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P Particulars: Veh No: 523811	INC ()/Non-INC()	
Diviner / Driver: ((K)	Tel:)
Policy No: () Period: ()	Cover Type: ()
Confirmed by : (Dater	Timer)
Insured/Driver Liability: (%) [Note-Est. 5	Status (WO): N: 0-20	%; P: 21-79%. I	2: 80-10	00%]
Year of Registration: () Warranty;				
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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.
- 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.
- 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.

MAIN CONTRACTOR SERVICE STATES	ACCIDENT STATEMENT
Date Of Report	11/06/2019 16:00
Date Of Accident	10/06/2019 15:30
Exact Location Of Accident	UPPER PAYA LEBAR RD B4 PEREIRA RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF9904H
Insured/Policyholder	
Name Of Registered Owner	WAH KUM HON
NRIC No	S7518055A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81114101
Alternative Phone No	OFFICE-81114101
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	5083940420-01
Cover Note Number	*
Driver	
Name of Driver	SHARIF MAHADI HASAN
NRIC No	G8431599R
Date Of Birth	03/06/1988
Occupation	INDOOR
Date Of Driving Pass	10/06/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84434956
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 15 JOO SENG RD #06-81

Postcode 360015

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

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

PLEASE REFER TO 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLJ8111R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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.
- 3. 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>.
- 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.
- 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)

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:
 - 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:

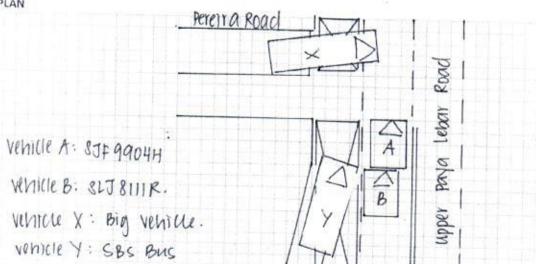
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was a big vehicle: who signal his intention to turn out, I slowed down and stopped meanwhile, the sass bus beside me stopped as well. Suddenly, vehicle by, elsell R, hit onto my stationary vehicle's rear portion I wish to state that prior to the collision, the bus came out of the busstop, thus I kept to the bight of	on the stated date & time, I, vehicle A, SJF 9904H
out, I slowed down and stopped. Meanwhile, the sBS Bus beside me stopped as well suddenly, vehicle B, Bus beside me stopped as well suddenly, vehicle B, Bus beside me stopped as well suddenly, vehicle B, Bus beside me stopped as well suddenly, vehicle B, Bus beside me stopped as well suddenly, vehicle B, Bus beside me stopped as well suddenly, vehicle B, Bus beside me stopped as well suddenly, vehicle B, Bus beside me stopped as well suddenly, vehicle B, Bus beside me stopped as well suddenly, vehicle B, Bus beside me stopped as well suddenly, vehicle B,	travelling straight along the stated venue as ther
Bus beside me stopped as well suddenly, vehicle B, elsell R, hit onto my stationary vehicle's rear portion I wish to state that prior to the collision, the bus	c a big vehicle: who signal his intention to turn
ELJEIIIR, hit onto my stationary vehicle's rear portion I wish to state that prior to the collision, the bus	, I slowed down and stopped. Meanwhile, the sBS
I wish to state that prior to the collision, the bus	beside me stopped as well suddenly, vehicle b,
The state of the s	8111 R, hit onto my stationary vehicle's rear portion.
came out of the busstop, thus I kept to the tight of	wish to state that prior to the collision, the bus
1 10 110 110 110 110	e out of the busstop, thus I kept to the right of
the lane.	lane.

DECLARATION

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

Policyholder's

Date & Time:

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

Date & Time:

.

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 06/ 2019 (DD/MM/	
LOCATION: Upper Paya Lebar Page, b	etore Pereira Road
1. DETAILS OF VEHICLE SUPPRIOR	4H
CIVELINCE THOMBEN	
DJINSURAINCE COMPAINT.	
C)POLICY NUMBER:	DARRY / TUIDD PARTY FIRE &THEFT)
OJPOLICY TYPE: (COMPREHENSIVE / THIRD	raaw)
SIMAKE & MODEL:	TENTO POLICIE (OTHERS)
FITYPE: (SALOON / COUPE / MAN / LO	DOWN (MOTORCYCLE)
g) VEHICLE CATEGORY: (PRIVATE / COMME	Private
h) PURPOSE OF USING AT ACCIDENT TIME:_	
I) ARE YOU CLAIMING UNDER YOUR OWN IN	ADURANCE (153/196)
IF NO, PLEASE STATE (THIRD PARTY CLAIM	REPORTING ONLY
2. INSURED / POLICY HOLDER	(MALE / FEMALE)
DINRIC/FIN/PASSPORT: \$75/80551	CONTACT: 81114 101
Done	#06-81 S (360015).
CIADDRESS: 15 JOO SENG ROOLD	1100 01
CONTINUE TO 2 A IE DRIVER ALSO POLICY	HOLDER.
CONTINUE TO 3.d IF DRIVER ALSO POLICY	Abdul Mannan
Mahadi tacan Chart	MO A (MADE / FEMALE)
(Including driver) DINRIC/FIN/PASSPORT: 46431590K	CONTACT: 8443 4956
(D) CIADDRESS:	
*d) DATE OF BIRTH: (03 / 06 / 1986) (D	D/MM/YYYY)
e OCCUPATION: (INDOOR / OUTDOOR)	E:
FIVEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INSU	JRED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER W	TTH INSURED: WOYKEY
5. a) WEATHER CONDITION: (CLEAR / RAINING	/ OTHERS
bIROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	NAP .
IF YES, PLEASE STATE WHICH POLICE STATIO	
10 of passenger O) VEHICLE NUMBER: SIJ 8 111 R.	MODEL:
Inducting driver) b) DRIVER'S NAME:	CONTACT:
(0) male c) NRIC/FIN/PASSPORT:	
ALL MELLICLE MUMBER.	MODEL:
A DRIVER'S NAME	
Including driver) 1) NRIC/FIN/PASSPORT:	CONTACT:
()	
	2 2

