

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 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.
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 aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------|
| Date Of Report | 06/09/2019 09:58 |
| Date Of Accident | 02/09/2019 21:35 |
| Exact Location Of Accident | ALONG GEYLANG ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLF6655Y |
| Insured/Policyholder | |
| Name Of Registered Owner | I-SMILES SERVICES |
| Co Reg No | 53271193M |
| Email Address | RISTYGUNAWAN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97885358 |
| Alternative Phone No | OFFICE-91048488 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | VELLFIRE |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | 5111935379 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | RISTIWATI |
| NRIC No | S7674898E |
| Date Of Birth | 03/09/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/09/1997 |
| Driving Experience | 21 YEARS AND 11 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91048488 |
| Fax Number | |
| Contact Number | OTHERS-97885358 |
| Email Address | RISTYGUNAWAN@GMAIL.COM |

| | |
|---|------------------------------|
| Address | 12 MOUNT ELIZABETH #02-02 |
| Postcode | 228511 |
| Was driver an employee of the Insured's Company | NO |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4849999 - FAX NO: 62181399 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190903 AND T/20190905/2041

Attachment(s)

| | |
|---|------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH OWNER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMG5337E |
| 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)

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | RISTIWATI |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | SLF6655Y |
| 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.
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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. 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)**

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:
 - (i) 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.



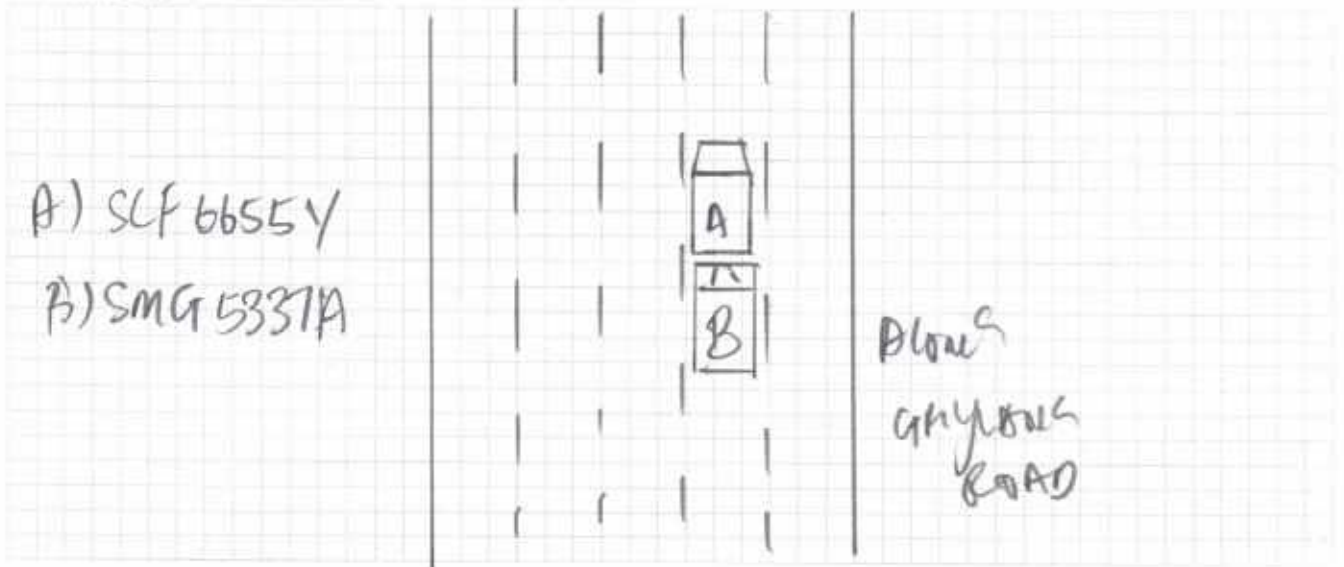
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/9/2019

Reporting Centre Personnel's Signature
Name: Karl Matheson
NRIC/FIN No.:

5:44 pm

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PR. REF. to police report
1/20190903/2129
1/20190905/2041

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: 4/9/2019
 5:44pm

Reporting Centre Personnel's Signature
 Name: *06/09/2019*
 NRIC/FIN No.: *Rafiq*



SINGAPORE POLICE FORCE



T/20190903/2129

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20190903/2129

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 03/09/2019 17:48 | | Vide Report No.: | | Station Diary No.: 82 | |
| Informant's Particulars | | | | | |
| Name of Informant: RISTIWATY | | | Address: 12 MOUNT ELIZABETH #02-02 SINGAPORE 228511 | | |
| ID Type / ID No.: NRIC NO / S7674898E | | | Contact No.: Home/Office: Mobile: 91048488 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 43 | Date of Birth: 03/09/1976 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|--------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 02/09/2019 21:35 | Type of Location: |
| Location: Along Road 1 GEYLANG ROAD | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SLF6655Y | Car | | | | Slightly Damaged | 0 |
| SMG5337E | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20190903/2129

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20190903/2129

CONTINUATION OF REPORT

Brief Details.

On 02/09/2019 at about 2135hrs, I was driving along Geylang Road, I heading towards Geylang Lorong 9 Frog Leg Porridge to pick up some guest.

I was driving slowly as the first lane was filled with cars parked illegally. I then her a loud crash however I was unable to stop due to the traffic. I stopped about 80-100m to make a check.

There were scratches and dents on the rear of my car. I would also like to add that my rear sensor is damage.

I do not have a rear in car camera. The car that hit my car was SMG5337E. I do recall that the car that hit my car was a red car.

I do have a front in car camera.



**SINGAPORE
POLICE FORCE**



T/20190903/2129

3 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



Report No. T/20190903/2129

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| | |
|--|---|
| Signature Of Officer Recording The Report: F / Sgt 3 WONG YE TING, FELICIA  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 03/09/2019 17:48 |
| Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079 | Classification Of Case: |
| Authentication Stamp NP168 | |



SINGAPORE POLICE FORCE

T/20190905/2041

1 of 3

Report No. T/20190905/2041

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT

Station Diary No.:
61

Date/Time Report Made:
05/09/2019 11:30

Vide Report No.:
T/20190903/2129

Informant's Particulars

Name of Informant:
RISTIWATY

Address:
12 MOUNT ELIZABETH #02-02 SINGAPORE 228511

ID Type / ID No.:
NRIC NO / S7674898E

Contact No.:
Home/Office: Mobile: 91048488

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Female 43 03/09/1976

Type of Informant:
Driver

Institution / School Name:

Race:
Chinese

Language:
English

Occupation:
GRAB DRIVER

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:
Injury
Hit and Run

Drink
Drive:
No

Date/Time of
Accident:
02/09/2019 21:35

Type of Location:
Straight Road

Location:
Along Road 1
GEYLANG ROAD

first lane near t Geylang Lorong 9 Frog Leg Porridge

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passer |
|-------------|------|--------|---------|-------|---------------------|--------------|
| SLF6655Y | Car | TOYOTA | Velfire | Black | Slightly Damaged | 0 |
| SMG5337E | Car | | | Red | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry |
|-------------|---|------------------|------------|--------|
| SLF6655Y | NTUC Income Insurance Co-Operative Limited | 5111935379000001 | 18/08/2019 | 17/08 |



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190905/2041

2 of 3

Report No. T/20190905/2041

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------|--|---------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | Use of Pedestrian Crossing: NA | |
| No. of Pedestrians Injured: NIL | | | |
| Driver | | | |
| Name | RISTIWATY | ID No. | S7674898E |
| Related Vehicle | SLF6655Y (Car) | Contact No. | 91048488 |
| Hospital/Clinic | INTEMEDICAL 24 HR CLINIC | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 03/09/2019 | Date Discharge | 03/09/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

In reference to T/20190903/2129, I wish to make amendment to the report's General Information of the accident to provide further information on the incident.

I also wish to provide the details of my MC which was issued to me on 03/09/2019 at Intemedical 24 HR-Clinic.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190905/2041

3 of 3

Report No: T/20190905/2041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
Sgt 2 NATHAN LIM ZI HAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Signature Of Informant:

Date/Time:
05/09/2019 11:30

Classification Of Case:

Authentication Stamp



Intemedical 24 Hr Clinic

25 Ang Mo Kio Avenue 10, #01-2407
Singapore 560525 Tel : 69192998

Co Reg No : 201701498E

INVOICE

RISTIWATY
12 MOUNT ELIZABETH
#02-02 ELIZABETH TOWER
S(228511)

Patient : RISTIWATY (S7674898E)

Invoice No. : 30291
Our Reference : 20773
Date : 03 Sep 2019

Doctor : ONG SWEE SENG
RAYMOND

| DESCRIPTION | QTY | FEE (S\$) |
|---|------------|-----------|
| ANAREX | 20.00 tabs | 8.00 |
| KEFENTECH PLASTERS | 1.00 pkts | 8.00 |
| ELECTROCARDIOGRAM | 1.00 | 30.00 |
| CONSULTATION | | 18.00 |
| Total Amount Payable | | 64.00 |
| Receipt No. 37852 - CASH Payment Received | | 64.00 |
| Outstanding Balance | | 0.00 |

All cheques should be crossed and made payable to:

Intemedical 24 Hr Clinic

This is a computer generated invoice which does not require a signature
E. & O.E

Claim Handling

Accident MT/1061227

| | | | | | |
|---------------------|--|---------------------|--|----------------------|-----------|
| Policy No. | 5111935379 | Vehicle No. | SUF655Y | GST Registration No. | |
| Certificate No. | 5111935379-000001 | | | | |
| Policyholder Name | I-SMILES SERVICES | | | | |
| Product Code | FLEET MASTER INSURANCE | Cover Type | dry CLASSIC | Policyholder NRIC | 53271193H |
| Contact No.(Mobile) | 97885358 | Contact No.(Office) | | Loading | 0 |
| Email Address | | Special Remark | | Contact No.(Home) | |
| xFile | <input type="checkbox"/> No <input type="checkbox"/> Yes | YCA | <input type="checkbox"/> No <input type="checkbox"/> Yes | xCode | No |
| NCD Protection | No | NCD Entitlement(%) | 0 | xCode Reason | |
| | | | | Private Hire | Yes |

Accident Details

| | | | | | |
|-------------------|--------------------|-------------------------------|-------|---------------------|-----------|
| Report Date | 04/09/2019 10:15 | Accident Report Within 24 hrs | Yes | Accident Type | Rn and Rn |
| Date of Accident | 03/09/2019 | Time of Accident hh:mm | 21:35 | Country of Accident | Singapore |
| Reporting Centre | | Charge Force | | ICM No. | |
| Accident Location | ALONG GREYANG ROAD | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|----------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| DD Standard Excess | 3,000.00 | TP Standard Excess | 1,500.00 | | |
| VED DD Excess | 0.00 | VED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | 0 | | | | |
| Total DD Excess Applicable | 3000.00 | Total TP Excess Applicable | 1,500.00 | | |

Benefits

GST Registered Information

| | | | | | |
|----------------------|---|-----------------------|-----|--|--|
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | 09/08/2019 10:34:30 System changed GST Status verified from No to Yes | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 1 SENGHANG EAST AVENUE | Address 2 | #01-01 RIVERSOUND RESIDENCE | Address 3 | SINGAPORE 544811 |
| Address 4 | | Address Type | Singapore address | Post Code | 544811 |
| Unit No. | 08-19 | Related Policy Number | 5111935379 | | |

01 Driver Info

| | | | | | |
|---|---------------------|---------------------|------------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed Driver Name | KUETWAT | Driver NRIC | S7674888E | Driver DOB | 03/09/1976 |
| Register Date of Driver License | 15/09/1997 | Driver Age | 42 | Driving Experience | 21 |
| Contact No.(Mobile) | 91048488 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | 12 HUKINT ELIZABETH | Address 2 | #02-02 ELIZABETH TOWER | Address 3 | SINGAPORE 228111 |
| Address 4 | | Address Type | Foreign address | Post Code | 228111 |
| Unit No. | 02-02 | | | | |
| Does He own a Singapore Registered car? | Yes - No | Driver Vehicle No. | SUF655Y | Driver Insurer Company | NTUC |

| | | | | | |
|-------------------------------------|------|-------------|----------|--|--|
| Declaration: | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any Injury? | Yes - No | | |

