NATIONAL Assessment Centre S	Services Well Jamos A	1181190951 76	17.	
	Jcb description	Date &Time Completed	Don	e by
Ref No: 44 146 1901866 124	SAS e-filing			
Veh No: JICH 10191	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 1/19- 19:45	i-Motor Claim Form	M11054415-001	21/2/19	15:04
The same of the sa	i-Motor W/O (Within: OD 2h		-141.1.	
OD TP Reporting Only	i-Photo Uploaded			
Th.	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	ıx:)
TP Particulars: Veh No: Starve	INC ()/Non-INC()	4	
Owner / Driver: (Tel:)	
Policy No: () Period	:(Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note	e-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	00%]	
Year of Registration: () War	ranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 (()/\$2,000()			
General Remarks:	The Aller of the Annual Control	AZZ Pineska ka		
() Walk-In Customer : Customer's information				
() Total Loss Case : to e-mail Insurer U		nedy NO Tales of Teparies.		
Drive-In ()/ Towed-In (); Invoice: YI		owing Co: (
Zerre in (), rewell (), invoice. In	ES () / NO () , 1	ownig co. (
Remarks:- (INC hodine: 6788 6616)		Date&Time Completed	Don	b by
Apply for Transport Allowance ()/Cour	tesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury:				
			VI. 84 - 1 - 4	With Color Boy
Date/Time Actions		and the second second second second	SECULLA	<u> </u>
			5 0 0 0 0 0	
•	partings that to see		TEP NO. 15	miremer est of
MAI 405459	Invoice Pre	paration Checklist	And (S)	Amt (3)
laimant's Particulars :-	1) AR : Accident			1111
	2) DA : Damage 3) TF : Towing F	Assessment (\$100); INC (\$80)		
Priver/Owner:	4) FT : Follow-Ti	hrough Survey \$1		
Contact No:		hrough Survey (Resurvey) 5 gainst INC Only (wef 10 Jan 2005)	30	
amaged Portion:	6) TR: Re-inspec		75	
anaged Fordon.	7) N1 : Idao DA + 8) NTUC Additio		60	
C Cheeled by W . V Ci	8) NTUC Addition	nai Scrvices		
C Checked by (Engr-In-Charge):	*N5: Courtesy		\$5	
	*N6: Repair Co *N7: Fost Repair		25	
nditors' Comments :-	*N8: DV / Coll	ect Excess Coordination	55	
<u>.t. 1;</u>	TP (N11) : TP 9) N12: Idae Mob	The state of the s	30	100
1.2/3;	Involce dated	Fee Chargea	E CHAN	公共的了 即被
	Invaice dated	Fee Charged	EXCITED SAFERING	

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 ladgement 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

aloresaid,	
	ACCIDENT STATEMENT
Date Of Report	22/07/2019 14:21
Date Of Accident	21/07/2019 19:45
Exact Location Of Accident	MALAYSIA CUSTOM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH1019T
Insured/Policyholder	
Name Of Registered Owner	M SUSEELA
NRIC No	S1766701G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91997973
Alternative Phone No	OFFICE-91997973
Vehicle Particulars	
Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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	5104038301
Cover Note Number	
Driver	

Name of Driver ABDULLAH BIN ABDUL RAZAK

NRIC No S8946580Z Date Of Birth 19/12/1989 Occupation OUTDOOR Date Of Driving Pass 27/09/2017

Driving Experience 1 YEAR AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81116124

Fax Number

Contact Number OFFICE-81116124

EMail Address NOEMAIL Address

BLK 539 ANG MO KIO AVENUE 10

#02-2575

Postcode

560539

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

2. 37 - .

•

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

0.000

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: SUBHASHINI

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLG1246Y

Vehicle Make/Model/Colour

MAZDA 3

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)

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.
- 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.
- 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:

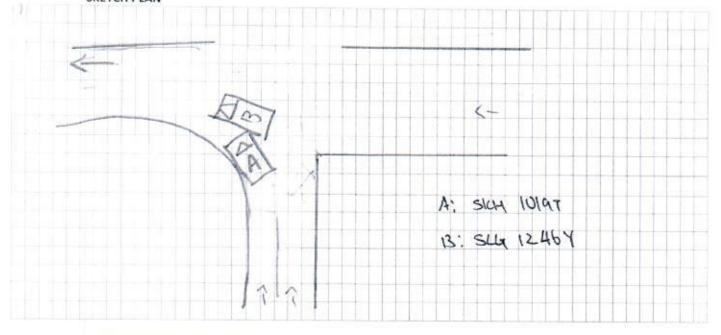
Driver's signature

(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:



	RCUMSTANCES OF THE ACCIDENT	1.04
on the	Stated time and date. I wo	is maxina acturn at the
Makingsia	custom. Vehicle B (SLY 1	2464) Suddenly turn into
my lane	custom. Vehicle B (SLG) 1° and hit the front of my	Vehicle (SKH 1019T).
8		
		<u> </u>

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.

	ACCIDENT DETAILS	
Date of accident	21/07/19	(DD/MM/YY)
Time of accident	1945	(HH:MM)
Exact location of accident	Malaysia custom	•

加斯斯岛的国际	对旅馆工程	DETAILS OF	VEHICLE
Vehicle registration number	SKI	T 1019 7	
Vehicle make and model	BMW	520I	
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆	CRV □ Van □ Motorcycle □ Others:
Vehicle category	Private p	Comm	ercial Motorcycle
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes □ Third part o	No □	if no, please select: Reporting only □

医多种性性的 100000000000000000000000000000000000	INSURANCE IN	FORMATION	THE PART WELL STATE
Insurance company	NTUC		
Policy number	5104038301		
Type of policy	Comprehensive ₽	Third party fire & theft □	TP only

以为自己的自己的	INSURED / POLICY HOLDER		
Name	M. SUSEELA	Male 🗆	Female p
NRIC / Fin / Passport number	S1766701G		
Contact	91997973		
Address	BLE 539, ANG MO KIO ANG 10 #02-2875 S(560519)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	ABDULLAH BIN ABOUL RAZAK Male & Female
NRIC / Fin / Passport number	589465807
Contact	8111 6124
Address	BILC 529, AND MO 120 AVEID \$ 02-2575 5(560539)
Email address	
Date of birth	19/12/1989
Occupation	Indoor Outdoor
Driving date pass	27/09/17

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No D
the insured's company?	If no, relationship of the driver and insured: Spouse
Accident captured by camera?	Yes D No &
Weather condition	Clear Raining Others:
Road surface	Dry.ø Wet a
No of passenger	0 1 (Inclusive of driver)
杨明 是1955年(1955年)	PASSENGER 1
Name	SUBHA SHI NI
Gender	Male Female,
AND THE PROPERTY OF THE PARTY OF THE PARTY	PASSENGER 2
Name	A BULLAH BIN ABOUL RAZAK
Gender	Male & Female -
BOOK STREET, SELVEN TO SE	PASSENGER 3
Name	ASSERVATION
Gender	Male - Female -
	Male B Felligie B
	DATESTACED
Name	PASSENGER 4
Gender	Male Female
Gender	Male Female
CHICAGO CONTRACTOR OF THE CONT	ACCESSOR AND ADDRESS OF THE PARTY OF THE PAR
Name	PASSENGER 5
Gender	Male Female
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
	OTHER INFORMATION
Was anybody injured?	Yes D No Ø
Was other vehicle damaged?	Yes ∠ No □
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes □ No Ø If yes, please state which police station.
Police station name	
的是是有效是是外的。	WITNESS 1
Name	
	WITNESS 2
Name	

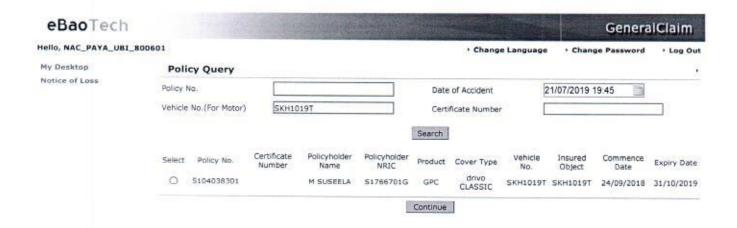
A STATE OF THE STA	THIRD PARTY VEHICLE 1
Vehicle registration number	SL4 12464
Vehicle make model	MAZ0A 3
Name	1111-711-3
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	The Later Control of the Control of
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD FAIRT VEHICLES
Vehicle make model	
Name	/
NRIC / Fin / Passport number	/
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Manager Health State State	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
BISTORY STATE	THIRD PARTY VEHICLE 6
Vehicle registration number /	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
EAST TO SEE MISSING COURSE	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	聚基 可数据后移	INJURED PER	SON 1			
Name		ALL SALES AND			MANUAL PROPERTY OF THE PARTY.	
Injuries sustained						
Which vehicle person in?		11/200		-17		
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?						
		INJURED PER	SON 2			CON'
Name				The state of the s	7	
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆		-		
Was injured conveyed to	Yes 🗆	No 🗆		/		
hospital by ambulance?	0.000 to 100 to		2			
			/			
NOT THE REPORT		INJURED PER	SON 3		当成为外部的 可能	
Name						
Injuries sustained			/			
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?						
	A PARTY	INJURED PER	SON 4	TO STATE OF THE PARTY OF THE PA	Market Land	
Name						
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?	/	The second market				
	/					
	Marie Program	INJURED PER	SON 5	The second	DAMES TO SERVE	H
Name						
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	/Yes □	No 🗆				
Was injured conveyed to	/ Yes □	No 🗆				
hospital by ambulance?						
	建	INJURED PERS	SON 6	建	THE RESERVE	
Name /						
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?	CASSON 281 VIII	CONTRACT OF THE PARTY OF THE PA				









Policy No.	5104038301	Policyholder Name	M SUSEELA		Policyholder NRIC	S1766701G	
Certificate No.							
Address	BLK 539 #02-2575 ANG MO KIG	AVENUE 10 S	SINGAPORE	560539			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	24/09/2018	Effective Date	24/09/2018	8 00:00	Expiry Date	31/10/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	CAR INSURANCE AGENCY PTE.	l Agent Tel.	63842777		GST Flag	Υ	
Co- insurance Flag Open Policy	No						
Info Certificate Info							
Policyl	holder Mailing Address						
NOW S	holder Mailing Address BLK 539 #02-2575	Addre	ess 2	ANG MO KIO AVEN	UE 10	Address 3	SINGAPORE 560539
Address 1						Address 3	
Policyl Address 1 Address 4 Unit No.		Addre	ess Type and Policy	ANG MO KIO AVEN Singapore address 5104038301			SINGAPORE 560539 560539
Address 1 Address 4 Unit No.		Addre Relate	ess Type and Policy	Singapore address			
Address 1 Address 4 Unit No.	BLK 539 #02-2575	Addre Relate	ess Type and Policy	Singapore address			
ddress 1 ddress 4 init No. Insure	BLK 539 #02-2575 ed Object: SKH1019T	Addre Relate Numb	ess Type and Policy	Singapore address 5104038301 t Type		Post Code Status	

Claim Handling					> Exc
Accident MT/1054415					
Policy No.	5104038303	Venicle No.	5KH1019T	GST Registration No.	
Certificate No.					
Policyholder Name	M SUSEELA			Policyholder NR3C	\$1766701G
Product Code	PRIVATE CAR INGURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91997973	Contact No.(Office)	0	Contact No. (Home)	0
Email Address	81.70	Special Remark		eCode	In v
NCD Protection	® No ○Yes No	TCA	® No ○Yes	eCode Reason	1700
S Accident Details	40.	NCD Entitlement(%)	0	Private Hire	No
		81 DOWN TODAY			
Report Date	22/07/2019 14:48	Accident Report Within 24 hrs		Accident Type	Collision - Change / Cross lane
Date of Accident	21/07/2019	Time of Accident hh:mm	19:45	Country of Accident	Outside Singapore
Regarding Centre Accident Location	The state of the s	Orange Force		3CM No.	
₩ Excess	MALAYSIA CUSTOM				
	422	V20000000000	72		
Own damage Excess Unnamed Oriver Excess	800.00	Additional Excess Dutside Singapore DD Excess	600.00	Windscreen Excess	100.00
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
□ Benefits	3737	Contract Surgitions in Excess	0.00		
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
□ Policyholder Mailing Ad		TURKEY!	T10 2/12 (1992)		
Address 1	BLK 539 #02-2575	Address 2	ANG MO KIJO AVENUE 10	Address 3	SINGAPORE 560539
Address 4		Address Type	Singapore address	Post Code	560539
Unit No.		Related Policy Number	5104038301		
Oriver Name	Unnamed Driver	4200400	Unnamed Driver		
Unnamed driver Name	ABDULLAH BIN ABDUL RAZAK	Driver Type Driver NR3C	58946580Z	Driver DDB	19/12/1989
Register Date of Driver License		Driver Age	29	Driving Experience	1
Consact No.(Mobile)	81116124	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 539 #02-2575	Address 2	ANG MO KIO AVENUE 10	Address 3	CHENG SAW YIEW
Address 4	SINGAPORE \$60539	Address Type	Singapore address	Post Code	560539
Unit No.	02-2575				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
Claim 001 New					
Daim Type •	OD-MK.	Insured Name	M SUSBELA	Insured NRIC	S1766701G
Contact No.(Mobile)	94552175	Contact No.(Home)		Contact No.(Office)	
Email Address	susi-2908@hotmail.com	Of Vehicle Number	SKH1019T	TP Vehicle Number	SLG1246Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	SKH1019Y / SLG1246Y ON 21 Jul 2019	COLOR DIRECTOR IN CO.		Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes 🗸	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/07/2019 15:09	Claim Close Date		Date Received	22/07/2019 00:00
Report Taken By	Jackson				
2 Print AK letter					
		1	word returned		
Attachment			Save Submit		
9					
Accident No.	MT/1054415	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	22/07/2019 15:11		
	Path *		Category *	Confidential Urgen	y * Description *
		Browse.		NO V Normal	
		Browse.	Clear Please Select S	Normal	<u> </u>
		Browse.	Clear Please Select	Normal V Normal	V
		- A 7.0 000	Charle Street Select	A framework	