email =

fax =



WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

HMS CONSTRUCTION PTE, LTD.



Name SHARIF MAHADI HASAN

Work Permit No. 0 63038709

Sector:

CONSTRUCTION



0 63038709



K0329661

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number G 8 A 3 125 9 S 13

MAHADI HASAN SHAHIF MD ABDUL MANNAN

Birth Dale: 03 Jun 198

lesie Dale: 10 Jun 201

Valid Till Con



VISIT PASS

Immigration Regulations

30 01-201

Name

SHARIF MAHADI HASAN

FIN

G8431599R

Date of Birth Sex 03-06-1988 M

Nationality

BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor Cars =< 3000kg with =<7 passengers; exclusive .10 un 2015 of the driver; and other motor vehicles =< 2500kg:

NP 428A



eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 10/06/2019 15:59 Vehicle No.(For Motor) SJF9904H Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Insured Object Select Policy No. Commence Date Product Cover Type Expiry Date 5083940420-WAH KUM drivo \$7518055A 01 GPC SJF9904H SJF9904H 18/06/2018 17/06/2019 HON CLASSIC Continue

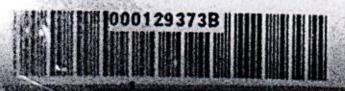
ail III de l'antillant l'il a l'ita

Lineral Number: S 7 5 1 8 0 5 5 A

WAL KUM HON (HUA JINHAN)

Birth Date: 18 Jun 1975

Issue Date: 17 Jan 2003



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7518055A





Name

WAH KUM HON (HUA

ESTERNI STORTION

Country of birth:

SINGAPORE

VOU ARE PASS DATE PASS DATE 23 Jan 1995 1 So and 22 Aug 1997 24 So S7518055

NP 428A

3732413



NRIC No. S7518055A



Date of Issue

23-06-2005

Address

APT BLK 15 JOO SENG ROAD #06-81 SINGAPORE 360015

Claim Handling

Accident MT/1048599						
Policy No.	5083940420-01	Vehicle No.	SJF9904H		GST Registration No.	
Certificate No.					- A	
Policyholder Name	WAH KUM HON				Policyholder NRIC	57516
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	81114101	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	No *
KEK	= No Yes	TCA	* No Ves		eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire	No
Accident Details						
Report Date	11/06/2019 17:10	Accident Report Within 24 hrs	Yes		Accident Type	Collisio
Date of Accident	10/06/2019	Time of Accident hh:mm	15:30		Country of Accident	Singap
Reporting Centre		Orange Force			ICM No.	
Accident Location	UPPER PAYA LEBAR RD 84 PEREIRA RD					
♥ Excess						
Own damage Excess	600.00	Additional Excess	0		Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess		600.00		
Third Party Excess Benefits	0.00	Outside Singapore TP Excess		0.00		

				- (n)		
GST Registration No.	No			tration Date		
Modification History			GST Statu	s verified	Yes	
Policyholder Mailing Add	iress					
Address 1	BLK 15 #06-81	Address 2	JOO SENG ROAD		Address 3	100.0
Address 4	SINGAPORE 360015	Address Type	Singapore address		Post Code	36001
Unit No.	06-81	Related Policy Number	5083940420-01		1021 0000	30001
♥ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	SHARIF MAHADI HASAN	Driver NRIC	G8431599R		Driver DOB	03/06/
Register Date of Driver License	10/06/2015	Driver Age	31		Driving Experience	4
Contact No.(Mobile)	84434956	Contact No.(Office)			Contact No.(Home)	100
Address 1	BLK 15 #06-81	Address 2	JOO SENG ROAD		Address 3	300 SE
Address 4	SINGAPORE 360015	Address Type	Singapore address		Post Code	360015
Unit No. Does he own a Singapore	06-81					
Registered car?	Yes • No	Driver Vehicle No.			Driver Insurer Company	
1000 00						
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes * No			
Modification History						
Claim 002 New						
Claim Type *				OD-MX ¥	Insured WAH KUM HON	
Contact No.(Mobile)				B1114101	Contact No.	
Ar CONSTRUCTION OF THE					(Home)	
Email Address					Vehicle SJF9904H Number	
Claim Description					20000000	
				SJF9904H / SLJ8111R ON 10 Ju	n 2019	
Preferred Workshop 0	Preference Liability Not at Faul	1 1				
Require No. Yes	Repair Preferred Workshop, N	ame unknown T GIA report Received	Ψ.			
Date Registered	Option	1-		11/06/2019 18:02	Claim Close	
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Attachment						
♥						
Accident No.	MT/1048599	Claim No.	0	02		

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