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Veh No: the 1596c	E-mail (within Shrs, AIC	2hrs)	T i	VAL 5784711	
D.O.A: 24/19 08:42	i-Motor Claim Form		11 - 1	261.1	IFA 1 TA
OD (FP) Reporting Only	i-Motor W/O (Within:	OD 2hrs, 7P 4hrs)	14-05	24/4/14	14:31
OB . It's reporting Only	i-Photo Uploaded	1			
TDI	Assessment/Survey Re	nort			#2555
TP Insurer:	Ass't Report by Fax /				
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax		-
TP Particulars: Veh No: 3k	5896	NC()/Non-IN(Ci .	
Owner / Driver: (-0112	Tel:	-().	-	
Policy No: ()	Period: () Cover Type:	,	- /	
Confirmed by: (Date:				
Insured/Driver Liability: (%)	[Note-Est. Status (WO): 1	5,000,0		10/1	
Year of Registration: ()	Warranty: YES ()/NO		0. 1. 30-100	770]	
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() Walk-In Customer : Customer's in	formation strictly Confidentia	& Strictly NO refer o	f repairer.		
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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.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	29/05/2019 17:32	
Date Of Accident	29/05/2019 08:40	
Exact Location Of Accident	PIE TWDS CTE BEFORE JALAN EUNOS EXIT	
Country/State of Loss	SINGAPORE	
	PETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGA1596C	
Insured/Policyholder		
Name Of Registered Owner	ASLINA BINTE ASBIL	
NRIC No	S7209155H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96442076	
Alternative Phone No	OFFICE-96442076	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E 250	
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	5093300152-01	
Cover Note Number		
Driver		
Name of Driver	ASLINA BINTE ASBIL	
NRIC No	S7209155H	
Date Of Birth	18/03/1972	
Occupation	INDOOR	
Date Of Driving Pass	27/12/2002	
Driving Experience	16 YEARS AND 5 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-96442076	
Fax Number		
Contact Number	OFFICE-96442076	
EMail Address	NOEMAIL	

BLK 412 WOODLANDS STREET 41 Address

#03-45

Postcode 730412

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

ambulance?

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJK5189E

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 INJURED PERSON 1

Page 2 of 19

Name

ASLINA BINTE ASBIL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

SGA1596C

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 aforesald.
- 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's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

THE STATE OF THE S
In the stated time 3 date.
I was down out with
I was driving any whicle EGAISAGE on PIE towards CPE
certife talan Euros Exit. While I was driving trafes
noving, Infront the car clow down so I slow down too
noblemy 7 lest a cut is in
indderly I felt a great impact on my rear, and realised
of consea to my ven.
I felt some path so I went to see doe and get
2 days Mc.
ARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

With the Philippine Vitalian

Date of Accident	29 May 2019 Accident Time: 840am (24-HR-Format)
Accident Place	: PIE towards CTE before John Euros Exit
Vehicle Reg. No. (Car Plate No.)	
Vehicle Make/Model	: Mercedes / Black
Issurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	
Owner or Company Contact No.	Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Aclina, Binte Asbil S72091554
DRIVER'S Date Of Birth	: 18 Mar 1972 DRIVER'S License Pass Date 27 Dec 2002
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 412 Woudlands street 41 #03-45 s'(730412)
DRIVER'S Contact No./ Alt No.	:1) 96442076 2)
DRIVER'S Occupation	INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@Mycar.sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river):
Was there any video Captured by ca Exact purpose for which vehicle was	r camera; YES \ NO s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if anv)
Vehicle Reg. No: SJK 5189 E	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle MakelModel:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:

NOTICE OF REPORTING

This is to confirm that Aslina Binte Asbil NRIC/FIN S7209155H residing

at Blk 412 Woodlands Street 41 #03-45, has reported to the Police a non-injury

traffic accident which occurred at on 29/05/2019 at 0840hrs involving the

following vehicles: SGA1596C, Mercedes/Black and SJK5189E, Honda/Red.

Location is along PIE towards CTE, just before exit Jalan Eunos, near the

ERP Gantry. Particulars of the other party as follows: Abdul Rahman Bin

Mawar, S8538478C, HP: 90406074

If this accident was reported to the Police within 24 hours of its occurrence, 2

then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(2) Aloysius

Date: 29/05/2019

Time: 1337hrs

S/D Ref: 62

Police Post/Unit: Geylang NPC

Geylang NPC No. 132 Paya Lebar Road

Singapore 409014 Tel: 1800-8486999

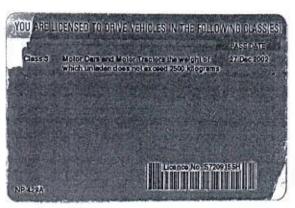
Original - to be issued to informant

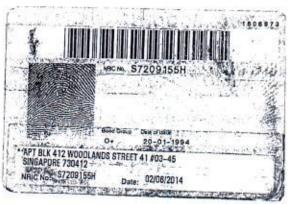
Duplicate- to be submitted to Traffic Police





