Date In: 30/1/19- 19:13		14/19070369		
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Res No: Masinc 1903 9 644/24	SAS e-filing			
Veh No: SIX 1266	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 30/1/19-09:15	i-Motor Claim Form	100-ENBOACILLW	396/19 1	9:24
	i-Motor W/O (Within: OD 2h		2491171	1. 1
OD (TP) Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
1P insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: 🖟	(4991 INC))/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1	,000()/\$2,000()		CONTRACTOR OF	NO FORESTO.
General Remarks:-			Total Control	7
() Walk-In Customer : Customer's in	formation strictly Confidential & S.	rictly NO rafas of sanalus	Sec. 21.	- 40
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		99 1 1		
Drive-In ()/ Towed-In (); Invoi	ce: YES() / NO();7	Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Dates Time Completed	Done	chy -
1) Apply for Transport Allowance ()/	The state of the s			7-3
	,			
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo (Repair Cost >)	()			
3) Upload Resurvey Photo [Repair Cost > 5	()			
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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.
- 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 lodgement of this report to the insurers, you hereby consent to the archiving of this

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available				
PROPERTY OF THE PROPERTY OF THE PARTY OF THE	ACCIDENT STATEMENT				
Date Of Report	30/05/2019 19:13				
Date Of Accident	30/05/2019 09:55				
Exact Location Of Accident	KPE (ECP) AFTER TAMPINES RD EXIT				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SJX1263G				
Insured/Policyholder					
Name Of Registered Owner	ROSIE BINTE JUNAIDI				
NRIC No	S7521668H				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-97849442				
Alternative Phone No	OFFICE-97849442				
Vehicle Particulars					
Manufacturer	TOYOTA				
Model	WISH 2.0 AUTO				
Exact Purpose for which vehicle was being used at time of accident	WORKING				
Are you claiming under your own insurance policy	NO				

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5099330092-01

Cover Note Number

Driver

Name of Driver ROSIE BINTE JUNAIDI

NRIC No S7521668H Date Of Birth 27/07/1975 Occupation OUTDOOR Date Of Driving Pass 03/01/1998

Driving Experience 21 YEARS AND 4 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97849442

Fax Number

Contact Number OFFICE-97849442

EMail Address NOEMAIL Address

BLK 636 BEDOK RESERVOIR ROAD

#03-25

Postcode

410636

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

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)

3

involved in the accident

YES

Was any body injured in the Accident? 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)

2

Passenger 1

NAME:

: WAN NAZARIAH BINTE JAAFAR

GENDER:

: FEMALE

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

GX6679T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GW8054M

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)

DETAILS OF INJURED PERSON 1

Name ROSIE BINTE JUNAIDI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJX1263G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NO

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.
- 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 ladgment 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)

Lunderstand, 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 -
 - (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.
- (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 histories 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 profess.

Policyholder

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

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.:

DERENT Sharefull of the exist

: 30/5/2019 Accident Time: 09:55 (24-HR-Format)
: KPE towards ECP after Tampines Road
: SJX12634
: TOYOTA WISH
: NTUC Policy No. 5099330092 - 01
: ROSIE BINTE JUNAIDI
:_ ROSIE . BINTE JUMAIDI
: 27/7/1975 DRIVER'S License Pass Date 16/12/2002
: Spouse \ Parents \ Children \ Sibling \ Employee\ Offers:
: APT DK 636 BEDUK RESERVOIR ROAD #03-25 S(416636)
:1) 97849442 2)
: INDOOR \ OUTDOOR (e.g. working inside or outside office)
: Odmin @ mycar. sq
: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
: Reporting Only \ Claim Other Party \ Claim Own Insurance
river): 2 Famule Wan Nazariah Binte Jaafar
r camera: YES \NO s being used at the time of accident: Private use \ Work purpose
arty Driver's Particular (if anv)
Vehicle Reg. No: GW 8054M
Vehicle Make\Model:
Name Driver:
IC No. Driver:
Driver's Contact & Add:

