NATIONAL Assessment Cer	ntre Services. week.	13000SI MHA 1190 93222	
Date In: 11/2 15-19/15	Job description	Date & Time Complete	d Done by
Ref No: MAJNEISONTYGIZA	SAS e-filing		
Veh No: JKJ96mm	E-mail (within Shrs, A	(C 2hrs)	
DOA: 16/2/19-08:00	i-Motor Claim For		Ithle with
	i-Motor W/O (With		16/7 12:14
OD TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey I	Report	
Transact.	Ass't Report by Fax	/ Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:
TP Particulars: Veh No:	453917	INC()/Non-INC()	
Owner / Driver: (Tcl:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Dat	e: Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P: 80	0-100%]
Year of Registration: ()		YO()	
Excess: (\$) Loading: \$	31,000 ()/\$2,000 ()		
General Remarks:	2 7 7 7		
() Walk-In Customer : Customer's i	nformation strictly Confiden	tial & Strictly NO refer of repairs	r.
	urer URGENTLY.	***	
	pice: VES() / NO(); Towing Co: (
		,, 10 mg co. (1	/
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	Done by
The second secon	/ Courtesy Car ()	**	
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		
Injury:			
Date/Time Actions			Propiosis -
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	-1		
VA 1905317	Înve	ice Preparation Checklist	Anit (5) Amit (5
laimant's Particulars :-	1) AR	Accident Reporting (530);	fit Bill Add Bi
		Damage Assessment (\$100); INC	
river/Owner:		Towing Fee 5 Follow-Through Survey	\$120
ontact No:	5) FT:	Follow-Through Survey (Resurvey)	\$30
amaged Portion:		deiming against INC Only (wef 10 Jan 20) Re-inspection	\$75
ged 1 ordon.	7) N1 :	Idao DA + SMRT Survey	\$160
Charled by (2	8) NTU OD*	IC Additional Services:-	
Checked by (Engr-In-Charge):	*N5:	Courtesy Car / Tpt Allowance	\$5
	The state of the s	Repair Co-ordination Fost Repair Inspection	510 \$25
aditors' Comments :-	*N8:	DV / Collect Excess Coordination	53
.1:		N11) : TP (Non INC) against INC	30
2/3;	Invoice		
22	Invalce		MARKET PARTIES

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 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.
- 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	16/07/2019 14:55
Date Of Accident	16/07/2019 08:00
Exact Location Of Accident	PIE (CHANGI) TWDS BKE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ9622M
Insured/Policyholder	
Name Of Registered Owner	SUFFIAN BIN ABDUL RAHMAN
NRIC No	S1534715E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96733297
Alternative Phone No	OFFICE-96733297
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	5103797641
Cover Note Number	
Driver	
Name of Driver	SHIEKH MUADZ BIN SHIEKH HOUD BAGHARIB
NRIC No	S8622338D
Date Of Birth	12/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83394494
Fax Number	

OFFICE-83394494

NOEMAIL

Address

BLK 326C SUMANG WALK

#02-954

Postcode

823326

RELATIVE

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

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

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190716/7008.

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

SLG5391J

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

SLG6962E

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

UNKNOWN

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 SHIEKH MUADZ BIN SHIEKH HOUD BAGHARIB

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKJ9622M
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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 Policyhalder and/or the Avinorised Orlean
- Information provided must be as <u>truthful</u> and <u>eccurate as possible</u>, Any wilful missepresentation or withholding of meterial facts may allow insprance companies to <u>repudiate policy liability</u>.
- 4. The issue and seceptance of this Form by inturance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any felse recording may be referred to the Police for Investigation.
- 5. 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 hareby coasent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- S. Consert under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (s) 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 section 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers lawyers/javx 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 define including the settlement of the claims and any recessary investigations relating to the claims;
 - (ii) investigating the secident and/or my dalms;
 - (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, francing and/or dealing with my claims. (collectively the "Purposas")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are parentitled
 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@ncluding their lawyers/aw firms), which may be sited outside of Siagepore, for one or more of the choice Purposes.
- (b) thy Personal information will also be collected and used to compile daims history for the purpose of freud detection, investigation and management in present and all future daims.
- (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, lowestigating, controlling or managing fraud, regulators, faw enforcement and government agained as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Folloyboleans Signature

Date & Times

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

KRIC/FIN No.1

SKETCH PLAN	حد معلم معارض المعارض على	Late (Aprilla alberta		
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DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT			manus
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cyholders Signature	Orlect's Signature		Panagharata	MvM
& Turk	(If driver is not the po	licyholder)	Name:	ersonnel's Signature
	Date & Time:	1.03 C.13	NRIC/FIN No.:	