For LKK/NAC Use Only





eBao Tech				0.71						Genera	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop		cy Query					> Change	e Language	• Chan	ge Password	Log Out
Notice of Loss	Policy !		SGA15	596C			of Accident	-	29/05/2019 (08:40	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093300152- 01		ASLINA BINTE ASBIL	S7209155H	GPC	drivo CLASSIC		SGA1596C	22/08/2018	14/08/2019
					8	Continue					

Policy No.	5093300152-01	Policyholder Name	ASLINA BIN	VTE ASBIL	Policyholder	S7209155H	
Certificate No.		wante			NRIC		
Address	BLK 412 #03-45 WOODLANDS	STREET 41 SI	GAPORE 73	0412			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	07/08/2018	Effective Date	22/08/2018	8 00:00	Expiry Date	14/08/2019 23:	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Agent	JIN-SHI (HOLDINGS) PTE LTD	Agent Tel.	64678380		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 412 #03-45	Addre	ss 2	WOODLANDS ST	REET 41	Address 3	SINGAPORE 730412
nduress 1		Addre	ss Type	Singapore addres	s	Post Code	730412
Address 4		Auure					
Address 4			ed Policy er	5093300152-01			
Address 4 Unit No.	d Object: SGA1596C	Relate		5093300152-01			
Address 4 Unit No.	Residence in Constitution of the Constitution	Relate		5093300152-01			

cident HT/1046764					
Sry No.		Leave and			
	5093300152-01	Vehicle No.	SGA1596C	GST Registration No.	
thrate No.					
sholder Name	ASLINA BINTE ASBIL			Policyholder NRIC	S7209155H
luct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
act No.(Mobile)	96442076	Contact No.(Office)	0	Contact No.(Home)	0
Address		Special Remark		eCode	The V
	® No ○Yes	TCA	® No ⊜Yes	eCode Reason	
Protection	Yes	NCD Entitlement(%)	50	Private Hire	Na
Accident Details					
ert Date	29/05/2019 19:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Accident					
	29/05/2019	Time of Accident hhomm	08:40	Country of Academ	Singapore
orting Centre		Orange Force		ICM No.	
tent Location	ME TWOS CTE BEFORE JALAN EUNOS EXIT				
Excess					
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
arned Driver Excess	0.00	Outside Singapore OD Excess	600.00		
d Party Excess	0.00	Dubside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	rtion				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History					
Policyholder Mailing Ad	dress				
456 I	BLK 412 #03-45	Address 2	WOODLANDS STREET 41	Address 3	SINGAPORE 730412
ress 4		Address Type	Singapore address	Post Code	730412
No.		Related Policy Number	5093300152-01	2.55	29000E)
OI Driver Info		THE OWNER, WANTED TO SHIP THE PARTY OF THE P			
er Name	ASLINA BINTE ASSIL	Driver Type	Main Driver		
amed driver Name	Programme Comment	Driver NRIC	57209L55H	Driver DOB	18/03/1972
ster Date of Driver License	27/12/2002	Driver Age	47		
sact No.(Mobile)	96442076	Contact No.(Office)	0	Oriving Experience	16
				Contact No. (Home)	0
ivess 1.	BLK 412	Address 2	WOODLANDS STREET 41	Address 3	SINGAPORE 730412
ress 4		Address Type	Singapore address	Post Code	730412
t No.	03-45				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
es he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
s he own a Singapore istered car?		Driver Vehicle No.		Driver Insurer Company	
s he own a Singapore istered car? oration othalyser or Blood Test		Driver Vehicle No. Any injury?	® Yes ○ No	Driver Insurer Company	
is he own a Singapore istered car? oration othelyser or Blood Test	○ Yes No		® Yes ○No	Driver Insurer Company	
es he own a Singapore patiered car? laration withalyser or Blood Test iding?	○ Yes No		® Yes ○ No	Driver Insurer Company	
es he own a Singapore instaned car? laration withalyser or Blood Test	○ Yes No		® Yes ○ No	Driver Insurer Company	
s he own a Singapore stered car? aration whatyaer or Blood Test ding?	○ Yes No		® Yes ○No	Driver Insurer Company	
s he own a Singapore stered car? station thatyser or Blood Test ling?	○ Yes No		® Yes ○No	Driver Insurer Company	
s he own a Singapore stered car? oration whatever or Blood Test ding?	○ Yes No		® Yes ○No	Driver Insurer Company	
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