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Date III 14 16 /19 14:21	Jeb description	Date &Time Completed	Done by
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SMA 8906 A	E-mail (within Shee, AIC 2hrs)		
13/6/19 16:15.	I-Motor Clalm Porm	MT/1049121-001	15/6/19 09:44
	I-Motor W/O (Within: OD 2h	Andrew Address of the Control of the	
Personning Only	I-Photo Uplonded		
- University	Assessment/Survey Report		
(P. historia	Ass't Report by Fax / Hand	to Owner/Wksn	
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	7340X. INC)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Perio	d: ()	Cover Type: ()
Confirmed by : (Date:	Time;)
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Wa	rranty; YES ()/NO ()	
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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.
- 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.

Walter Bay Ship to probe to be	ACCIDENT STATEMENT
Date Of Report	14/06/2019 14:21
Date Of Accident	13/06/2019 16:15
Exact Location Of Accident	SEMBAWANG RD
Country/State of Loss	SINGAPORE
Control of the second s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA8906A
Insured/Policyholder	
Name Of Registered Owner	YASEEN B AHAMED
NRIC No	S1585268B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96546473
Alternative Phone No	OFFICE-97699408
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALTIS
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	5102157545
Cover Note Number	2
Driver	
Name of Driver	YASEEN B AHAMED
NRIC No	S1585268B
Date Of Birth	12/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	25/09/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96546473
Fax Number	COMPANY COURT AND ADMINISTRATION OF THE COMPANY COURT OF THE COURT OF
Contact Number	OFFICE-97699408
EMail Address	NOEMAIL

Address

BLK 649 AMK AVE 5 #07-3335

Postcode

560649

OWNER

Was driver an employee of the Insured's Company NO

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?

Number of vehicles (including own vehicle)

involved in the accident

NO 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

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MAIMUNAH BINTE MUSA

GENDER:

: FEMALE

Passenger 2

NAME:

: GRAND DAUGHTER

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLT340X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ISHAK BIN OSMAN

NRIC/Passport Number

S1580065H

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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.
- 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.
- 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

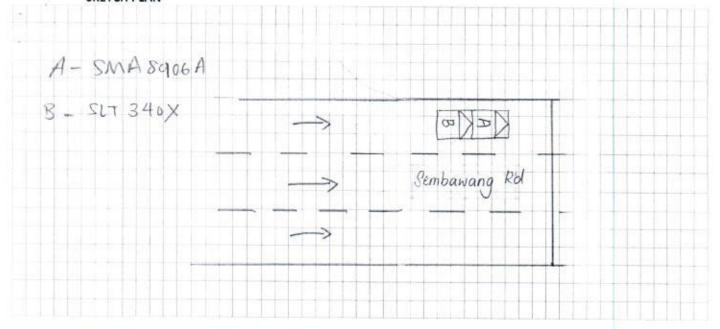
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



	I was travelling along Sembawang road. As the traffic light turning to red, I then stopped my vehicle. Out of sudden, I felt an impact from my rear. When I got down from my vehicle, I realised that vehicle B collided onto my rear.
	W
_	
_	

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

对于国际中心的对于 中的对于	ACCIDENT DETAILS	WELL THE STREET
Date of accident	13/06/2019	(DD/MM/YY)
Time of accident	4:15 pm	(HH:MM)
Exact location of accident	Sembawang Road.	

A PROPERTY OF THE PARTY OF THE	DETAILS OF VEHICLE
Vehicle registration number	SMA 8906A
Vehicle make and model	Toyota Altis
Type of vehicle	Saloon D MPV CRV Van D Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □

INSURANCE INFORMATION					
Insurance company	NTUC				
Policy number					
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆		

医温度 等的人的 2000年1000年1	INSURED / POLICY HOLDER	No.		冷事。计学程
Name	Yaseen Bin Ahamed		Male	Female 🗆
NRIC / Fin / Passport number	S1585268B			
Contact	9654 6473 / 97679 408	(Son)	
Address	Apt BIK 649 Ang Mio Eio 5 (560649)	Avenue	5	407-3335

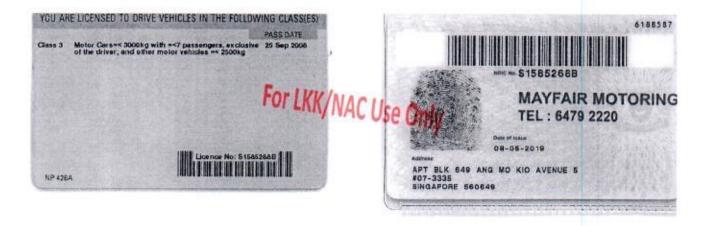
DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Male 🗆	Female			
NRIC / Fin / Passport number					
Contact					
Address					
Email address					
Date of birth	121 10 1963				
Occupation	Indoor Outdoor				
Driving date pass	25/09/2008				

APACABLE CONTRACTOR	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No Z
the insured's company?	If no, relationship of the driver and insured:owner
Accident captured by camera?	Yes 🗷 No 🗆
Weather condition	Clear A Raining Others:
Road surface	Dry z' Wet □
No of passenger	3 (Inclusive of driver)
	PASSENGER 1
Name	Maimunah Binte Musa
Gender	Male Female
	PASSENGER 2
Name	Granddaughter
Gender	Male Female
March S. Street Street	PASSENGER 3
Name	
Gender	Male Female
A CONTRACTOR OF THE PARTY OF TH	PASSENGER 4
Name	
Gender	Male : Female :
建新的层面 医艾耳氏征	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
新疆域的 。1000年100年100年100年100年100年100年100日	OTHER INFORMATION
Was anybody injured?	Yes D No.
Was other vehicle damaged?	Yes No a
BRANCE CONTROL OF THE	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
	WITNESS 1
Name	
AND THE PARTY OF T	WITNESS 2
Name	