Date of Accident	: 16 July 2019 Accident Time: 8am (24-HR-Format)
Accident Place	A PIE (Changi) towards BKE
Vehicle Reg. No. (Car Plate No.)	: SKJ 9622 M
Vehicle Make/Model	: Toyota Canny
Insurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	: Suffian Bin Abdul Rahman
Owner or Company Contact No.	: 96733297 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Shiekh Muadz Bin Shieth Houd baghatib
DRIVER'S Date Of Birth	: 12 Aug 1986 DRIVER'S License Pass Date 25 May 2015
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: uncle
DRIVER'S Address	: 3266 Sumany walk #02-954 8'(823326)
DRIVER'S Contact No./ Alt No.	:1) 83394494 2)
DRIVER'S Occupation	: INDOOR \ QUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@hycaer.cg
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	niver):
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES NO s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle Reg. No: \$195391J	Vehicle Reg. No: \$1962€
Vchicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190716/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 16/07/20	ne Report N 019 12:44	fade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partici	ulars			
SHIEKH	RIB	N SHIEKH HOUD	Address: APT BLK 326C SUMANG WA 823326	ALK #02-954 SINGAPORE	
ID Type NRIC No	/ ID No.: D / S86223:	38D	Contact No.: Home/Office: Mobile: 83394494		
National SINGAP	ity: ORE CITIZ	EN	Email: shakeymuzey69@gmail.com		
Sex: Male	Age: 32	Date of Birth: 12/08/1986	Type of Informant: Driver		
Race: Arab			Language: English	Institution / School Name:	
Occupation: Technical Specialies			Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/07/2019 08:00	Type of Location: Straight Road	
Location: PAN ISLAND	EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h	
		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKJ9622M	Car			1000	Slightly Damaged	0
SLG5391J	Car					0
SLG6962E	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:

Report No. T/20190716/7008

2 of 3

Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver		AND STATE	SA PARTIES		S. LONG	PARTY NAMED IN COLUMN
Name	SHIEKH MUADZ B BAGHARIB	IN SHIEKH	HOUD	ID No		S8622338D
Related Vehicle	SKJ9622M (Car)				ct No.	83394494
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	NIL		
No. of Days granted Medical Leave 03			Degree o		Slight	t

On the stated date and time, I was driving my vehicle SKJ9622M on PIE(changi) towards BKE, traffic was moving slow, there was an accident in front of me so I signal left and came to a stop, suddenly I felt a great impact from my rear and realize SLG5391J had collided to my rear then I realize its a chain collision, the 3rd vehicle car plate was SLG6962E, I forget to take the 4th vehicle car plate. I feel uncomfortable and went to see a doctor and get 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190716/7008

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 16/07/2019 12:44
Classification Of Case:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8622338D



SHIEKH MUADZ BIN SHIEKH

9

Race ARAB Date of birth 12-08-1986 CountryPlace of birth SINGAPORE For LKK/NAC

Date: of listing

Date: of listing

Date: of listing

Date: 09-05-2017

APT BLK 326C SUMANS WALK #02-954

SINGAPORE 823326

API-0Nov. \$8822338D

Date: 09/06/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

ASSOCIATION S 8 6-2 2 3 3 8 D

SHIEKH MUADZ BIN SHIEKH
HOUD BACHARIB

Brit Date: 12 Aug 1986
Ustor Cater 25 May 2015

Class 3 *Motor Cars =< 3000kg with =<7 passengers, exclusive 25 May 2015 of the driver; and other motor vehicles =< 2500kg

BEPUBLIC OF SINGAPORE DENTITY CARD NO. S1534715E



SUFFIAN BIN ABBUL BAHMAN



Country Place of Birth
SINGAPORE

APT BLK 314 UBI AVENUE 1 #02-425 SINGAPORE 400314

eBao Tech			No.				EUR P		Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	+ Chang	e Password	• Log Out
My Desktop Notice of Loss	Policy Query									
	Policy No.				Date o	of Accident	[1	6/07/2019 0	8:00	
	Vehicle No.(For Motor)	SK3962	22M		Certifi	icate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5103797641		SUFFIAN BIN ABDUL RAHMAN	51534715E	GPC	drivo CLASSIC	SKJ9622M	1 SKJ9622M	15/09/2018	14/09/2019
			Se 10.37, 10.107	1	Continue	1				