The second second

447





For LKK/NAC Use Only





eBao Tech	Gene					Genera	alClaim		
Hello, NAC_PAYA_UBI_80	Policy Query				• Change	Language	• Chang	ge Password	· Log Out
Notice of Loss	Policy No. Vehicle No.(For Motor)	53x1263G			of Accident icate Number	3	0/05/2019 0	09:55	
	Select Policy No.	Control of the Contro	holder Policyholder me NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5099330092- 01		BINTE S7521668H	GPC	drivo CLASSIC	SJX1263G	SJX1263G	17/05/2019	16/05/2020
			1	Continue					

olicy No.	5099330092-01		Policyholder	ROSIE BINT	E JUNAIDI	Policyholder	S7521668H	
ertificate			Name			NRIC	J. VERUVU()	
ddress	BLK 636 #03-25	BEDOK RESERVO	DIR ROAD SI	NGAPORE 41	0636			
Product Name	PRIVATE CAR IN	SURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	15/05/2019		Effective Date	17/05/2019	00:00	Expiry Date	16/05/2020 23	59
Excess	Per Accident		All Claims Excess					
Third Party Excess	1500		Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0		OS Premium	0				
Outside Singapore OD Excess	2000	9	Outside Singapore IP Excess	1500			Young/	Inexperience Driver Excess
Agent	JZ ASSURE PTE.	LTD.	Agent Tel.	64434443		GST Flag	Y	
Co- nsurance Flag	No							
Open Policy Info								
Certificate Info								
Policy	holder Mailing A	ddress						
Address 1	BLK 636	#03-25	Addre	ss 2	BEDOK RESERVOIR	ROAD	Address 3	SINGAPORE 410636
Address 4			Addre	ss Type	Singapore address		Post Code	410636
tota Ares			Relate	ed Policy er	5099330092-01			
mit wo.	ed Object: SJX12	163G						
	d Object. SJA12							
Unit No. D Insure □ Endors								

laim Handling					
ricy No.	5099330092-01	Vehicle No.	SJX1269G	GST Registration No.	
rtificate No.					
Reynolder Name	ROSTE BINTE JUNAIDI			Policyholder NRIC	S7521668H
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
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mail Address		Special Remark		eCode	St. C
FK .	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	30	Private Hire	Yes
Accident Details					
oport Date	30/05/2019 19:22	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ate of Accident	30/05/2019	Time of Accident hhomm	09:55		
eporting Centre		Grange Force	09.33	Country of Acodem	Singapore
cident Location	KPE (ECP) AFTER TAMPINES RD EXIT	Strange Folice		ICM No.	
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess			
	1.45.7722411	WINDSCIDEN CACESS	100.00		
D Standard Excess	2,000.00	TP Standard Excess	1,500.00		
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Idional Excess	0.00	- 12 (COM) - 17 (A)	30.00	Street in Coverage	Covered
ctal CD Excest Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
♥ Benefits	0.000000	Approprie	1,500,00		
GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
ST Registration No.	0.000		GST Status Verified	Yes	
odification History				165	
Policyholder Hailing Ad	Idrees				
kdress 1	Bux 636 ±03-25	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 410636
dress 4		Address Type	Singapore address		
IE NO.:		Related Policy Number	5099330092-01	Post Code	410636
OI Driver Info		Andrew Complete Compl	3071330072-01		
iver Name	ROSIE BINTE JUNATOL	Oriver Type	Main Driver		
named driver Name		Driver NRIC	S7521668H	Driver DOB	27/07/1975
gister Date of Driver License	03/01/1998	Driver Age	43	Driving Experience	21
ontact No (Mobile)	97849442	Contact No. (Office)	0	Contact No.(Home)	0
idress 1	RLK 636	Address 2	SEDOK RESERVOIR ROAD	Address 3	SINGAPORE 410636
Idress 4		Address Type	Singapore address		
nit No.	03-25	195000000		Post Code	410636
oes he own a Singapore					
egistered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
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	and the same of th	Insured Name	ROSIE BINTE JUNAIDI	Insured NRIC	S7521668H
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