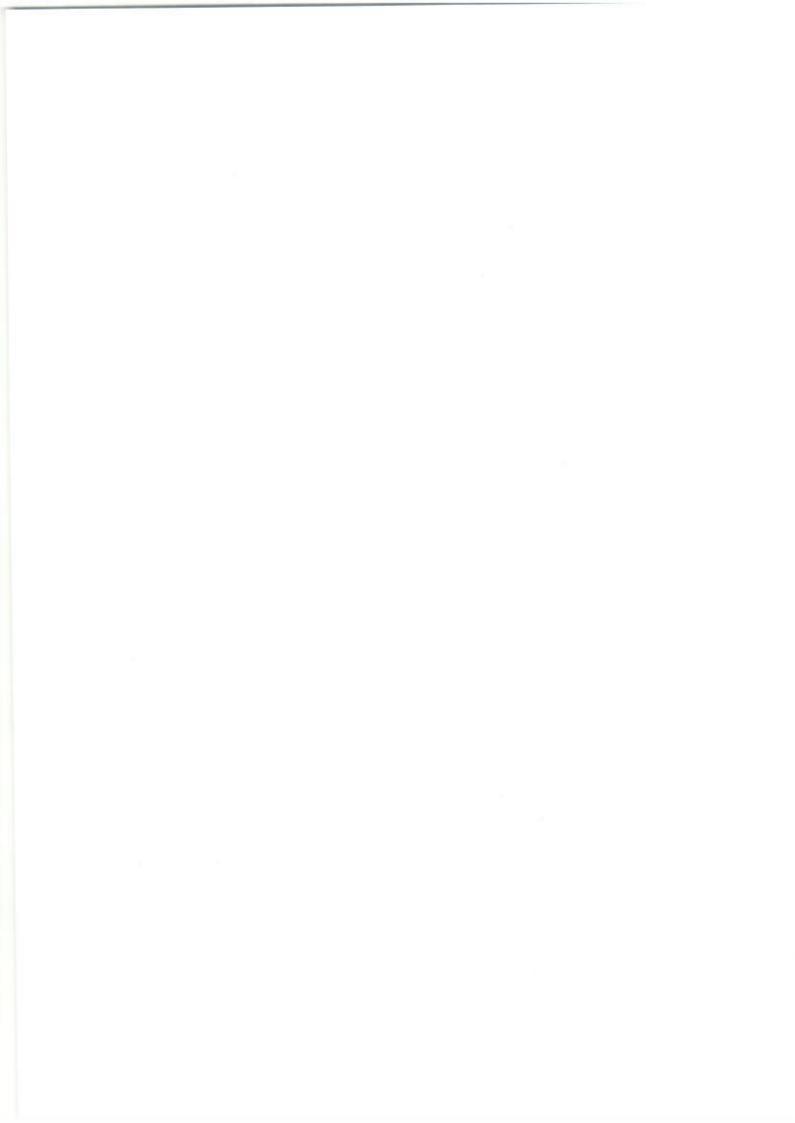


Policy Information

	ements				
Insure	d Object: SLL5346P				
Init No.		Related Policy Number	5097644593-01		
Address 4		Address Type	Singapore address	Post Code	440019
ddress 1	BLK 19 #05-154	Address 2	MARINE TERRACE	Address 3	SINGAPORE 440019
▽ Policyh	older Mailing Address				
Certificate nfo					
Policy nfo					
Open					
Co- nsurance -lag	No				
Agent	TELESALES-DIRECT MARKETIN	NG Agent Tel.		GST Flag	Υ
OD Excess	(20.20)	TP Excess			
Outside Singapore	600	Outside Singapore	0		
Excess	0	OS Premium	0		
Excess Additional	<u> </u>	Excess	600	Excess	100
Third Party	0	Own damage	600	Windscreen	100
Policy Issue Date	26/02/2019	Effective Date	28/02/2019 00:00	Expiry Date	27/02/2020 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	BLK 19 #05-154 MARINE TER	RACE SINGAPOR	RE 440019		
Certificate No.					
Policy No.	5097644593-01	Policyholder Name	NORAIN BTE IBAD	Policyholder NRIC	S1754206J