建 加强性的 (文义 = 200 / 100	THIRD PARTY VEHICLE 1
Vehicle registration number	SLT 340×
Vehicle make model	
Name	Ishak Bin Osman
NRIC / Fin / Passport number	51584065 H
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PART VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	THIND PART VEHICLES
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	THIRD PART I VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	TURD CARTY VEHICLE S
Vehicle registration number	THIRD PARTY VEHICLE 5
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD DARTY VEHICLE C
Vehicle registration number /	THIRD PARTY VEHICLE 6
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THE PARTY SELECTION OF THE SECOND OF THE SEC
Valida and a financia de la companya	THIRD PARTY VEHICLE 7
Vehicle registration number	THIRD PARTY VEHICLE 7
Vehicle make model	THIRD PARTY VEHICLE 7
Vehicle make model Name	THIRD PARTY VEHICLE 7
Vehicle make model	THIRD PARTY VEHICLE 7

		INJURED PERSON 1	
Name			
Injuries sustained			
Which vehicle person in?	S 1000		
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
基的标识的表示		INJURED PERSON 2	
Name	y.4		
Injuries sustained		1	
Which vehicle person in?	1000		
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	DE OFFICE OF THE		
The state of the s	STATE OF STA	INJURED PERSON 3	search a succession of the search
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆 /	
hospital by ambulance?			
	Z. 22-5	INJURED PERSON 4	
Name		/	
Injuries sustained	/		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
表为程度发展的发生。但在10 00000000000000000000000000000000000		INJURED PERSON 5	Marinalews at a same see
Name /	T.		
Injuries sustained			
Which vehicle person in?			<u> </u>
Were seat belts worn?/	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
AND RESIDENCE OF STREET	PLACE	INJURED PERSON 6	NEWSCHOOL STREET, THE YEAR
Name /			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	





eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Password → Change Language · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 13/06/2019 14:19 Vehicle No.(For Motor) SMA8906A Certificate Number Search Certificate Number Policyholder Name Commence Date Policyholder NRIC Vehicle Insured Select Policy No. Product Cover Type Expiry Date No. Object YASEEN B AHAMED drivo CLASSIC 5102157545 S1585268B GPC SMA8906A SMA8906A 11/07/2018 13/07/2019 Continue

Claim Handling

Accident MT/1049121						
Policy No.	5102157545	Vehicle No.	5MA8906A	GST Regi	stration No.	
Certificate No.						
Policyholder Name	YASEEN B AHAMED			Policyhold	Jer NRIC	51585
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading		0
Contact No.(Mobile)	97699408	Contact No.(Office)		Contact N	lo.(Home)	
Email Address		Special Remark		eCode		No ▼
KFK	* No : Yes	TCA	No Yes	eCode Re	ason	1000
NCD Protection	No	NCD Entitlement(%)	30	Private Hi	re.	No
Report Date	15/06/2019 09:41	Accident Report Within 24 hrs	Yes	Accident 1	Type	Collisio
Date of Accident	13/06/2019	Time of Accident hh:mm	16:15	Country o	f Accident	Singap
Reporting Centre		Orange Force		ICM No.		
Accident Location	SEMBAWANG RD					
▽ Excess						
Own damage Excess	600.00	Additional Excess	0	Windscre	en Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	0		1/5 5/5/5/5/
Third Party Excess	0:00	Outside Singapore TP Excess	0.00			
→ Benefits			5,000	3		
GST Registered Information	tion					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified		Yes	
fedification History						
→ Policyholder Mailing Add	ress					
Address 1	BLK 649 #07-3335	Address 2	ANG MO KIO AVENUE 5	Address 3	65	SINGA
Address 4		Address Type	Singapore address	Post Code	E11	56064
Unit No.		Related Policy Number	5102157545			
✓ OI Driver Info						
Driver Name	YASEEN BIN AHAMED	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	\$15852680	Driver DO	6	12/10/
Register Date of Driver License	01/01/2000	Driver Age	55	Driving Ex	perience	19
Contact No.(Mobile)	97699408	Contact No.(Office)		Contact N	io.(Home)	
Address 1	BLK 649 #07-3335	Address 2	ANG MO KIO AVENUE 5	Address 3	betalense.	SINGA
Address 4		Address Type	Singapore address	Post Code		56064
Unit No.						
Does he own a Singapore Registered car?	Yes w No	Driver Vehicle No.		Driver Ins	surer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	U Yes ≋ No			
Modification History						
Decrees his on h						
Claim 001 New						
Claim Type *			OD-MX	▼ Insured Name	YASEEN B AHAMED	
Contact No.(Mobile)			96546473	Contact	NIL NIL	
				(Home)	MIL	
Email Address				Vehicle Number	SMA8906A	
Claim Description			SMA89064	A / SLT340X ON 13 Jun 2019		
Preferred Norkshop 0	Insured Liability Not at F	Fault ¥				
Somist No. Yes	Repair Preferred Workshop	CIA (1			
Date Registered	Option	report -	15/06/201	19 09:43 Claim		
Report Taken By			LIEW SHA	Date		
			LIEW SHA	N HOI		
* Print AK letter						
			Save Submit			
Attachment						
~						
Accident No.	MT/1049121	Claim No.	592.			
55 (1520012995) 119	11/10/10/10	Claim No.	001			

Video List

Upleaded By/Date

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