| | ntre Services. | | N A III | | |
|--|--|--|--|---|--|
| Date In: 16/4/19-16:16 | Jeb descripti | on | Date & Time Complete | d Do | ne by |
| Ref No: KIAJING 19316377/24 | SAS e-filin | g | | | MANUFACTURES. |
| Veh No: SEISSS | E-mail (with | in Shrs, AIC 2hrs) | 1 | İ | |
| D.O.A : 14919 15:15 | i-Motor Cl | aim Form | M7/1062624-001 | 169/19 | 16141 |
| OD P. Reporting Only | i-Motor W | O (Within: OD 2hrs | | 1.41.15.7 | 0.41 |
| OD . If Reporting Only | i-Photo Up | | ! | | |
| Thi | Assessment/ | Survey Report | | 1 | |
| TP Insurer: | | by Fax/Hand to | Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | |
| TP Particulars: Veh No: 5 | 16 Yarsy | INC (|)/Non-INC() | | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () | Period: (|) | Cover Type: (| | |
| Confirmed by : (| | Date: | Time: |) | |
| Insured/Driver Liability: (%) | [Note-Est. Status (| (WO): N: 0-20 | %; P: 21-79%. F: 80 | -100%] | |
| Year of Registration: () | Warranty: YES (| |) | | |
| Excess: (\$) Loading: \$1 | 1,000 ()/\$2,00 | 0() | | | |
| General Remarks:- | | | BENESHWIK (FOR | সাম্ভার সূত্র | |
| () Walk-In Customer: Customer's in | | | 7 | | - |
| Drive-In ()/ Towed-In (); Invoi | | | wing Co: (| * | |
| | | 10 (),10 | wing Co. (| | , |
| Remarks:- (INC hotline: 6788 6616) | | | Date&Time Completed | Don | a bar |
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SINGAPORE ACCIDENT STATEMENT

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.
- 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

| aforesaid. | ou hereby consent to the archiving of this report at the centre and to copies of the report being made availa | DIO |
|-------------------------------------|---|-----|
| | ACCIDENT STATEMENT | |
| Date Of Report | 16/09/2019 16:16 | |
| Date Of Accident | 14/09/2019 15:15 | |
| Exact Location Of Accident | JOO CHIAT RD TWDS DUMAN RD | |
| Country/State of Loss | SINGAPORE | |
| indication where the self-self-vis- | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLE1055S | |
| Insured/Policyholder | | |
| Name Of Registered Owner | TW PREMIUM AUTOMOBILE PTE LTD | |
| Co Reg No | 201320430G | |
| Email Address | NOEMAIL | |
| Mobile Phone No | | |
| Alternative Phone No | OFFICE-64650030 | |
| Vehicle Particulars | | |
| Manufacturer | ТОУОТА | |
| | | |

COROLLA ALTIS CLASSIC 1.6 CVT Model

Exact Purpose for which vehicle was being used at

COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE Type Of Coverage

Fleet Policy

5100158848-01 Policy Number

Cover Note Number

Driver

SHABEER KHAN S/O AMIRUDDIN Name of Driver

NRIC No S8512458G Date Of Birth 20/04/1985 Occupation OUTDOOR **Date Of Driving Pass** 08/12/2015

Driving Experience 3 YEARS AND 9 MONTHS

MALE Gender

(LOCAL) +65-92954543 Mobile Number

Fax Number

OFFICE-92954543 Contact Number

EMail Address NOEMAIL

BLK 494J TAMPINES STREET 45 Address

#02-602

Postcode 529494

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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

YES Was any body injured in the Accident?

