Davids at	[15, 2, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15	NA119099978	HILL STATE OF THE	
Date In: 302/ 19-19:14	Jeb description	Date & Time Completed	Done	by
Ref No: 44 1404 013394 124	SAS e-filing			
Veh No: GOF1933P	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 24/3/19-13:12	i-Motor Claim Form	M7/1077767001	21719 19	:21
	i-Motor W/O (Within: OD 2)		7717	
OD . TP)' Reporting Only	i-Photo Uploaded			Terroritan
TP Insurer:	Assessment/Survey Report			
17 History	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh Nouf Bry	IAX . INC	()/Non-INC().	*	Value in the
Owner / Driver: (Tel:)	10000000
Policy No: () Per	riod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
	Warranty: YES ()/NO ()		
	00 ()/\$2,000 ()			
CONTRACTOR AND TRIVING AND	THE STATE OF THE S	All secondary of the fig. of the first	THE STATE OF	
General Kemarks:-				
() Walk-In Customer: Customer's infor		trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.			
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();	Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	hi
	overteen Com (Dates Into Souther St.	West of Street	1.3
	ourtesy Car ()			
		1		
2) QC Check / Post Repair Inspection				
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
	000) ()			
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions		paration Checklist	Ant (S)	
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions		t Reporting (\$30);	TA Bill	
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NAMOSUS laimant's Particulars:-	Invoice Pro 1) AR: Acciden 2) DA: Damage	t Reporting (\$30); Assessment (\$100); INC (\$8	16.Bill 30)	
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NAIMOSUS laimant's Particulars:-	Invoice Pro	t Reporting (\$30); Assessment (\$100); INC (\$8	TA Bill	
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NAMOSUS laimant's Particulars:- river/Owner:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 Through Survey Through Survey (Resurvey)	(\$1.Bill (\$0) (\$2.545 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NAMOSUS laimant's Particulars:- river/Owner:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 Through Survey Through Survey (Resurvey) Assessed INC Only (wef 10 Jan 2005)	(\$1.Bill (0) (545) \$120 \$30	
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July: Date/Time Actions NAIMOSUS Injury: Date/Time Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming s 6) TR: Re-impe 7) N1: Idao DA 8) NTUC Additi	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 hrough Survey hrough Survey (Resurvey) hrough Survey	19. Bill 10) 1/545 5120 \$30) \$75	
July: Date/Time Actions NAIMOSUS Injury: Date/Time Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 9 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi QD.*	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 hrough Survey hrough Survey (Resurvey) hrough Survey	19. Bill 10) 1/545 5120 \$30) \$75	
July: Date/Time Actions NAIMOSUS Injury: Date/Time Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 8 6) TR: Re-inspe 7) NI: Idao DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$40 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 2005 ction + SMRT Survey onal Services:- Cer / Tpt Allowance	19:Bill 80) 9/545 5120 530) 575 5160 \$5	
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Rep	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$40 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 2005 ction + SMRT Survey onal Services:- Cer / Tpt Allowance	19:Bill 80) 9/545 5120 530) 575 5160	Am (t)
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NAMOSUS Inimant's Particulars:- river/Owner: Ontact No: Inmaged Portion: C Checked by (Engr-In-Charge): Inditors' Comments:-	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 8 6) TR: Re-inspe 7) NI: Idao DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Rep *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$40 Fee \$40 Fee \$40 Fee \$40 Fee \$40 Fee Fee \$40 Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	\$19.Bill	

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 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

ACCI	DEN.	Τ SΤΔ	TEN	IENT
				_

Date Of Report 30/07/2019 19:14
Date Of Accident 29/07/2019 17:10

Exact Location Of Accident JUNC MARIA AVE & SIGLAP RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF2933P

Insured/Policyholder

 Name Of Registered Owner
 JINKAI

 Co Reg No
 53330922X

 Email Address
 NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA

Model HIACE DX 3.0 M

Exact Purpose for which vehicle was being used at

time of accident

WORKING

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 5083226541-02

Cover Note Number

Driver

Name of Driver MUHAMMAD IBRAHIM BIN ROSZMAN

 NRIC No
 \$9224788J

 Date Of Birth
 21/07/1992

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/05/2017

Driving Experience 2 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81827706

Fax Number

Contact Number OFFICE-81827706

EMail Address NOEMAIL

Address

BLK 416 EUNOS ROAD 5

#02-32 400416

Postcode

Was driver an employee of the Insured's Company NO

was driver an employee of the insured's compan

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

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

0000

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

LO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

. .