Modification History

Claim 001 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

| | | | | | |
|--------------------|-----|-------------------------|----------------------------------|------------|----------|
| Preferred Workshop | | Insured Liability | Not at Fault | | |
| Sanction No. | | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Finalisation | Yes | | | | |

Report Taken By

Print A6 letter

| | | | | |
|-------|-----------------------------------|-------------------|----------------------|------------------|
| DD-MR | Insured Name | I-SMILES SERVICES | Insured NRIC | 53271193H |
| | Contact No. (Home) | | Contact No. (Office) | |
| | DD Vehicle Number | SUF655Y | TP Vehicle Number | SHG5319E |
| | SUF655Y / SHG5319E ON 2 Sept 2019 | | | |
| | Name of Preferred Workshop | | | |
| | Claim Close Date | 06/09/2019 10:43 | Date Received | 06/09/2019 10:00 |
| | ROSLI WAHAB | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1061227 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Upload Date | 06/09/2019 10:43 |

| Choose File | No file chosen | Category * | Confidential | Urgency * | Description * |
|--------------|----------------|------------|---------------|-----------|---------------|
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Message Read | | Clear | Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Has Sans? (CM) |
|------------|---|-----------------------|----------|--------------------------------|----------------|
| | NAC_BUKIT_MERAH_B006761 NATIONAL ASSESSMENT CENTRE SERVICE - S (BUKIT MERAH) on 06 Sep 2019 10:43 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2019-B-6 | |
| | NAC_BUKIT_MERAH_B006761 NATIONAL ASSESSMENT CENTRE SERVICE - S (BUKIT MERAH) on 06 Sep 2019 10:43 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2019-B-6 | |

| | | | | | |
|---|--|-----------------------|--------|-----------------|--------------------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Sep 2019 10:43 | Photos | Normal | Photos 2019-9-6 | |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Sep 2019 10:43 | Photos | Normal | Photos 2019-9-6 | |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Sep 2019 10:43 | Photos | Normal | Photos 2019-9-6 | |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Sep 2019 10:43 | Photos | Normal | Photos 2019-9-6 | |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Sep 2019 10:43 | Photos | Normal | Photos 2019-9-6 | |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Sep 2019 10:42 | Photos | Normal | Photos 2019-9-6 | |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Sep 2019 10:42 | Photos | Normal | Photos 2019-9-6 | |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Sep 2019 10:42 | Photos | Normal | Photos 2019-9-6 | |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Sep 2019 10:42 | SAS | Normal | SAS 2019-9-6 | |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 06 Sep 2019 10:42 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2019-9-6 |

Video List

| Uploaded By/Date | Folder/Date | File Name | Source | Action |
|------------------|-------------|-----------------------|--------------------|--------|
| | | Display in New Window | Scan and uploading | |

Col's Sumit

ACCIDENT STATEMENT

ACCIDENT DATE: (02/01/2011) (DD/MM/YYYY), TIME: (21:35) (HH:MM)

LOCATION: Along Geylang Rd near Lorong 9

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 6655Y
b) INSURANCE COMPANY: NTC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VELL FIRE Hybrid
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: BRIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 97885358
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Rati waty (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (03/09/1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 19.9.1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Ang Mo Kio

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMG 5337G MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

Email = ristygunawan@gmail.com

VIDEO

Johnny@smilestransport.com

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

| | | | |
|-------------------------|---|--------------------|---|
| Policy No. | <input type="text" value="5111935379"/> | Date of Accident | <input type="text" value="02/09/2019 09:57"/> |
| Vehicle No. (For Motor) | <input type="text" value="SLF6655Y"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5111935379 | 5111935379-000001 | I-SMILES SERVICES | 53271193M | GFM | drivo CLASSIC | SLF6655Y | SLF6655Y | 18/08/2019 | 17/08/2020 |