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TAMPINES NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190916/2088.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

NO

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SHC4728Y**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

4

GENDER:

Passenger 2

NAME:

GENDER:

Passenger 3

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name SHABEER KHAN S/O AMIRUDDIN

Approximate Age

BODY Injuries Sustain SLE1055S Injured person in which vehicle? 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:

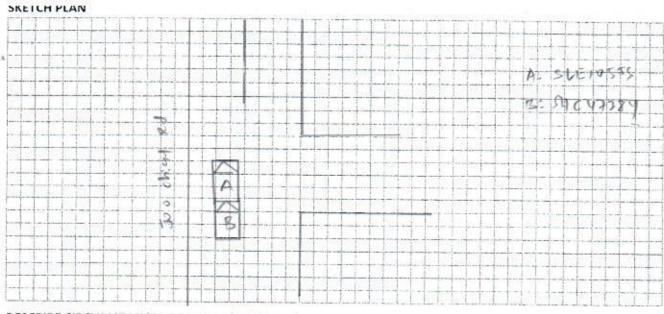
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| - | | | | |
|--------------------------------|--------------|-------------|--|--|
| refer | 10 | potice | report - 7/2019 0916/2088. | |
| Political Color and Laboratory | | | | |
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| Approved the same | and the same | | | |

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholders signeture Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

 ${\sf GIARMC\,SketchFlanForm_V3}$





Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461 Tel No: 1800-7818999 1 of 3 Report No. T/20190916/2088

Mark Control of the Control of the Parish Service

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 16/09/2019 15:09 | | | Vide Report No.: | Station Diary No.: 20 | | | |
|---|---------------------------|---------------------------|---|----------------------------|--|--|--|
| Informa | nt's Partic | ulars | | | | | |
| | f Informant: ER KHAN S | O AMIRUDDIN | Address: APT BLK 494J TAMPINES S' 529494 | TREET 45 #02-602 SINGAPORE | | | |
| | / ID No.: O / S85124 | 58G | Contact No.: Home/Office: Mobile: 92954543 | | | | |
| National SINGAR | ity: ORE CITIZ | EN | Email: | | | | |
| Sex: Male | Age: 34 | Date of Birth: 20/04/1985 | Type of Informant: Driver | | | | |
| Race: Pakistani | | | Language: | Institution / School Name: | | | |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | | | |

| | Injune | Drink | Date/Time of | Type of Legation |
|---|------------------|--|-------------------------------|--------------------------------|
| Type of Accident: | Injury Others | Drive: No | Accident: 14/09/2019 15:15 | Type of Location X-Junction |
| Location: | | | | |
| Along Road 1 | | 9. | | |
| JOO CHIAT I | ROAD | | 100 | |
| | | | | |
| | | | | |
| | HIAT ROAD toward | Duman Rd direction | | |
| | HIAT ROAD toward | Duman Rd direction Road Surface: | | Road Speed Limit: |
| Weather: | HIAT ROAD toward | | | Road Speed Limit: |
| Along JOO C Weather: Clear Traffic Flow: | HIAT ROAD toward | Road Surface: | | Road Speed Limit: |
| Weather: Clear | HIAT ROAD toward | Road Surface: Dry | | |
| Weather: Clear Traffic Flow: | | Road Surface: Dry Traffic Control: | | Traffic Volume: |

| Details of Vehicle Involved | | | | | | | | | |
|-----------------------------|------|------|-------|--------------|---------------------|----------------|--|--|--|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenge | | | |
| SHC4728Y | Car | | | | Slightly Damaged | 3 | | | |
| SLE1055S | Car | | 300 | The state of | Slightly Damaged | 0 | | | |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Report No. T/20190916/2088

2 of 3

Tel No: 1800-7818999

CONTINUATION OF REPORT

| Driver | | | Corps Depth 14 | | | | |
|-------------------|--|----------------|---|-------------------------------------|---------------------------------|-----------------------------------|--|
| Name | SHABEER KHAN | S/O AMIRU | JDDIN | ID No. | | S8512458G | |
| Related Vehicle | SLE1055S (Car) | SLE1055S (Car) | | | act No. | 92954543 | |
| Hospital/Clinic | CHANGI GENERA | AL | Class of Driving Licence & Expiry Date | | Class: 3 Date of Expiry: NIL | | |
| Date Treatment | 15/09/2019 | | Date Dis | | | 9/2019 | |
| No. of Days gran | ted Medical Leave | 04 | | of Injury | Slight | | |
| Driver | THE RESERVE OF THE PARTY OF THE | Property of | ATTERNATION OF THE | | | MARCHANINA REPORT DE LA | |
| Name | MR LIM | | | ID No | | NIL · | |
| Related Vehicle | NIL | | | Conta | ct No. | 91503985 | |
| Hospital/Clinic | NIL | | | Class Drivin Licent Expiry | g ce & | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Dis | | NIL | | |
| No. of Days grant | ed Medical Leave | NIL | Degree o | | NIL | | |

Brief Details.