GENDER: : MALE

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

SFB2717X

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

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- 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.
- 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.

JINKAI

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persongel's Signature

Name:

NRIC/FIN No.:

Nen	WA: GBF2933P
vehic	u B: 5FB7717X.
	Maria Avent
	Mana Avent
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT
on tu	stated date Y time, I, vehicle A', 687293
was travely	ng straight along the stated venue. Is I
was turnin	of The Maria Avenue, vehicle B', SFB2717X,
came ou	of the minor road and collided into my
vehille's rea	v right portion.
DECLARATION	
I/We declare the foregoing pa	ticulars are true in every respect.
Policyholder's Signature Date & Time	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personner's Signature Name: NRIC/FIN No.:

ACCIDENT STATEMENT

Acci	DENT DATE: 29,07,2	019_1(DD/MM/MY).	TIME: [7 : 10	HHH:MM)
LOCA	TION: Junction of	Maria Avenue	x siglap	road
1.	DETAILS OF VEHICLE O) VEHICLE NUMBER: b) INSURANCE COMPANY	68F2933P		
	c)POLICY NUMBER:	/ MPV /V AN / LORRY / IVATE / COMMERCIAL CCIDENT TIME: ER YOUR OWN INSURA	MOTORCYCLE! / MOTORCYCLE! WOY! PUY POLE NCE (YES/NO)	OTHERS)
2.	IF NO, PLEASE STATE (THIR INSURED / POLICY HOLDER A) NAME: JII b) NRIC/FIN/PASSPORT: LC) ADDRESS: LF	1KAI 53330922X	(MALE / F CONTACT: 1 4 , 401-28	EMALE)
chalaing after)	CONTINUE TO 3.d IF DRIV DRIVER O) NAME: MUNA mmad b) NRIC/FIN/PASSPORT: C) ADDRESS: 416 EUN	lbiahim Bin Ros	EMANIMALE / FE	EMALE) 18) 7706 b)
	e)OCCUPATION: (1000R	07/ M92)(DD/MM	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	i i
4.	WAS DRIVER AN EMPLOYI F NO, RELATIONSHIP OF D) WEATHER CONDITION: (C	E OF THE INSURED'S	VSURED:	es/NØ)
t	DIROAD SURFACE: (DRY / W	ET / OTHERS		
	VAS ANYBODY INJURED (YE 1) REPORTED TO POLICE (YE 1F YES, PLEASE STATE WHIC	5/ND)		
# His of passenger	HIRD PARTY VEHICLE G) VEHICLE NUMBER: D) DRIVER'S NAME:	FB2717X M	ODEL:	
- manufing control	C) NRIC/FIN/PASSPORT: HIRD PARTY VEHICLE		CONTACT:	***
" No of passenger "	d) VEHICLE NUMBER:		IODEL:	
(Including driver) f) NRIC/FIN/PASSPORT:		CONTACT:	
	171		93	

email =

fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9224788J







Name

MUHAMMAD IBRAHIM BIN ROSZMAN

Race

MALAY

Date of birth FOT

21-07-1992

Country of birth SINGAPORE



REPUBLIC OF SINGAPORE



Licence Number: S 9 2 2 4

Name:

MUHAMMAD IBRAHIM 2!N ROSZMAN

Birth Date: 21 Jul 1992

Issue Date: 30 May 2017





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

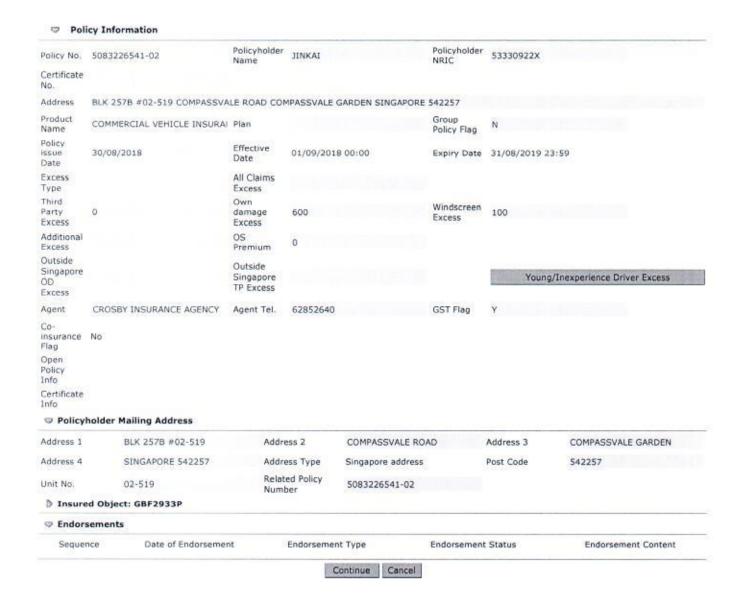
30 May 2017

For LKK/NAC Use Only



NP 428A





Claim Handling					9
Accident MT/1055767					
PORCY No.	5083226541-02	Vehicle No.	GBF2933#	GST Registration No.	
Certificate No.					
Policyholder Name	JINKAI			Policyholder NRIC	53330922x
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC V
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	66.2
VCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
□ Accident Details		11 NOVEMBER OF THE PARTY OF	26772	ACTOR SOUTH	22
Report Date	30/07/2019 19:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident					
	29/07/2019	Time of Accident hit:mm	17:10	Country of Academt	Singapore
Resorting Centre	FOR STATE AND ADDRESS OF	Orange Force		ICM No.	
Accident Location	JUNIC MARIA AVE & SIGLAP RD				
Dwn damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Dutaide Singapore TP Excess			
→ Benefits					
GST Registered Informa					
2ST Registered 2ST Registration No.	No		GST Registration Date	322	
And Registration No.			GST Status Venified	Yes	
THE PARTY					
□ Policyholder Mailing Ad	Idress				
Address 1	BLK 257B #02-519	Address 2	COMPAGENALE SOAD	Arbitrant 3	COMPACCINI E CAROCHI
Address 4	SINGAPORE 542257	Address Type	COMPASSVALE ROAD	Address 3	COMPASSVALE GARDEN
			Singapore address	Post Code	542257
Unit No.	02-519	Related Policy Number	5083228541-02		
→ OI Driver Info					
Oriver Name Unnamed driver Name	Unnamed Driver MUHAMMAD IBRAHIM BIN ROS:	Driver Type	Unnamed Driver	2-1-1-202	24,024,002
		Driver NRIC	592247883	Driver DOS	21/07/1992
Register Date of Driver License		Driver Age	27	Driving Experience	2
Contact No.(Mobile)	81827706	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 416	Address 2	EUNOS ROAD S	Address 3	SINSAPORE 400416
Address 4		Address Type	Singapore address	Post Code	400416
Unit No. Does he own a Singapore	02-32				
Registeres car?	○ ves ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration		. OOS O DOMESTA	CONTRACT DIVINITY		
breathalyser or Blood Test Reading?	a me	Any injury?	○ Yes ® No		
Rodification History					
Claim 001 New					
Daim Type *	OD-MX	Insured Name	JINKAI	Insured NRIC	53330922X
Contact No. (Mobile)	98982353	Consact No.(Home)		Consect No.(Office)	
tmail Address		Of Vehicle Number	G8F2933P	TP Vehicle Number	SFB2717X
Dalmant Type Claimant Type *	Please Select	Type of benefit *	Please Select	2020/00/00/00/00/00	Characters
Daimant Name *	22	Claimant NRIC *			
Darmant Address	J.C.C.	950 (2) (3) (3) (3) (3) (4)			
Daim Description	G8F2933P / SF82717X ON 29 Jul 2019			Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fault	The state of the state of	
No.	G.			100	
legure Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	NAME OF THE PARTY	Received
Date Registered	30/07/2019 19:27	Claim Close Date		Date Received	30/07/2019 00:00
leport Taken By	Seckson				
Print AX letter					
			Care Colone		
Attachment			Save Submit		
Attachment					
· ·					
ocident No.	MT/1055767	Claim No.	001		
aut Doc. Received	● Yes ○ No	Upload Date	30/07/2019 19:27		
		opioed Date		SERVICE USES	2001 <u>2001988</u> 03
	Path 4		Category *	Confidential Urgen	
		Browse.		V Normal	
		Browse		V Normal	
		Browse	Clear Please Select	V NO V Normal	▼
			Clear Please Select	Normal Normal	o l