Continue

Cancel



Claim Handling					
Accident MT/1042299					
Policy No.	5097644593-01	or programme			
Certificate No.	303704138344	Vehicle No.	SLL5346P	GST Registration No.	
Policyholder Name	NORAIN BYE IBAD				
Product Code	PRIVATE CAR INSURANCE	C		Policyholder NRIC	
Contact No. (Mobile)	96685627	Cover Type	drivo CLASSIC	Loading	
Email Address		Contact No.(Office)	0	Contact No.(Home)	
KFK	© No ⊤Yes	Special Remark		eCode	-
NCD Protection	Yes	TCA.	@ No / Yes	eCode Reason	
Accident Details		NCD Entitlement(%)	50	Private Hire	No
Report Date	20.004.0010.00.00				
Date of Accident	30/04/2019 09:50	Accident Report Within 24	4 hrs Yes	Accident Type	Collided into
Reporting Centre	29/04/2019	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Accident Location		Orange Force		ICM No.	unigapure
₩ Excess	OPENSPACE CARPARK NEAR SUNSHINE	PLAZA			
Own damage Excess	Carrier Fr				
Unnamed Driver Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Third Party Excess	2,500.00	Outside Singapore OD Exc	cess 600.00		
Senefits	0.00	Outside Singapore TP Exc	ess 0.00		
GST Registered Inform					
GST Registered Inform					
GST Registration No.	No		GST Registration Date		
Modification History			GST Status Verified	Yes	
Policyholder Mailing A	ddress				
Address 1	BLK 19 #05-154	444			
Address 4		Address 2	MARINE TERRACE	Address 3	
Unit No.		Address Type	Singapore address	Post Code	
♥ OI Driver Info		Related Policy Number	5097644593-01		
Driver Name	Unnamed Driver	Nation To.			
Unnamed driver Name	MUHAMMAD RIDZWAN ZAFIR B	Driver Type Driver NRIC	Unnamed Driver		
Register Date of Driver License			S9245393F	Driver DOB	
Contact No.(Mobile)	96685627	Driver Age Contact No.(Office)	26	Driving Experience	
Address 1	BLK 19 ∉	Address 2	0	Contact No.(Home)	
Address 4	SINGAPORE 440019		MARINE TERRACE	Address 3	
Unit No.		Address Type	Singapore address	Post Code	
Does he own a Singapore	Yes Se No.	121 VALUE			
Registered car?	1.22 (8-110-	Driver Vehicle No.		Driver Insurer Company	
Peclaration					
Breathalyser or Blood Test	0.000				
Reading?	0 mg	Any injury?	Yes @ No		
lodification History					
Claim 001 OD-MX New	Di .				
THE PARTY OF THE P					
aim Type *	OD-MX	Insured Name	NORAIN BTE IBAD	Insured NRIC	
ontact No.(Mobile)	97269482	Contact No.(Home)	64493786		
mail Address		OI Vehicle Number	SLL5346P	Contact No.(Office)	
aimant Type Claimant Type *	Please Select •	Type of Benefit *	Please Select +	TP Vehicle Number	
aimant Name *	>>	Claimant NRIC *			
Simont Eddings	10000	West Charles and C			
	CHIEBRAN COMPANY			Mome of Posts	
aim Description	SLL5346P / YP6910D ON 29 Apr 2019.			Name of Preferred Workshop	
aim Description eferred Workshop Contact	SLLS346P / YP6910D ON 29 Apr 2019	Insured Liability *	Partially at Error		
nim Description eferred Workshop Contact	SLL5346P / YP6910D ON 29 Apr 2019 Yes	Insured Liability *	Partially at Fault		
aim Description eferred Workshop Contact i, quire Finalisation		Preferered Repair Option	Partially at Fault Preferred Workshop, Name unknown	GIA report	
aim Description eferred Workshop Contact by equire Finalisation the Registered	Yes • • 30/04/2019 09:59	Preferered Repair Option Claim Close Date		GIA report Date Received	
aim Description eferred Workshop Contact c, equire Finalisation ote Registered (port Taken By	Yes	Preferered Repair Option			
aim Description eferred Workshop Contact c, equire Finalisation ote Registered (port Taken By	Yes • • 30/04/2019 09:59	Preferered Repair Option Claim Close Date		Date Received	
aim Description eferred Workshop Contact i, iquire Finalisation ite Registered port Taken By	Yes • • 30/04/2019 09:59	Preferered Repair Option Claim Close Date	Preferred Workshop, Name unknown	Date Received	
referred Workshop Contact o, equire Finalisation ste Registered	Yes • • 30/04/2019 09:59	Preferered Repair Option Claim Close Date		Date Received	



Last Doc. Rece	oived @ Yes	□ No	Claim No. Upload Date		001 30/04/2019 09:5!				
		Path *							
			Browse	Clear	Category •		Confidentia		
			Browse	Clear			10000	- Normal	
				- Account	Please Select	•	NO.	* Normal	
			Browse	Clear	Please Select	*	ND	» Normal	
			Browse	Clear	Please Select	*	NO	- Normal	
			Browse	Clear	Please Select		NO.	* Normal	
Tremout to	88601		Browse	Clear	Please Select		NO	- Normal	
Attachmen	t in	ploaded By/Date	19000	-					
1 " NIG			Category	8	Urgency		Desc	ription	
WEE	CES) 0	NATIONAL ASSESSMENT CENTRE SERVI n 30 Apr 2019 09:58	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-			
40	NAC_PAYA_UBI_800601(CES) o	NATIONAL ASSESSMENT CENTRE SERVI n 30 Apr 2019 09:57	SAS		Normal				
2000			6000		reormal		SAS 20	19-4-30	
1	NAC_PAYA_UBI_800601(1 CES) or	NATIONAL ASSESSMENT CENTRE SERVI 1 30 Apr 2019 09:57	Photos		Normal	Photos ≥	019-4-30		
	NAC_PAYA_UBI_800601(N CES) or	NATIONAL ASSESSMENT CENTRE SERVI 30 Apr 2019 09:57	Photos		Normal Photos 2019-4			019-4-30	
	NAC_PAYA_UBI_800601(N CES) on	IATIONAL ASSESSMENT CENTRE SERVI	Photos		- Land Control of Cont			NISPESSES.	
35	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SEGUI	News		0.000000000	Photos 2019-4-30			
		30 Apr 2019 09:56 ATIONAL ASSESSMENT CENTRE SERVI	Photos		Normal	Photos 2019-4-30			
E / 2	CES) on	30 Apr 2019 09:56	Photos		Normal	Photos 2019-4-30			
	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 30 Apr 2019 09:56	Photos		Normai	Photos 2019-4-30			
	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 30 Apr 2019 09:56	Photos		Normal	mal Photos 2019-4-30			
5	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 30 Apr 2019 09:56	Photos		Normal Photos 2019-4-			19-4-30	
	NAC_PAYA_UBI_800601(N/ CES) on	ATIONAL ASSESSMENT CENTRE SERVI 30 Apr 2019 09:56	Photos		Normal Photos 2019-4-		19-4-30		
	NAC_PAYA_UBI_800601(NA CES) on	TIONAL ASSESSMENT CENTRE SERVI 30 Apr 2019 09:56	Photos		10000 V		19-4-30		
	NAC_PAYA_UBI_800601(NA CES) on	TIONAL ASSESSMENT CENTRE SERVI 30 Apr 2019 09:56	Photos				Photos 2019-4-30		
100	NAC_PAYA_UBL_B00601(NA	TIONAL ASSESSMENT CENTRE SERVI			Normal		Photos 2019-4-30		
54.3	CES) on .	10 Apr 2019 09:56 TIONAL ASSESSMENT CENTRE SERVI	Photos		Normal		Photos 201	9-4-30	
370.3.cg	CES) on 3	0 Apr 2019 09:56	Photos		Normal	Normal		9-4-30	
	NAC_PAYA_UBI_800601(NA CES) on 3	TIONAL ASSESSMENT CENTRE SERVI 0 Apr 2019 09:56	Photos		Normal		Photos 201	9-4-30	
	NAC_PAYA_UBI_B00601(NA CES) on 3	TIONAL ASSESSMENT CENTRE SERVI 0 Apr 2019 09:55	Photos		Normal	Ionnal Photos 2019-		9-4-30	
6	NAC_PAYA_UBI_B00601(NAT CES) on 3	TIONAL ASSESSMENT CENTRE SERVI 0 Apr 2019 09:55	Photos		Normal	Photos 2019-4-30		-4-30	
1	NAC_PAYA_UBI_800601(NAT CES) on 3	TONAL ASSESSMENT CENTRE SERVI O Apr 2019 09:55	Photos		Normal			P-4-30	
	NAC_PAYA_UBI_800601(NAT CES) on 30	IONAL ASSESSMENT CENTRE SERVI	Photos		Married				
	NAC_PAYA_UBI_800601(NAT	_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI			Finality 2019-4-30			-4-30	
5/1	CES) on 30	Apr 2019 09:55	Photos		Normal		Photos 2019	-4-30	
Video List	CES) on 30	IONAL ASSESSMENT CENTRE SERVI Apr 2019 09:55	Photos		Normal		Photos 2019	4-30	
100 M									

