	re Services well san'os			
Date In: 13/8/19 - 17:50	Jeb description	Date &Time Completed	Done	pi.
Rel No: Ma HC19014065/24	SAS e-filing	i		
Veh No: USUTGITT	E-mail (within 8hrs, AIC 2hrs)			
D.O.A: 918/19-17:30	i-Motor Claim Form	M7/1057471-001	13/8/19 25:	47
	i-Motor W/O (Within: OD 2h	rs, TP 4brs)		
OD (TP) ! Reporting Only	i-Photo Uploaded			
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	
TP Particulars: Veh No: 54	TNC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
	000 ()/\$2,000 ()			
General Remarks			13 A	
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Remarks: ANC hadding 6788 661616	Name of the Part o	Date& Time Completed	Done	by .
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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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/08/2019 13:50
Date Of Accident	09/08/2019 13:30
Exact Location Of Accident	SECOND LINK TWDS JB
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU5955T
Insured/Policyholder	
Name Of Registered Owner	MD AZAHAR BIN ISMAIL
NRIC No	S1582491C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90663886
Alternative Phone No	OFFICE-90663886
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 A
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 5091136234-02

Cover Note Number

Driver

Name of Driver AFIQ BIN MD AZAHAR

 NRIC No
 S9239365H

 Date Of Birth
 21/10/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 19/06/2015

Driving Experience 4 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90295165

Fax Number

Contact Number OFFICE-90295165

EMail Address NOEMAIL

BLK 601 ANG MO KIO AVENUE 5 Address

#02-2609 560601

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

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?

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

YES

Number of Passengers (Including Driver)

NO

6

Passenger 1

NAME:

GENDER: : FEMALE

Passenger 2

NAME:

GENDER:

: FEMALE

Passenger 3

NAME:

GENDER:

: FEMALE

Passenger 4

NAME:

*==

GENDER: : MALE

Passenger 5

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

ON STATED DATE AND TIME, I WAS QUEUEING TO ENTER JB CUSTOM, AS FRONT VEHICLE MOVED OFF A BIT, I MOVED FORWARD MY VEHICLE. THE FRONT VEHICLE STOPPED. I STOPPED MY VEHICLE WITHOUT ANY INTACT WITH FRONT VEHICLE. 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJY558H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ROY

NRIC/Passport Number

Contact Number

96662316

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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

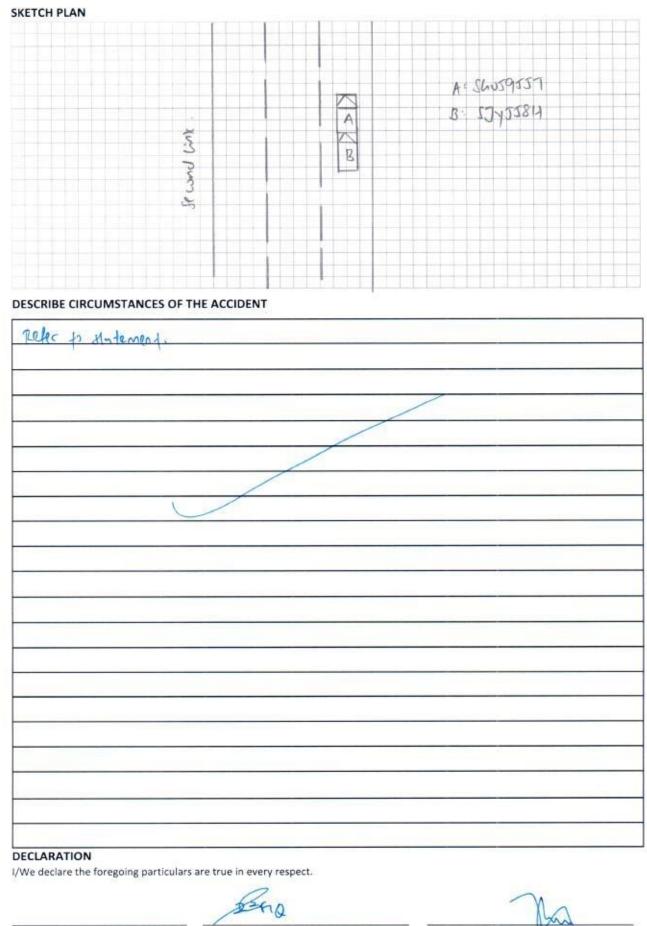
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



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 .:



MALAY

Date of birth 21-10-1992 Country of birth SINGAPORE







RIC No. S9239365H

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

19 Jun 201

For LKK/NAC Use Only

4125912

Date of issue 05-11-2007

APT BLK 601 ANG MO KID AVENUE 5 #02-2609 SINGAPORE 560601

NAIC No: \$8239385H

Date: 23/07/2018

NP 428A



eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	601						• Change	e Language	· Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		09/08/2019 1	3:30	
	Vehicle	No.(For Motor)	SGU59	SST		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091136234- 02		MD AZAHAR BIN ISMAIL	S1582491C	GPC	CLASSIC	SGU5955	SGU5955T	18/05/2019	17/05/2020
					-	Continue					



ccident HT/1057471						
olicy No.	5091136234-02		Vehicle No.	SGUS9SSY	GST Registration No.	
ertificate No.						
slicyholder Name	MD AZAHAR BIN ISMAIL				Policyholder NR3C	S1582491C
oduct Code	PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC	Loading	0
intact No.(Mobile)	90563586		Contact No.(Office)	0	Contact No. (Home)	0
nail Address			Special Remark		eCode	NC V
×	® No ○ Yes		TCA	® No ○Yes	eCode Reason	77-57-5
D Protection	Yes		NCD Entitlement(%)	50	Private Hire	No
Accident Details						
port Date	17/08/7000 70/44		According Victory William 24 hours	720		
	13/08/2019 20:41		Accident Report Within 24 hrs		Accident Type	Collision - Head to Rear
te of Accident	09/08/2019		Time of Accident hh:mm	13:30	Country of Accident	Outside Singapore
porting Centre			Orange Force		ICM No.	
odent Location	SECOND LINK TWOS 38					
Total Excess Applicable						
tess Type	Per Accident		Windscreen Excess	100.00		
******			The second second second			
Standard Excess	600.		TP Standard Excess	0.00		
D OD Excess	0.	00	VIED TP Excess	0.00	Driver is Covered?	Covered
titional Excess		D				
al OD Excess Applicable	600.	Q0	Total TP Escess Applicable	0.00		
Benefits						
GST Registered Informa	ition					
T Registered	No			GST Registration Date		
T Registration No.				GST Status Verified	Yes	
dification History						
Charles and Charles	2000					
Policyholder Mailing Ad						
dress 1	BLK 427 #05-212		Address 2	WOODLANDS ST 41	Address 3	SINGAPORE 730427
dress 4			Address Type.	Singapore address	Post Code	730427
t No.			Related Policy Number	5102383134-01		
OI Driver Info						
ver Name	AFIQ BIN MD AZAHAR		Driver Type	Named Driver		
named driver Name			Driver NRIC	S9239365H	Driver DOB	21/10/1992
gister Date of Driver License	19/06/2015		Driver Age	26	Driving Experience	4
rtact No.(Mobile)	90295165		Contact No.(Office)	0	Contact No.(Home)	0
dress 3	BLK 601		Address 2	ANG MD KID AVENUE 5	Address 3	YIO CHU KANG GREEN
dress 4	SINGAPORE 560601		Apdress Type	Singapore address	Post Code	560601
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