NATIONAL Assessment Ce	ntre Services (wet 1 Jan'05)	1NA11611164~	Done b	v.
Date In: 76/8/19-11: 20	Jeb description	Date & Time Completed	Delle	,
Rel No: Na Hycky Kory Lu	SAS e-filing			
Veh No: PC3476L	E-mail (within 5hrs, AIC 2hrs)			9
D.O.A: 24/19- 11:05	i-Motor Claim Form	W7/1029520-W1	24 61 19 W.	14
	i-Motor W/O (Within: OD 2	urs, TP 4brs)		
OD TP Reporting Only	i-Photo Uploaded			
100 E 100	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	:(Tel:	Fax:	
TP Particulars: Veh No:	HUSSOE INC	()/Non-INC()	4	
Owner / Driver: (Tel:)	
Policy No: ()	Period: (Cover Type: ()	20100 - 1010
Confirmed by : (Date:	Time:)	HI STORY
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80	-100%]	
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (S) Loading:	\$1,000()/\$2,000()			
General Remarks:	THE PARTY OF THE PARTY		STEAM TO THE	
			Γ.	
() Walk-In Customer: Customer's		Strictly NO 13ler of Tepaner		
() Total Loss Case : to e-mail Ir				
Drive-In ()/ Towed-In (); In	voice: YES () / NO ();	Towing Co: (
Remarks:- (INC hotline: 6788 661	(6)	Date&Time Completed	Done l	ny .
)/Courtesy Car ()			
2) QC Check / Post Repair Inspection	()	-		
3) Upload Resurvey Photo [Repair Cost				
Injury:				
Thyary.			MARKAGE F. A. S.	- 5 Mar Fra
Onte/Time Actions		and the contract of the contra	Arkadio CH	
	2007			
	1			
			- 10 9 99 AG-10-2010	1500 G. G.
14 1436129	Invoice P	reparation Checklist	And (\$)	Amt (3)
aimant's Particulars :-	1) AR : Accid		(580)	
	2) DA : Dama 3) TF : Towin	0-1111	\$40/\$45	
iver/Owner:	4) FT : Follow	-Through Survey -Through Survey (Resurvey)	\$120 \$30	
ntact No:	For claimin	g against INC Only (wef 10 Jan 20	205)	
maged Portion:	6) TR : Re-ins		\$160	
		A + SMRT Survey		
Charled by (9 Ir Channe)	OD*			
Checked by (Engr-In-Charge):		csy Car / Tpt Allowance r Co-ordination	\$5 \$10	
Non SELECTION SECTION	•N7: Fost I	Repair Inspection	\$25	
uditors' Comments :-	*N8: DV /	Collect Excess Coordination	\$3 \$20	
	TP (N11): 9) N12: Idac	TP (Non INC) against INC Mobile	30	
2/3:	Invoice dated	Fee Charge	MARKET VYTY	artist for
Name of the last o	Invoice dated	Fee Charge	ed SEATON	

- per at 1.30

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	26/08/2019 11:02
Date Of Accident	24/08/2019 21:05
Exact Location Of Accident	STEVENS RD TWDS PIE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC3975L
Insured/Policyholder	
Name Of Registered Owner	ZARA HOLIDAYS PTE LTD
Co Reg No	201224239W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94599534
Alternative Phone No	OFFICE-94599534
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE COMMUTER GL 3.0 A
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073520210-03
Cover Note Number	

ri		

Name of Driver MUHAMMAD ASRAF BIN MAHAT

NRIC No. S9317699E Date Of Birth 02/05/1993 Occupation OUTDOOR Date Of Driving Pass 18/12/2018

Driving Experience 0 YEAR AND 8 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90352650

Fax Number

Contact Number OFFICE-90352650

EMail Address NOEMAIL

BLK 18 JALAN SULTAN Address

#12-166

190018

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

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

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?

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)

1

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 TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING ALONG LANE 1 SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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

SHC5518E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

YAK YAM SENG

NRIC/Passport Number

S7024822J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME:

GENDER: :

Passenger 3

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 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 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

1

IOC: 201224239W

Date & Time:

Driver's Signature

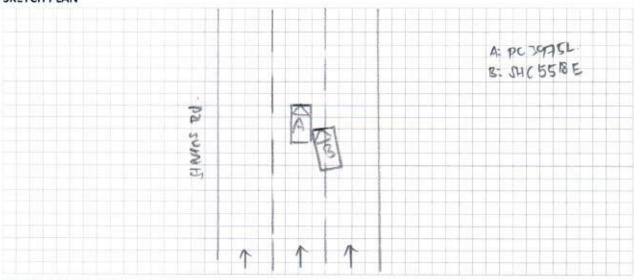
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	
ECLAPATION) AY O	

I/We declare the foregoine particulars are true injevery respect.

Policyholder's Signature

Date & Time:

Driver's Signature

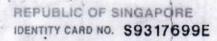
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







MUHAMMAD ASRAF BIN MAHAT

02-05-1993 SINGAPORE

For LKK/NAC Use.Q

SINGAPORE DRIVING LICENCE S9317699E MUHAMMAD ASRAF BIN MAHAT





VOCATIONAL LICENCE

Licence No : \$9317699E

Name : MUHAMMAD ASRAF BIN MAHAT

Please visit www.lta.gov.sg to check the status of this vocational licence



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 29 Nov 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

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

Type

Description

Issue Date

BUS VL BUS ATTENDANT

18/12/2018 18/12/2018

For LKK/NAC Use Only 83





eBao Tech	eBao Tech								GeneralClain		
Hello, NAC_PAYA_UBI_80	0601					-	· Change L	anguage	• Chan	ge Password	→ Log Out
My Desktop Notice of Loss	Poli	cy Query									
	Policy N	No.				Date	of Accident	8	24/08/2019	21:05	
	Vehicle	No.(For Motor)	PC3975	5L		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	5073520210- 03		ZARA HOLIDAYS PTE LTD	201224239W	GBS	Comprehensive	PC39751	PC3975L	01/09/2018	31/08/2019
						Continue	1				



Claim Handling							Exil
Accident MT/1059530					Drawn Manual A		
Policy No.	5073520210-03		Vehicle No.	PC3975L	GST Registration No.		
Certificate No.	\$2500 Texts (\$50)						
Policyholder Name	ZARA HOLIDAYS		THE SOUNDS	C24109194407729005	Policyholder NRIC	201224239W	
Product Code	BUS INSURANCE	87	Cover Type	Comprehensive	Loading	0	
Contact Ne.(Mobile) Email Address	94599534		Contact No. (Office)	0	Contact No (Home)	0	
KPK			Special Remark	TOWARD AND TO	eCode	TH. Y	
	® No ○ Yes		TCA	® No ○ Yes	eCode Reason		
NCD Protection	No		NCD Entitlement(%)	20	Private Hire	No	
□ Accident Details							
Report Date	26/08/2019 21:5	(2	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane	
Date of Accident	24/08/2019		Time of Accident hh:mm	21:05	Country of Accident	Singapore	
Reporting Centre			Orange Force		ICM No.		
Accident Location	STEVENS RO TWO	DS P0E					
₩ Excess							
Own damage Excess		2,000.00	Additional Excess		Windscreen Excess	500.00	
Unnamed Driver Excess			Outside Singapore DD Excess				
Third Party Excess		1,500.00	Outside Singapore TP Excess				
▽ Benefits							
□ GST Registered Inform	ation						
GST Registered	Y	res		GST Registration Date	01/03/2015		
GST Registration No.		201224239W		GST Status Verified	Yes		
Modification History	4.5	010012013-21153:31-54	vistem changed GST Registered from N ystem changed GST Registration No. fr	nom null 60 2D1224239W -			
→ Policyholder Mailing Ad	21	5/08/2019 21:53:31 S	ystem changed GST Registration Date	from null to 01/03/2015			
Address 1	3 BELILIOS ROAD	9	Address 2	#01-04 GRAND IMPERIAL HOTE		*	
Address 4	3 BELILIUS RUAD	E			Address 3	SINGAPORE 219924	
Linit No.			Address Type	Singapore address	Post Code	219924	
OI Driver Info	01-04		Related Policy Number	5073520210-04			
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver			
Unnamed driver Name	MUHAMMAD ASRA	AF GIN MAHAT	Driver NRIC	59317699C	Driver DOB	02/05/1993	
Register Date of Driver License			Driver Age	26	Oriving Expenience	0	
Contact No.(Mobile)	90352650		Contact No. (Office)	0	Contact No. (Home)	0	
Address 1	8LK 18		Address 2	JALAN SULTAN	Address 3	Participant of the second	
Address 4	00N 10					SINGAPORE 190018	
Unit No.	12-166		Address Type	Singapore address	Post Code	190018	
Does he own a Singapore							
Registered car?	○ Yes No		Driver Vehicle No.		Driver Insurer Company		
Declaration							
Breathalyser or Blood Test	0 mg		1	a. a.			
Reading?	o my		Any injury?	○ Yes ® No			
2.2.							
Modification History							
Claim 001 New							
	-				G. William Co.		
Clarm Type *	OD-MK	V	Insured Name	ZARA HOLIDAYS PTE LTD	Insured NRIC	201224239W	
Contact No.(Mobile)	91087274		Contact No. (Home)		Contact No. (Office)	NIL	
Email Address	RAZAK@ZARAHO	LIDAYS COM S	OI Vehicle Number	PC3975L	TP Vehicle Number	SHC5518E	
Claimant Type Claimant Type •	Please Select	V	Type of Benefit *	Please Select			
Claimant Name *		≥≥	Claimant NRIC *				
Claimant Address							
Claim Description	PC3975L / SHC55	LISE ON 24 Aug 2019			Name of Preferred Workshop		
Preferred Workshop Contact No.			Insured Liability *	Not at Fault			
Require Finalisation	Yes	v	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	26/08/2019 21:54	4	Claim Close Date		Date Received	26/08/2019 00:00	
Report Taken By	Jackson						
D Print AK letter							
				Care Connet			
Attachment				Save Submit			
9	Name of Street and Street		000000000	Circ C			
Accident No.	MT/1059530		Claim No.	001			
ast Doc. Received	Yes ○ N	10	Upload Date	26/08/2019 21:55			
		Path. *		Category *	Confidential Urgen	ncy * Description *	
			Browse	Clear Please Select	Y Normal	<u> </u>	
			Browse.	Clear Please Select	W Normal	▼ [
			Browse.	Clear Please Select	V No V Normal	<u> </u>	
			7.7	Char Diago Salest	THE CO. LEW CO.		

