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Veh No. SW 2403B	E-mail (within 8hrs. AIC 2hr	»;	1		
DON 01012019 14:40	i-Motor Claim Form				
OD (TP): Reporting Only	I-Motor W/O (William OD	2hrs, 'I'P 4hrs)			5 50
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Preferred Wksp / NC Assign Wksp / QW: (		Tal:	Fax:		)
TP Punticulars: Veh No: SA	8800P. IN	C( )/Non-INC(	١		
Owner / Driver: (		1'cl:		)	
Policy No: ( ) Per	iod: (	) Cover Type: (		_ )	
Confirmed by : (	Dates	Timer		)	
	Note-Est. Status (WO): N:		F: 80-100%]		
	Varranty: YES ( )/NO (	<u> </u>			
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Drive-In ( )/ Towed-In ( ); Invoice	: YES ( ) / NO ( )	; Towing Co. (			
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Apply for Transport Allowance ( )/C	ourtesy Car ( )				
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )				
Injury:					
Date/Time Actions			AND STATE		
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1/13		ered N	ne Charged	THE STATE OF	

#### 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.
- 6. 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.

	ACCIDENT STATEMENT
Date Of Report	08/07/2019 17:48
Date Of Accident	07/07/2019 14:40
Exact Location Of Accident	PIE TOWARDS TUAS AFTER STEVENS ROAD EXIT
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ2403B
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	SHARIL.INS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84102030
Alternative Phone No	OFFICE-84102030
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108294636
Cover Note Number	
Driver	
Name of Driver	MOHAMED JABIR BIN MOHAMED ZAIN
NRIC No	S8208890C
Date Of Birth	18/03/1982
Occupation	INDOOR
Date Of Driving Pass	27/04/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84102030
Fax Number	
Contact Number	OTHERS-84102030
EMail Address	SHARIL,INS@HOTMAIL.COM

Address

BLK 636A SENJA ROAD

#02-303

Postcode

671636

...

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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)

involved in the accident

4

Was any body injured in the Accident?

YES

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)

6

Passenger 1

NAME:

: FARAH NIZA BTE ABU BAKAR

GENDER:

: FEMALE

Passenger 2

NAME:

: MD TARMIZI BIN SULAIMAN

GENDER:

: MALE

Passenger 3

NAME:

: HERDAWATI BINTE MD KADIR

GENDER:

: FEMALE

Passenger 4

NAME:

: DAYANGKU ZAHRA PUTRI BINTE MD JABIR

GENDER:

: FEMALE

Passenger 5

NAME:

: DAYANGKU SABRENA BINTE MD JABIR

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 SKETCH PLAN

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

SLN8800P

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SFB505D

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 OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SLE9486D

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**

Name

MOHAMED JABIR BIN MOHAMED ZAIN

Approximate Age

Injuries Sustain

NECK AND BACK PAIN

Injured person in which vehicle?

SMJ2403B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

amoulance

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name

FARAH NIZA BTE ABU BAKAR

Approximate Age

Injuries Sustain

NECK AND BACK PAIN

Injured person in which vehicle?

SMJ2403B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### **DETAILS OF INJURED PERSON 3**

Name

MD TARMIZI BIN SULAIMAN

Approximate Age

Injuries Sustain

NECK AND BACK PAIN

Injured person in which vehicle?

SMJ2403B

Were seat belts wom?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 4**

Name

HERDAWATI BINTE MD KADIR

Approximate Age

Injuries Sustain

NECK AND BACK PAIN

Injured person in which vehicle?

SMJ2403B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 5**

Name

DAYANGKU ZAHRA PUTRI BINTE MD JABIR

Approximate Age

Injuries Sustain

NECK AND BACK PAIN

Injured person in which vehicle?

SMJ2403B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

## **DETAILS OF INJURED PERSON 6**

Name

DAYANGKU SABRENA BINTE MD JABIR

Approximate Age

Injuries Sustain

NECK AND BACK PAIN

Injured person in which vehicle?

SMJ2403B

Were seat belts worn?

