Date In: 1, let	The second secon		VAIG1 00079		
Date In: 31 3/19-11:01	Job description		Date & Time Completed	Don	by.
Ref No: Ha INC 19 a 1241 124	SAS e-filing	<del>nederalla kine bere kasada</del>			
Veh No: JIPNIN	E-mail (within	Shrs, AIC 2hrs)	1		
D.O.A: 3/3/19-1 6:45	i-Motor Clai	m Form	M7/10558 10-001	31 1/19 11	:12
	i-Motor W/C	(Within: OD 2hr		10114	
OD / P Reporting Only	i-Photo Uplo	aded			
TD	Assessment/St	irvey Report			n usas s
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: 758	SY8 R	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( ) Po	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	1
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
	000()/\$2,000	( )			1117/109
General Remarks;-					
( ) Walk-In Customer : Customer's info	ormation strictly Cor	Calculation of the Control of the Co	ANTHONY OF THE PARTY OF THE PAR		
( ) Total Loss Case : to e-mail Insur			ion) ito iono interpolici		
Drive-In ( )/ Towed-In ( ); Invoic		IO ( ) . T	owing Co: (	·	
Zive in ( ), note in ( ), mode	c. IES( )/I	0 ( ), 1	ownig co. (		
Remarks;- (INC hotline: 6788 6616)			Date&Time Completed	Done	by
	Courtesy Car (	)			
2) QC Check / Post Repair Inspection	( )	- Particular de Principa			
3) Upload Resurvey Photo [Repair Cost > \$:		Co.	the second secon		
-, -production rey r now (repair cost > 5.	3000] (	)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	3000] (	)			
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Injury:		)		16850kii	
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Injury:  Date/Time Actions  Nalcastay		Invoice Prep	aration Checklist	Ant (S)	Amu(5)
Injury:			Reporting (\$30);	fá Bill	4.70
Injury:  Date/Time Actions  Nalcastay		Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe	Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100);	150 Bill 80) 0/\$45	4.70
Injury:  Date/Time Actions  Nalcostory  laimant's Particulars:-		Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$	50) 0/\$45 \$120 \$30	4.72
Injury:  Date/Time Actions  Nalcostory  Laimant's Particulars:-  river/Owner:		Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming as	Reporting (\$30); Assessment (\$100); INC (\$	50) 0/\$45 \$120 \$30	4.72
Injury:  Date/Time Actions  Nalcastor  laimant's Particulars:-  iver/Owner:	1	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$100); The second of the second	50) 0/\$45 \$120 \$30	4.70
Injury:  Date/Time Actions  Nalcastor  laimant's Particulars:-  iver/Owner:	1	Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) i-T: Follow-Th  For claiming ag  6) TR: Re-inspect  7) N1: Idao DA +  8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$	50) 0/\$45 \$120 \$30 \$5) \$75	4.72
Injury:  Date/Time Actions  Nalcostory  laimant's Particulars:-	1	Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming as  6) TR: Re-inspect  7) N1: Idao DA +  8) NTUC Addition  OD.*	Reporting (\$30); Assessment (\$100); INC (\$	50) 0/\$45 \$120 \$30 \$5) \$75	4.72
Injury:  Date/Time Actions  Nalcostory  laimant's Particulars:  iver/Owner:  ontact No:  amaged Portion:	1	Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming ag  6) TR: Re-inspect  7) N1: Idao DA +  8) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co	Reporting (\$30); Assessment (\$100); INC (\$	\$0) 0/\$45 \$120 \$30 \$75 \$160 \$55 \$10	400000
Injury:  Date/Time Actions  Nalcostory  laimant's Particulars:  iver/Owner:  ontact No:  imaged Portion:	1	Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming as  6) TR: Re-inspect  7) N1: Idao DA +  8) NTUC Addition  OD.*  *N5: Courtesy C  *N6: Repair Co  *N7: Fost Repair	Reporting (\$30); Assessment (\$100); INC (\$	\$60 Bill 800 00/\$45 \$120 \$30 \$55 \$160 \$55 \$510 \$525	
Injury:  Date/Time Actions  Nalcaster  Laimant's Particulars:-  iver/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):	1	Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming ag  6) TR: Re-inspect  7) N1: Idao DA +  8) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co  *N7: Fost Repair  *N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$	\$0) 0/\$45 \$120 \$30 \$75 \$160 \$55 \$10	400000
Injury:  Date/Time Actions  Nalco They  laimant's Particulars:  iver/Owner:  ontact No:  imaged Portion:  Checked by (Engr-In-Charge):		Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming ag  6) TR: Re-inspect  7) N1: Idao DA +  8) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co  *N7: Fost Repair  *N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$	\$60 Bill 800	400 100

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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</u> 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 ledgement 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	31/07/2019 11:01
Date Of Accident	30/07/2019 16:45
Exact Location Of Accident	AYE (MCE) BESIDE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP2052Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SHUHAIL BIN SHAMSUDDIN
NRIC No	S8634454H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94895753
Alternative Phone No	OFFICE-94895753
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.8 CVT SIGNATURE SERIES
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	5099953451
Cover Note Number	
Driver	
Name of Driver	MOHAMED SHUHAIL BIN SHAMSUDDIN
NRIC No	S8634454H
Date Of Birth	01/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	01/02/2018
	The state of the s

1 YEAR AND 5 MONTHS

(LOCAL) +65-94895753

OFFICE-94895753

MALE

NOEMAIL

BLK 908 JURONG WEST STREET 91 Address

#03-207 640908

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Type Of Accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

Was any other material or property damaged?

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

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SUHAYB BIN MOHAMED SHUHAIL

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

# Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE, AS FRONT VEHICLE STOPPED, I STOPPED MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJS8548R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver ISLAM ROFIQUL

NRIC/Passport Number

G7475197R

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

MOHAMED SHUHAIL BIN SHAMSUDDIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKP2052Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address

NO

Postcode

# **DETAILS OF INJURED PERSON 2**

Name

SUHAYB BIN MOHAMED SHUHAIL

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKP2052Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

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:

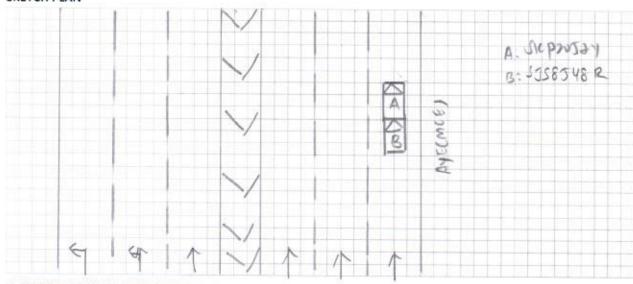
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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's Name:

NRIC/FIN No.:

### SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	OMSTAITEES OF THE AC		
peter p	Statement.		

# **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 Personnel's Signature

Name: NRIC/FIN No.:



Dan Date: 01 Dec 1986 Date 01 Fob 2018

REPUBLIC OF SINGAPORE



For LKK/NAC C

MOHAMED SHUHAIL BIN SHAMSUDDIN

دمد شوحیل بن شمسالدین

MALAY Date of birth

01-12-1986 Country/Pince of birth SINGAPORE

5677776

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

EFFECTIVE DATE

Class 2A Class 2A Class 2 Class 3A

23 Jun 2005 17 Oct 2006 19 Feb 2008 01 Feb 2018

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motorcycles > 400 cc
Motor cars without clutch pedals (Auto) with unladen
weight =< 3000kg with =< 7 passengers, exclusive of
driver; and other motor vehicles without clutch pedals
with unladen weight =< 2500kg

No. S8634454H

For LKK/NAC Use Only

Licence No:S8634454H

05-12-2016

APT BLK 908 JURONG WEST STREET 91 #03-207 SINGAPORE 640908

NRIC No: \$8834454H

Date: 10/03/2017

NP 428A



#### **Policy Information** Policyholder Policyholder Policy No. 5099953451 MOHAMED SHUHAIL BIN SHAMS S8634454H NR1C Name Certificate No. Address BLK 908 #03-207 JURONG WEST STREET 91 SINGAPORE 640908 Product Group PRIVATE CAR INSURANCE Plan Name Policy Flag Policy Effective 19/04/2018 19/04/2018 00:00 Expiry Date 24/08/2019 23:59 Date Date Excess All Claims Type Excess Third Own Windscreen Party 0 damage 100 Excess Excess Excess Additional OS 0 Excess Premium Outside Outside Singapore Singapore 0 Young/Inexperience Driver Excess OD TP Excess Excess Agent INSURE LINK PTE LTD Agent Tel. 64444644 GST Flag Coinsurance No Flag Open Policy Info Certificate Policyholder Mailing Address Address 1 BLK 908 #03-207 Address 2 JURONG WEST STREET 91 SINGAPORE 640908 Address 3 Address 4 Address Type Singapore address Post Code 640908 Related Policy Unit No. 03-207 5099953451 Number Insured Object: SKP2052Y Sequence Date of Endorsement **Endorsement Type Endorsement Status Endorsement Content** Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 19 Apr 2018 TO 24 Aug 2019 In view of this amendment, an additional premium of \$666.55 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since 21/02/2019 00:00 POI Extension/Shorten Endorsement Take Effective made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque Alternatively, you could also make payment at any of our branches by cash, credit card or NETS. Continue Cancel

laim Handling					
licy No.	5099953451	Vehicle No.	SKP2052Y	GST Registration No.	
rtificate No.	200000000000000000000000000000000000000			COCTODE WITH CONTROLOGY	
Ricyholder Name	HOHAMED SHUHAD, BIN SHAMSUDDIN			Poscynoider NRIC	58534454H
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
		Contact No.(Office)	0	Contact No.(Home)	0
ricect No.(Mobile)	94095753		5	eCode	NC V
nali Address	0.00	Special Remark TCA	No ○ Yes	eCode Reason	2
K.	® No ○ Yes		33		n-
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	31/07/2019 11:19	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	30/07/2019	Time of Accident hh:mm	16:45	Country of Accident	Singapore
gorting Centre		Orange Force		1CM No.	
cident Location	AVE (MCE) BESIDE ALEXANDRA RD EXIT				
Excess					
vn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00	1. 300 cm - 200 cm -	200000
	0.00	Outside Singapore TP Excess	0.00		
rd Party Excess	0.00	Outside Singapore TP Excess.	0.00		
Benefits	5.00				
GST Registered Informa					
T Registered	No		GST Registration Date GST Status Verified	444	
IT Registration No.			GST Status Verified	Yes	
idification History					
Policyholder Mailing Add	dress				
idress 1	BLK 908 #03-207	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640908
odress 4		Address Type	Singapore address	Post Code	640908
nt No.	03-207	Related Policy Number	5099953451		
OI Driver Infe		CONTRACTOR ASSESSMENT			
wer Name	MOHAMED SHUHAIL BIN SHAMSUODIN	Driver Type	Main Driver		
	MOHAMEO SHUHAIL BIN SHAMSOODIN	Driver NRIC	S8534454H	Driver DOB	01/12/1986
named driver Name					
gister Date of Driver License		Driver Age	32	Driving Experience	1
intact No.(Mobile)	94895753	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	BLX 908	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640908
idress 4		Address Type	Singapore address	Post Code	640908
nit No.	03-207				
oes he own a Singapore ogistered car?	○ Yes ④ No	Driver Vehicle No.		Onver Insurer Company	*
claration					
reathalyser or Blood Test cading?	Omg	Any injury?	® Yes ○ No		
odification History					
Claim 001 New					
	positive and the same of the s			0.0000000000000000000000000000000000000	[magazamas
am Type +	00-wx	Insured Name	MOHAMED SHUHAIL BIN SHAMS	Insured NRIC	58634454H
ontact No.(Mobile)	94895753	Contact No.(Home)	65851505	Contact No.(Office)	
mail Address	shuhail.md@gmail.com	OI Vehicle Number	SKP2052Y	TP Vehicle Number	S3SAS44R
aimant Type Claimant Type*	Please Select	Type of Benefit *	Please Select		
aimant Name *	22	Claimant NRIC *			
imant Address					
em Description	SKP2052Y / SJS8548R ON 30 Jul 2019			Name of Preferred Wor	kshop
sferred Workshop Contact		Insured Liability •	Not at Fault	39	101
ours Finalisation	Yes V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
guire Finalisation			F. Tree are worsely usual proposers		and the second s
te Registered	31/07/2019 11:20	Claim Close Date	The second second	Date Received	31/07/2019 00:00
port Taken By	Jackson				
Print AK letter					
ktachment			Save Submit		
2					
cident No.	MT/1055810	Claim No.	001		
st Doc. Received	● Yes ○ No	Upload Date	31/07/2019 11:22		
	Path *		Category *	Confidential	Urgency * Description *
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