Policy Information Page 1 of 1

Policyholder Policyholder NRIC Policy No. 5103797641 SUFFIAN BIN ABOUL RAHMAN S1534715E Name Certificate No. Address BLK 314 #02-425 UBI AVENUE 1 SINGAPORE 400314 Product Group Policy Flag PRIVATE CAR INSURANCE Policy Effective 11/09/2018 issue 15/09/2018 00:00 Expiry Date 14/09/2019 23:59 Date Excess All Claims Type Third Own Windscreen 0 Party damage Excess 100 Excess Excess Additional OS 0 Excess Premium Outside Outside Singapore 600 Singapore Young/Inexperience Driver Excess OD TP Excess Excess Agent HUANG YUMING, RENNY Agent Tel. 86067874 Coinsurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 BLK 314 #02-425 Address 2 **UBI AVENUE 1** Address 3 SINGAPORE 400314 Address 4 Address Type Singapore address Post Code 400314 Related Policy Unit No. 02-425 5103797641 Number **▽** Endorsements Sequence Date of Endorsement **Endorsement Type Endorsement Status** Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 15 Sep 2018, Basic Information 15/09/2018 00:00 Endorsement Take Effective Endorsement the following amendment(s) is/are made to this policy: UPDATE MAILING ADDRESS Continue Cancel

Claim Handling					· Exi
Accident HT/1053660					
Policy No.	5103797641	Vehicle No.	SK39622M	GST Registration No.	
Certificate No.					
Policyholder Name	SUFFIAN BIN ABOUL RAHMAN			Policyholder NRIC	\$153471SE
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	O .
Contact No.(Mobile)	96733297	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N/ V
KFK	® No ○ Yes	YCA	® No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private hire	No
Accident Details					
Report Date	16/07/2019 15:12	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	16/07/2019	Time of Acodem hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		3CM No.	
Accident Location	PIE (CHANGE) TWDS BICE				
♥ 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	0.00	Outside Singapore TP Excess	0.00		
9 Benefits					
□ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Ventiles	Yes	
Modification History					
□ Policyholder Maillen Ad	Miraes				
→ Policyholder Mailing Ad Address 1	BLK 314 #02-425	Address 2	URL AVENUE -		
Address 4	307 307 802 423		UBI AVENUE 1	Address 3	SINGAPORE 400314
Unit No.	03.435	Address Type	Singapore address	Post Code	400314
	02:425	Related Policy Number	5103797641		
₩ OI Driver Info	Umaries briver	Water William			
Unnamed driver Name	SHIEKH MUADZ BIN SHIEKH HC	Driver Type Driver NRIC	Unnamed Driver 58622338D	Driver DOB	170001000
Register Date of Driver License		Driver Age	32		12/08/1986
Contact No.(Mobile)	83394494	Contact No.(Office)	0	Driving Experience Contact No.(Home)	0
Address 1	BUK 326C	Address 2	SUMANG WALK	Address 3	PUNGGOL VUE
Address 4	51NGAPORE 823326	Asidress Type	Singapore address	Post Code	
Unit No.	02-954	55520000000	angelore dearest	roat code	823326
Does he own a Singapore	○ Yes No	Driver Vehicle No.		220000000000000000000000000000000000000	
Registered car?		Correl Salesia Hu.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Reading?		100000	* 1000		
SA THERMOOFFINES VINES					
Modification History					
Claim 001 New					
	for the			United America	
Claim Type *	OD-MX 💟	Insured Name	SUPPIAN BIN ABOUL RAHMAN	Insured NRIC	51534715E
Contact No. (Mobile)	96733297	Contact No.(Home)	MIL	Contact No.(Office)	WIL
Email Address	Diago Salari	Of Vehicle Number	SK)9622M	TP Vehicle Number	5LG53913
Claimant Type Claimant Type • Claimant Name •		Type of Benefit *	Please Select		
Claimant Address	22	Claimant NR3C *			
Claim Description	PRINCIPAL FRANCISCO DE LA SALES			2.000.000.000.000.000.000.000.000	
Preferred Workshop Contact	SK39622M / SLG53913 ON 16 Jul 2019			Name of Preferred Workshop	
No.		Insured Liability *	Not at Fault		311 - The - Hold
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report	Received
Date Registered	16/07/2019 15:14	Claim Close Date		Date Received	16/07/2019 00:00
Report Taken By	Jackson				
d Print AK letter					
			end recent		
Attachment			Save Submit		
Housens					
~					
Accident No.	MT/1053660	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	16/07/2019 15:15		
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