On the above mentioned date, time and said location, I was working as a grab driver and was driving Toyota vehicle car, SLE1055S, silver in colour along Joo Chiat Rd toward Duman Rd direction. When I was stationary for around 10 second along Joo Chiat Rd while waiting to merge into the right lane, suddenly I felt an impact from the rear. After which I proceed out of my vehicle and saw one taxi SHC4728Y front portion collided onto my rear portion. There are 3 passengers then alighted from the taxi and left straight. I then exchange particular with the taxi driver and both of us agree to conduct respective reporting and left scene. I wish to state the taxi driver is not injured however due to the accident on the next morning when I woke up, I felt a pain on my back, back shoulder and back neck area. I then proceed to consult a doctor and was given 4 days MC. Due to the accident my vehicle damages are the rear portion. I do not have any CCTV install in my vehicle car.





Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3 Report No. T/201909:16/2088

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: | Signature Of Informant: |
|--|---------------------------------------|
| Staff Sgt TAN YI KUN | |
| Signature Of Interpreter: | Date/Time: |
| Not applicable | 16/09/2019 15:09 |
| | 2 9 |
| Officer In Charge Of Case: TP / AEIT / | Classification Of Case: |
| SI MOHAMAD ZULFAZDLI BIN ABDULLAH | |
| Contact No.: 65476204 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| outhentication Stampore POLICE FORCE | |
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| eBao Tech | | | 1 10 20 10 10 | | PERSONAL PROPERTY. | ALCOHOL: | September 1 | PENOTE. | Mary In | Ochici | lClaim |
|------------------------|----------|-------------------|-----------------------|-------------------------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | • Change | Language | • Chan | ge Password | · Log Out |
| My Desktop | Poli | cy Query | | | | | | | | | |
| Notice of Loss | Policy N | No. | | | | Date o | f Accident | 1 | 4/09/2019 1 | 15:15 | |
| | Vehicle | No.(For Motor) | SLE105 | 55 | | Certific | cate Number | | | | |
| | | | | | B | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5100158848- 01 | | TW PREMIUM AUTOMOBILE PTE LTD | 201320430G | GPC | drivo CLASSIC | SLE1055S | SLE1055S | 23/04/2019 | 22/04/2020 |

| No. Address | 210 TURF CLUB ROAD #LOT-A | B THE GRANDS | TAND SING | APORE 287995 | | | |
|-----------------------------------|---|-----------------------------------|----------------|-------------------|----------------------------|--------------|------------------------------|
| Product | 210 TURF CLUB ROAD #LOT-AI PRIVATE CAR INSURANCE | B THE GRANDS | TAND SING | SAPORE 287995 | Group | N | |
| Name Policy issue Date | 16/04/2019 | Effective Date | 23/04/20 | 19 00:00 | Policy Flag Expiry Date | 22/04/2020 2 | 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 1500 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 1500 | Outside Singapore TP Excess | 1500 | | | Youn | g/Inexperience Driver Excess |
| Agent | TECK WEI CREDIT PTE, LTD. | Agent Tel. | 64650020 | null | GST Flag | Υ | |
| Co- insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| → Policyh | older Mailing Address | | | | | | |
| Address 1 | 210 TURF CLUB ROAD | Addre | ss 2 | #LOT-A8 THE GRAN | IDSTAND | Address 3 | SINGAPORE 287995 |
| Address 4 | | Addre | ss Type | Singapore address | 9 | Post Code | 287995 |
| Unit No. | A8 | Relate Numb | d Policy er | 5103577694-01 | | | |
| | d Object: SLE1055S | | | | | | |
| ▶ Insure | ACCUSATION OF THE SECOND | | | | | | |
| ▶ Insure ▼ Endors | ements | | | | | | |

| HICY NO. \$100158848-03 Vehicle No. SLEIGSSS GST Registration No. HICKNER NO. HICKNER NO. Policyholder Name TW PREMIUM AUTOMOBILE PTE LTD Policyholder NRIC 201320430G odukt Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading 9 | laim Handling | | | | | | | |
|--|--|--|--|-------------------------|-------------------|-------------------|--|-------------------------|
| THE STATE OF THE | ecident MT/1062624 | | | | | | | |
| Marchand March M | olicy No. | 5100158848-01 | Vehicle No. | SLE1055S | | GST Registration | No. | |
| Michael Mich | ertificate No. | | | | | | | |
| Section Sect | olicyholder Name | TW PREMIUM AUTOMOBILE PTE LTD | | | | Policyholder NR30 | E. | 201320430G |
| Comman C | roduct Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | | Loading | | 0 |
| March Marc | ontact No.(Mobile) | | | 64650030 | | Contact No. (Hom | ve) | 0 |
| Second | mail Address | | Special Remark | | | eCode | | No. V |
| Campaigness | | ® No ○ Yes | | ® No ○ Yes | | eCode Reason | | . A. 1.000. |
| ## Promotion | | 5 550 | | 200 | | | | Tes |
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| Part | porting Centre | | Orange Force | | | ICM No. | | |
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| 1,000,00 150,000 150 | P Total Excess Applicable | | | | | | | |
| Color | cess Type | Per Accident | Windscreen Excess | | 100.00 | | | |
| Color | | | | | | | | |
| March Marc | Standard Excess | 1,500.00 | TP Standard Excess | | 1,500.00 | | | |
| March Marc | ED OD Excess | 500.00 | VIED TP Excess | | | Driver is Covered | 17 | |
| Passantian | Iditional Excess | 0 | | | | | | |
| Post Parageletation Internation Post Parageletation | ral OD Excess Applicable | 2000.00 | Total TP Excess Applicable | | | | | |
| Magaziman Mag | P. Benefits | | | | | | | |
| Margination Name | GST Registered Informa | etion | | | | | | |
| Margin File | Registered | Yes | | GST Regis | stration Date | 01/09/2 | 2017 | |
| 15(07)(2015 16 -0015 15 per minung of the gent province by the province of the gent | T Registration No. | 201320430G | | GST State | is Verified | Yes | | |
| 16-00-2015 16-00-2015 15- | dification History | 16/09/2019 16:40:58 5/ | stem changed GST Registered from N | to to Yes. | 1300 | | | |
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| Address Type Address Type Address Type Address Type Address Type Direct Type Unnamed Driver Ver Name | Policyholder Mailing Ad | dress | | | | | | |
| Address Type | dress 1 | 210 TURF CLUB ROAD | Address 2 | FLOT-AB THE GR | RANDSTAND | Address 3 | | SINGAPORE 287995 |
| Related Policy Number ***OF DO Friver Turbs ***Univaried Driver** ***Set 25525450 ***Driver Age 4 | | | Address Type | Singapore appres | 46 | Post Code | | 287995 |
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| Part Part | | AS | Kelaced Policy number | 9103977094-01 | | | | |
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| Address Type Singapore address Pest Code S29494 Address Type Singapore address Pest Code S29494 Address Type Singapore address Pest Code S29494 Address Singapore address Pest Code S29494 Address P | ntact No.(Mobile) | 92954543 | Contact No.(Office) | 0 | | Contact No.(Horr | (e) | |
| es the cours of Simpleors Ores (Singleors) Ore | dress 1 | BLK 494) | Address 2 | TAMPINES STREET | ET 45 | Address 3 | | TAMPINES GREENEDGE |
| Driver Insurer Company Construct No. Claim 601 Nex Any Vigury No. Any Vigu | dress 4 | SINGAPORE 529494 | Address Type | Singapore addres | DE . | Post Code | | 529494 |
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