NATIONAL Assessment Cer	ntre Services.	twef I Jan'os Mu	A (1905797)		
Date In: 61/19 - 1:34	Jeb description		Date & Time Completed	Don	e by
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Veh No: Det3612	E-mail (with	ia Shrs, AIC 2hrs)	1		
D.O.A: 3K14-15:32	i-Motor Cl	aim Form	M71043064-001	6/1/19 IV	:31
OD TP Reporting Only	i-Motor W/	O (Within: OD 2hrs,		1 11111	
OB : 11 Traporting Only	i-Photo Up	loaded		<del>                                     </del>	
TP Insurer:	Assessment/S	Survey Report		1	
	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:	
TP Particulars: Veh No: 6	hBC86764 .	. INC(	)/Non-INC( )		W
Owner / Driver: (			Tcl:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (	and the second	Date:	Time:	)	
Insured/Driver Liability: ( %	) [Note-Est. Status (	(WO): N: 0-20	%; P: 21-79%. P: 30	-100%]	
Year of Registration: ( )					
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,00	0()			
General Remarks:				NO. AND THE STREET	
( ) Walk-In Customer: Customers i	nformation strictly Co	onfidential & Stri	ctly NO refer of repairer		
( ) Total Loss Case : to e-mail Ins			*		
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		7,10	Wing Co. (		
Remarks: (INC hotline: 6788 6616	CARL AND DISCOURSE AND ADDRESS OF THE PERSON		Date&Time Completed	Done	by ·
	/ Courtesy Car (	)			
2) QC Check / Post Repair Inspection	(	)	(4)		
3) Upload Resurvey Photo [Repair Cost >	\$3000] (	)			
Injury:					
Date/Time Actions					
Date/Time Actions		4.0	Transcondenda (III)		1 1
	/4		THE PERSON NAMED IN THE PE		
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11A 1407426		Invoice Prepa	ration Checklist	Ant (S)	Amt (3)
nimant's Particulars :-		1) AR : Accident Re	PRINTED STATES TO STATE OF THE	in Bin	Add Bill
		2) DA : Damage As	sessment (\$100); INC (\$		
river/Owner:		3) TF : Towing Fee 4) FT : Follow-Thro		\$120	
ntact No:	-	5) FT : Follow-Thro	ugh Survey (Resurvey)	\$30	
The state of the s	-		ost JNC Only (wef 10 Jan 200)	5.56	
maged Portion:		6) TR : Re-inspection		\$160	
		7) N1 : Idao DA + S		-	
	^	8) NTUC Additiona			
Checked by (Engr-In-Charge):		8) NTUC Additiona OD.*	Services:-	\$5	
377		8) NTUC Additiona OD.*  *NS: Courtesy Co *N6: Repair Co-o	Services r/Tpt Allowence rdination	\$5 510	
Checked by (Engr-In-Charge):		8) NTUC Additiona OIL*  *N5: Courtesy Co  *N6: Repair Co-o  *N7: Fost Repair	Services:- r/Tpt Allowence rdination Inspection	\$10 \$25	
ditors' Comments :-		8) NTUC Additions OD:  *N5: Courtesy Co  *N6: Repair Co-o  *N7: Fost Repair  *N8: DV / Collec  TP (N11): TP (N	r/Tpl Allowance rdination Inspection Excess Coordination in INC) against INC	510	
1 1/2 to 1 1		8) NTUC Additions OD*  *N5: Courtesy Co  *N6: Repair Co-o  *N7: Fost Repair  *N8: DV / Collect	r/Tpl Allowance rdination Inspection Excess Coordination in INC) against INC	\$10 \$25 \$5 \$5 \$20	

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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 ladgement 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

	ACCIDENT STATEMENT
Date Of Report	06/05/2019 11:54
Date Of Accident	05/05/2019 13:30
Exact Location Of Accident	BLK 105 YISHUN RING RD DRIVEWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK5361Z
Insured/Policyholder	
Name Of Registered Owner	ARIFFIN BIN ALI
NRIC No	S1122644B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97561576
Alternative Phone No	OFFICE-97561576
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SX4 1.6NB 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	5104724553
Cover Note Number	
Driver	
Name of Driver	ADICCINI DINI ALL

Name of Driver ARIFFIN BIN ALI NRIC No S1122644B Date Of Birth 21/05/1955 Occupation OUTDOOR Date Of Driving Pass 04/10/1977

Driving Experience 41 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97561576

Fax Number

Contact Number OFFICE-97561576

EMail Address NOEMAIL

**BLK 879 YISHUN STREET 81** Address

#03-241

760879

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

# General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

# Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. MY VEHICLE WAS TOO CLOSE TO VEHICLE B AND SLIGHTLY GRAZED ONTO VEHICLE B REAR RIGHT PORTION.

## 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 GBC8676H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (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 Signature

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DEC	AD		
111-61	ΔН	A 1	I ( ) [N

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)

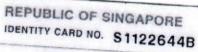
Date & Time:

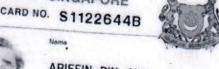
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:









ARIFFIN BIN ALI

MALAY

Date of birth 21-05-1955 Country of birth SINGAPORE



4356467

# YOU ARE LICENSED TO DRIVE MEHICIES IN THE FOLLOWING CLASSIES

# PVSS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2 Motorcycles between 201 cc and 400 cc
Class 2 Motor Class and Motor Tractors the weight of
which unladen does not exceed 2000 kilograms

06 Oct 1977 96 Oct 1977 96 Oct 1977 94 Oct 1977

NP 428A





Date of lanua

19-02-2009

APT BLK 879 YISHUN STREET 81 #03-241 SINGAPORE 760879

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601				the last the capture		) Change	Language	) Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									*
Notice of Loss	Policy N	10.				Date	of Accident	0	5/05/2019	13:30	
	Vehicle	No.(For Motor)	S3K536	51Z		Certif	icate Number			Minus mil	
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104724553		ARIFFIN BIN ALI	S1122644B	GPC	Third Party, Fire & Theft	SJK5361Z	5JK5361Z	17/10/2018	23/10/2019
				52100	8	Continue				The second rest in the	A CONTRACTOR OF THE PARTY OF TH

Policy No.	5104724553	Policyholder Name	ARIFFIN BI	N ALI	Policyholder NRIC	S1122644B	
Certificate No.		2,101112			NRIC		
Address	BLK 879 #03-241 YISHUN ST	REET 81 SINGAR	ORE 76087	)			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	15/10/2018	Effective Date	17/10/201	3 00:00	Expiry Date	23/10/2019	23:59
Excess Type		All Claims Excess					
Third Party	0	Own	_		Windscreen		
Excess	•	damage Excess	0		Excess	0	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD Excess	0	Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent	SHERLYN TAN QIAN WEN	Agent Tel.	91553377		GST Flag	v	
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nsurance riag ppen riolicy info Certificate info Policyh address 1 address 4 Init No.	BLK 879 #03-241 d Object: SJK5361Z ements	Addre Relate Numb	ss Type d Policy	Singapore address 5104724553		Post Code	

Second   S	Claim Handling					
Marches   Marc	ccident MT/1043064					
Minimum	folicy No.	5104724553	Vehicle No.	\$3K\$361Z	GST Registration No.	
MICHAEL AND MICH	Certificate No.					
March   Marc	olicyholder Name	ARIFFIN BIN ALI			Policyholder NR1C	51123544B
Contact No. Coltects No. Colt	oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft		
Special Parameter   Spec	ontact No.(Mobile)	97561576	Contact No.(Office)			
Simple   S	nail Address					
Management   March	K	® No ⊜ Yes	TCA	® No ○ Ves		13.5
### MATCH NATION   March Name	D Protection					
See Surger   See	Accident Details				Privace rare	No
Section   Sect	port Date	06/05/2019 12:29	Accident Report Within 24 hrs.	Vac	ORDANIA ST	1.000 NOVEMBER 1
Single-printing   Colors   C	te of Accident	05/05/2010			Accident Type	Side Swipe
March   Colore   March		03/03/2019		13:30	Country of Accident	Singapore
Part			Orange Force		ICM No.	
Marchanis		BUX 105 YISHUN KING RO-DRIVEWAY				
## Control Estates   0.00   Outside Engagemen DC Excess   0.00   Section Process   0.00   Secti						
## Part		0.00	Additional Excess	0	Windscreen Excess	0.00
### Part		0.00	Outside Singapore OD Excess	0.00		
Migration		0.00	Outside Singapore TP Excess	0.00		
Magestation No.						
Manual Name		ation				
## PRINCE PRINC	Registered	No		GST Registration Date		
## 1				GST Status Verified	Yes	
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Address   Addr						
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STOPP   STOP	iress 4		Address Type	Singapore address	Post Code	760879
ANSPEN BON ALT  Direct Type  Direct Name  Di	t No.		Related Policy Number	5104724553		
## Direct Name ## Di	OI Driver Info					
Table of Driver License   04/10/1977	rer Name	ARIPPIN BIN ALI	Driver Type	Main Driver		
Address   97561576	amed driver Name		Driver NRIC	S11226448	Driver DDB	21/05/1955
## BLK 879 Address 2 Y15HUN STREET 81 Address 3 SINCAPORE 760879  ## BLK 879 Address 7 Spee Spee address Pest Code 760879  ## BOD OJ-241  ## Come of a property of the Street 81 Address 3 SINCAPORE 760879  ## FOREIGN OJ-241  ## FOREIGN OJ-24	ister Date of Driver License	04/10/1977	Driver Age	63	Driving Experience	41
Address Type  Address Type  Singapore address  Pear Code  TROORS  TROO	tact No.(Mobile)	97561576	Contact No.(Office)	0	Contact No.(Home)	0
## Address Type ## Places ## Singapore address ## Place ## Post Code ## 760879    Any vigury?	ress 1	BLK 879	Address 2	VISHUN STREET 81	Address 3	SINGAPORE 760879
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Final Type Clemant Type * Finals Select V Type of Benefit * Please Select V Type *	ract No.(Mobile)	97561576	Contact No.(Home)	67544592	Contact No.(Office)	
Type of Benefit * Please Select ▼ Type of Benefit * Type of Benef	il Address		OI Venicle Number	SJK5361Z	TP Vehicle Number	G8C8676H
Taken Name *	nant Type Claimant Type •	Please Select	Type of Benefit +	Please Select		
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At Taken By Jackson  Taken By Jackson  Says Submit  Says		Contract Con		preversed workshop, Name unknown		
Save Submit  Save			Claim Close Date		Date Received	06/05/2019 00:00
Save Submit  Save	rt Taken By	Jackson				
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