YES NO

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### 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:
  - 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)

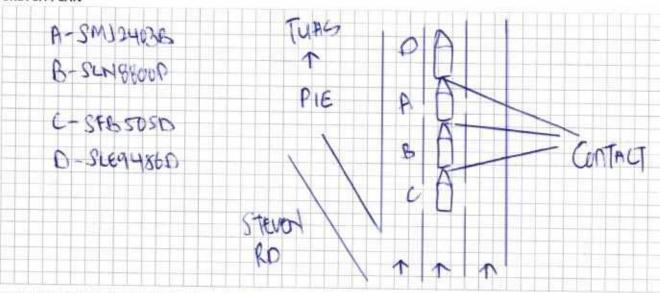
Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE INFRONT OF ME SLOW DOWN PM STUP. THEREFORE, I STUP BEHIND. SUDDENLY, VEHICLE IS HIT AGAINST MY REAR. THE IMPACT PUSH MY CAR FORWARD AND TOUCH AGAINST VEHICLE INFRONT MY FRONT AND ROAR WAS DAMAGED.	I WAS OF	WINY ON THE MIDDLE CAME ALONY PIE TOWARDS
VEHICLE INFRONT OF ME SLOW DOWN PM STUP. THEREFORE, I STUP BEHIND. SUDDENLY, VEHICLE IS HIT AGAINST MY REAR. THE IMPACT PUSH MY CAR FORWARD AND TOMOH AGAINST VEHICLE INFRONT MY FRONT AND ROAR WAS DAMAGED. MY PASSENGERS AND MYSELF SUFFER A RACK AND NELL PAIN DUE TO THE SYDDEN STRONG IMPACT.	TUAS.	the limber thing the markets
SUDDENLY, VEHILLE IS HIT AGAINST MY CEAR. THE IMPACT PUSH MY CAR FORWARD AND TOMEH AGAINST VEHICLE INFRONT MY FRONT AND ROPE WAS DAMPYED.  MY PASSENGERS AND MYSELF SUFFER A BACK AND HELL PAIN DUE TO THE SUDDEN STRONG IMPACT.		FRONT OF ME SIGN DOWN AND STOP THEREFORE
SUDDENLY, VEHILLE IS HIT AGAINST MY CEAR. THE IMPACT PUSH MY CAR FORWARD AND TOUGH AGAINST VEHICLE INFRONT MY FRUIT AND ROPR WAS DAMPGED.  MY PASSENGERS AND MYSELF SUFFER A RACK AND HELL PAIN DUE TO THE SYDDEN STRONG IMPACT.	1 STUP BEL	IND .
MY FRUIT AND ROPR WAS DAMPYED.  MY PASSENYERS AND MYSELF SUFFER A BACK AND MELL PAMP DUE TO THE SYDDEN STRONG IMPACT.	SUDDONLY.	VEHILLE & HIT AUDINST MY FROM. THE IMPORT
my PASSENGERS AND MYSELF SUFFER A BACK AND HELL PAINT DUE TO THE SYDDEN STRONG IMPACT.	PUSH MY 1	AR FORWARD AND TIMEH AGAINST VOHILE INFRINT
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IT WAS A CHAIN COLLISION OF H VEHICLES.		
	IT WAS	A CHAM COLLISION OF H VEHICLES.

#### DECLARATION

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 Persondel's Signature
Name:
NRIC/FIN No.:

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nsurance Company C	of Driver's Own Vehicle		
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Vas There Accident	Reported To The Police? (	) YES ( ) NO If	Yes Attach Police Report
olice Report Number	er (if any)		
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REPUBLIC OF SINGAPORE
IDENTITY CARD NO. \$8208890C



9

MOHAMED JABIR BIN MOHAMED

For LKK/NAC Use Only



MALAY
Date of birth
18-03-1982
Country/Place of birth







VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

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FOR LKK/NAC USE Only

S / No. 9000250861



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATION) ACT (CHAPTER 190)
MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATION) RULES 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	110 110 1100

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

ertificate Number: 5108294636	Cover	:	drivo CLASSIC

Index mark and Registration Number of Vehicle

: SMJZ4038 Chassis Number

: JM68L10F1A0115149 2. Name of Policyholder : TOODS PARTNERS PTE. LTD.

3. Effective Date of Insurance : 18 Mar 2019

4. Expiry Date of Insurance : 27 Jan 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

# This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: 5\$2,000
EXCESS (SECTION 2)	: 5\$1,500
WINDSCREEN EXCESS	: 5\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	÷ NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: SININS AGENCY PTE, LTD. (00000615123)

Date of Issue : 18 Mar 2019 14:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive