SUPPLIES TO SEE STATE OF THE SECOND S			· . per .1	1.761			
NATIONAL Assessment Cen	tre Services.	lines i samosiM I	4119103508				
Date In: 7/8/19-10.38	Jeb descripti	The state of the s	Date &Time Completed	Do	one by		
Res No: Ma SINCIGASSINTLY	SAS e-filin	g					
Veh No: P976593	E-mail (with	nin Shrs, AIC 2hrs)					
D.O.A : 6/8/19-16:15	i-Motor Cl		007). + for	7.164			
		lotor W/O (Within: OD 2hrs, TP 4brs)					
OD / TP / Reporting Only	i-Photo Up		1				
The state of the s		Survey Report					
TP Insurer:		by Fax / Hand t	o Owner/Wksn				
Preferred Wksp / INC Assign Wksp / QW: (ax:	-		
TP Particulars: Veh No: 5	(8177)	. INC(ax:			
Owner / Driver: (207-713		Tel:	· \			
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:				
	[Note-Est Status		7tme: 0%; P: 21-79%. P: 80-1	00%1			
Year of Registration: ()	Warranty: YES (1. 30-1	2070]			
Excess: (\$) Loading: \$1							
General Remarks:-	UPO III A SANSON DANGE LA CONTROL	The state of the s	Wassers Co.	एउट भिन्न स	-		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	12 (SINC) ACC			LOY .			
() Walk-In Customer: Customer's in	formation strictly Co	onfidential & Stri	ctly NO refer of repairer.				
() Total Loss Case : to e-mail Insu	rer URGENTLY.	**		102			
			wing Co: (
		110 (),10	wing co. (
Remarks: (INC hotline: 6788 6616)		100	Date&Time Completed 1	Don	e by		
1) Apply for Transport Allowance ()/	Courtesy Car ()		132 1 1 1	-		
2) QC Check / Post Repair Inspection	(1					
3) Upload Resurvey Photo [Repair Cost > \$	30001 ()					
	(<u> </u>		e e por John			
Injury:							
Date/Time Actions				W10.00 12 77 1.14			
Actions				BARBOAT U	i, .		
					in the second		
-	-1			-			
		Terror and a second		TRUT HAVING THE	111111111111		
algostyy.		Invoice Prepa	ration Checklist	Anit (\$)	Amt Add 1		
umant's Particulars :-		1) AR : Accident Re	porting (\$30);	The Bill	Adn		
		2) DA : Damage As					
ver/Owner:		3) TF : Towing Fee	540/5				
uact No:		4) FT : Follow-Thro	ugh Survey (Resurvey) \$13	-			
	7.4		nst INC Only (wef 10 Jan 2005)	-			
naged Portion:		6) TR : Re-inspectio	n 57	75			
	3	7) N1 : Idae DA + S		50			
Charlest L. G.	Washington and the same of the	8) NTUC Additional	Services:-	-			
Checked by (Engr-In-Charge):		*NS: Courtesy Co	r / Tpt Allowance 5	35			
V072.40084.848.4 \ 7.000.41540-4.15.10	a valdu alar / a da	*N6: Repair Co-o	rdination 51	0			
litors' Comments :-		*N7: Post Repair !					
	A No sectory and to follow the sectors and		excess Coordination 5 on INC) against INC 52				
2/3.		9) N12: Idac Mobile	3	0			
2/3:		Invoice dated	Pee Charged	Character and the same of	。由於沙		
H-1		Invoice dated	Fee Charged	独自117			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

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 <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.
- 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.
- 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.

dioresaid.	
Parameter and the second	ACCIDENT STATEMENT
Date Of Report	07/08/2019 10:38
Date Of Accident	06/08/2019 16:15
Exact Location Of Accident	SLIP RD LOR 2 TOA PAYOH TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA7659J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMADIYAH WELFARE HOME
Co Reg No	S89CC0701L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63447551
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN MICROBUS 3.0 4DR 5M/T ABS AIRBAG
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	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5037438300-10
Cover Note Number	
Driver	
Name of Driver	AZAHARI BIN HASSIM
NRIC No	S1697771C
Date Of Birth	16/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96374717

OFFICE-96374717

NOEMAIL

Address BLK 208 BOON LAY PLACE

#02-189

Postcode 640208

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

ehicle

3

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

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)

2

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

SJB8327B

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)

1

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:
 - (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.

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

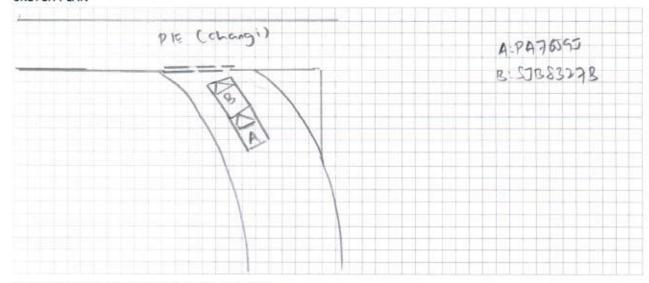
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

nettr to Hutement.	
17	
WANT + MUH	
58 8 EDON MAG	

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.:

ON STATED DATE AND TIME, AS I APPROACHED THE SLIP RD OF LOR 2 TOA PAYOH TWDS PIE (CHANGI). I LOOK ON MY RIGHT VIEW TO CHECK ONCOMING VEHICLES. I DID NOT NOTICED THAT VEHICLE B WAS STATIONARY STOPPED IN FRONT OF MY VEHICLE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 6 8 / 19)(DD/MM/YYYY), TIME:(6 :15)(HH:MM
LOCATION: Stip Rd br 2 3	Prival tool PIE (changi)
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: 10 76 b) INSURANCE COMPANY: 11 c) POLICY NUMBER: 303 74 78 3 d) POLICY TYPE: (COMPREHENS e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MP) g) VEHICLE CATEGORY: (PRIVATI h) PURPOSE OF USING AT ACCIE i) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PA 2. INSURED / POLICY HOLDER A) NAME: MANGE MIGGING W	IVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) V /VAN / LORRY / MOTORCYCLE / OTHERS) E / COMMERCIAL / MOTORCYCLE) DENT TIME: WITH A AG DUP OWN INSURANCE TYES/NOT RTY CLAIM / REPORTING ONLY)
b) NRIC/FIN/PASSPORT:	CONTACT: 6447551
*CONTINUE TO 3.d IF DRIVER AL DRIVER (Including driver) DINAME: Alabari Din Has DINRIC/FIN/PASSPORT: 116 973 CIADDRESS: Blc 208 Dan L	MM (MAIE / FEMALE)
*d)DATE OF BIRTH: (THE INSURED'S COMPANY? (YES / NO) DRIVER WITH INSURED: / RAINING / OTHERS DIHERS
Me of passenger o) VEHICLE NUMBER: DESTINA Including driver) b) DRIVER'S NAME: () NRIC/FIN/PASSPORT:	
9. THIRD PARTY VEHICLE (No of passenger d) VEHICLE NUMBER: (a) DRIVER'S NAME: (b) DRIVER'S NAME: (c) NRIC/FIN/PASSPORT:	MODEL:
email = zai	nglabidin Emuhammadiyahivig 159

VIDEO =

REPUBLIC OF SINGAPORE DENTITY CARD NO. S1697771C



AZAHARI BIN HASSIM



SINGAPORE











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Description

TAXI VL BUS VL BUS ATTENDANT

Issue Date

23/07/1997 28/08/1997 28/08/1997

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						· Change L	anguage	• Chan	ge Password	• Log Out
My Desktop Natice of Loss	Poli	cy Query									
	Policy I	No.				Date of	f Accident	O	6/08/2019	16:15	
	Vehicle	No.(For Motor)	PA765	593		Certific	ate Number				3
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5037438300- 10		MUHAMMADIYAH WELFARE HOME	2576797	GBS	Third Party, Fire & Theft	PA76593	PA7659J	01/07/2019	30/06/2020
					Co	ontinue					



Claim Handling					6)
Accident MT/1056814				-222	
Policy No.	5037438300-10	Vehicle No	PA7659)	GST Registration No.	
Certificate No.	NAMES AND ADDRESS OF THE PARTY			AND A DESCRIPTION	2576797
Policyholder Name	MUHAMMADIYAH WELFARE HOME		Distance Desta Prop	Policyheider NR3C	
Yoduct Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	63447551		parameters.
mes Andress	a	Special Remark TCA	A. O.	eCode eCode Reason	75. 🔻
DSC	® No-○Yes	RESERVED TO THE OWNER.	® No ○Yes		(EE)
ICO Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
eport Date	07/08/2019 to:52	Accident Report Within 24 hrs	Yes	Acodem Type	Collision - Head to Rear
ace of Accident	06/08/2019	Time of Accident hhumm	16:15	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
codent Location	SLIP RD LOR 2 TOA PAYOH TWOS PIE (C	HANGI)			
▼ Total Excess Applicable					
хова Туре	Per Accident	Windscreen Excess	0.00		
O Promoted Promote	0.00	TP Standard Excess	3,000.00		
OD Standard Excess			3,000.00		
TED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	929	Total TO Co.			
Total OD Excess Applicable	0.00	Total TP Excess Applicable			
→ Benefits → GST Registered Informa	tion				
ST Registered Informa	No.		GST Registration Date		
SST Registration No.	100		GST Status Verified	No	
Hodification History	07/08/2019 10:56:20 Sy	stem auto update fail: The format of		117	
Policyholder Mailing Ad	dress				
ddress 1	S8 BEDOK NORTH STREET 3	Address 2	SINGAPORE 469624	Address 3	
odress 4		Address Type	Singapore address	Post Code	469624
ms No.		Related Policy Number	5045447180-09		
OI Driver Info					
Criver Name	Unnamed Driver	Driver Type	Unnamed Driver		
innamed driver Name	AZAHARI BIN HASSIM	Onver NRIC	51697771C	Driver DOB	16/04/1985
legister Date of Driver License	18/08/1997	Driver Age	54	Driving Experience	21
Contact No. (Mobile)	96374717	Contact No. (DMice)	0	Contact No.(Home)	0
Address 1	BLK 208	Address 2	BOON LAY PLACE	Address 3	BOON LAY PLACE
Address 4	SINGAPORE 640208	Address Type	Singapore address	Post Code	640208
une No.	02-189				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Reclaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
nodification History					
Claim 001 New					
			NAME OF THE PARTY		
Jaim Type *	CD-MX	Insured Name	MUHAMMADIYAH WELFARE HON	Insured NRIC	2576797
Contact No.(Mobile)	3	Contact No.(Home)		Contact No.(Office)	63456113
mait Address		01 Vehicle Number	PA76593	TP Vehicle Number	53883278
Darmant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC •			
Claimant Address					
				Name of Preferred Workshop	
Daim Description	PA76593 / 53883278 ON 6 Aug 2019				
referred Workshop Contact	PA76593 / 53883278 DN 6 Aug 2019	Insured Liability +	Fully at Fault		
Preferred Workshop Contact Vo.	11			GIA report	Received
referred Workshop Contact to Require Finalisation	Yes 🕎	Insured Liability * Preferend Repair Option Claim Close Date		GIA report Date Received	Received 07/08/2019 00:00
Preferred Workshop Contact vo Regum Finalisation Date Registered	Yes 💟	Preferered Repair Option			The state of the s
Preferred Workshop Contact Wo Regure Finalisation Date Registered Report Taken By	Yes 🕎	Preferered Repair Option			The state of the s
Preferred Workshop Contact Wo Regure Finalisation Date Registered Report Taken By	Yes 💟	Preferered Repair Option			The state of the s
Preferred Workshop Contact an Reguire Finalisation Date Registered Report Taken By	Yes 💟	Preferered Repair Option			The state of the s
Preferred Workshop Contact an Reguire Finalisation Date Registered Report Taken By	Yes 💟	Preferered Repair Option	Preferred Workshop, Name unknown		The state of the s
Preferred Workshop Contact to Regure Finalisation Date Registered Regist Taken By Print Ax aster Attachment	Yes 💟	Preferered Repair Option	Preferred Workshop, Name unknown		The state of the s
Preferred Workshop Contact to Regure Finalisation Date Registered Region Taken By Print Ax aster Attachment	Yes (*) 07/08/2019 10:57 Deckson	Prefereed Repair Option Clave Close Date	Preferred Workshop, Name unknown		The state of the s
Preferred Workshop Contact to Regure Finalisation Date Registered Registered Registered Registered Registered Attachment	Yes 07/08/2019 10:57 Deckson HT/1056814	Prefereed Repair Option Claim Close Date Claim No.	Preferred Workshop, Name unknown Save Submit		The state of the s
	Yes (*) 07/08/2019 10:57 Deckson	Prefereed Repair Option Clave Close Date	Preferred Workshop, Name unknown		The state of the s

