Date In: 30 9 19 15:51	Jeb description	Date &	Time Completed	Done	by:
Ref No: 49/14/19017175/24	SAS e-filing				
Veh No: 5073564	E-mail (within Shrs,	AIC 2hrs)			
D.O.A : 29/9/19-16:45	i-Motor Claim F		6465-001	3= 4119 16	: 07
	i-Motor W/O (wi	thin: OD 2hrs, TP 4hrs)	N I WY		-
OD : TP! Reporting Only	i-Photo Uploadeo	j			
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fa	x / Hand to Owner/	Wksp		
Preferred Wksp / INC Assign Wksp / Q	W: (Tel:	Fi	ix:	
TP Particulars: Veh No:	GBD1140C	INC()/No	n-INC()	37	
Owner / Driver: (Tel:	35/4)	
Policy No: ()	Period: () Cover T	ype: ()	
Confirmed by : (D	ate:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 2	1-79%. P: 80-10	00%]	
Year of Registration: () Warranty: YES ()/	NO()			
	g:\$1,000()/\$2,000()			
		<u> </u>	48634673357	खर्गहरात	
General Remarks:-		Added a said the		4.00 Pr 1	- William
() Walk-In Customer : Custome	r's information strictly Confide	ntial & Strictly NO	efer of repairer.		
() Total Loss Case : to e-mail	Insurer URGENTLY.		4 1 3	6	
Drive-In ()/ Towed-In (); I	invoice: YES () / NO () ; Towing Co	:(- , ')
			- 5	74:08% C.S	V 100
Remarks:- (INC hotline: 6788 6		Date&1	ime Completed	Lione	by .
l) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Co	st>\$3000] ()		-	+100	2021
Total			40)		
Injury:					707 2
Date/Time Actions				MARIO ATER	
	W 00		77		1000000
				N OCH CHES	
				#1 10	
3.4		eice Preparation	Chestalia	Anif (S)	Amt (
141627474.	2007		字根,每个的图图AET。"图"。二〇	fa Biji	AddE
nimant's Particulars :-		R : Accident Reporting A : Damege Assessment	(\$30); (\$100); INC (\$80))	
··	[3) T	F : Towing Fee	\$40/	\$45	
iver/Owner:	4) F	T : Follow-Through Surve T : Follow-Through Surve	sy (Resurvey)	120 \$30	
ntact No:	Fe	or claiming against INC C	only (wef 10 Jan 2005)		
maged Portion:	6) T	R: Re-inspection		\$75	
inaged Fordon.		1 : Idao DA + SMRT Sur TUC Additional Services		100	
	0	D			
Checked by (Engr-In-Charge):		NS: Courtesy Car / Tpt Al		\$5 310	
CONTRACTOR OF THE STREET AND A PROPERTY OF THE AREA	DATE THE THE PARTY OF THE PARTY	N6: Repair Co-ordination N7: Post Repair Inspectio	n	\$25	
iditors! Comments :-		N8: DV / Collect Excess (Coordination	\$5	
24 36 15 26 1 Wallet Car Land Car	2.25/27/27/2017/2017/2017/2017/2017/2017/201	-	1 110	640	
	. I	P (N11): TP (Non INC)	against INC	30	60
1.1:	9) N	P (N11) : TP (Non INC) of 12: Idae Mobile lice dated	Fee Chargea	30	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number Contact Number

EMail Address

- 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

aforesaid.	
Michigan College States and College States	ACCIDENT STATEMENT
Date Of Report	30/09/2019 15:51
Date Of Accident	29/09/2019 16:45
Exact Location Of Accident	BLK 323 HOUGANG AVE 5
Country/State of Loss	SINGAPORE
temperature and the contract of the contract o	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ7356G
Insured/Policyholder	
Name Of Registered Owner	MUHD RAIMY BIN KASSIM
NRIC No	S9224494F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87527041
Alternative Phone No	OFFICE-87527041
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
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	5103950433-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD RAINY BIN KASSIM
NRIC No	S9510789C
Date Of Birth	05/04/1995
Occupation	INDOOR
Date Of Driving Pass	09/03/2015
Driving Experience	4 YEARS AND 6 MONTHS

MALE

NOEMAIL

(LOCAL) +65-87527041

OFFICE-87527041

Address

BLK 417A FERNVALE LINK

#11-176

Postcode

791417

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SIBLING

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

4

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: -

: MALE GENDER:

Passenger 2

NAME:

3 4

: FEMALE GENDER:

Passenger 3

NAME:

GENDER:

: FEMALE

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

GBD1140C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Page 2 of 17

Contact Number Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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. 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.
- 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)
 - (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
- (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
- 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

My car was	parked s	tationary	inside	the	part	ing _
lot, sudderly						
veh fit us	. porter					
17				F		
						AND TO THE RESERVE LIN
				*		

DECLARATION

Date & Time:

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

Policyholder's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

50
Personal Particulars
Date of Accident: 29 9 19 Time of Accident: 16 43 ha
Exact Location of Accident: BIK 323 Houging Ave 5
Owner's Name: Rainy Ton NRIC No: 39224494F HP No: 87527041
Driver's Name: Muhammad Rainy Bin Kassimir No: 59510789 CHP No:
Date of Birth: 5 4 1995 Driv ng Licence Passing Date: 9 3 2015 Occupation: Indoor / Outdoor
Address: BK 417A FRENVAL LIAK \$11-178 (791417)
Relationship of Driver with Insured: Bothe Email Address:
Vehicle No: SJJ 1356G Make & Model: M+
Insurance Co: NTUC - Coverage: Comprehenium Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Parky Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition ? Clear/ Raining / Others: Wet / Ony / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1 + 3 B. C: D:
man, 2 woman
*Was Anybody Injured ? (Yes / No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police ?
No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle 8 No:
Driver's Name:NRIC No:HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:

25

· . · . · .

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_8	00601						• Change	Language	• Chan	ge Password	• Log Ou
My Desktop	Poli	cy Query									_ 50
Notice of Loss	Policy N Vehicle	No.(For Motor)	533735	Date of Accident 29/09/2019 16:45							
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103950433-		MUHD RAIMY BIN KASSIM	S9224494F	GPC	drivo CLASSIC	S))7356G	S337356G	24/09/2019	23/09/2020

Policy No.	5103950433-01	Policyholder Name	MUHD RAI	MY BIN KASSIM	Policyholder NRIC	S9224494F	
Certificate No.							
Address	BLK 417A #11-176 FERNVALE	LINK FERNVALI	RIVERWAL	K SINGAPORE 79141	7		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	24/09/2019	Effective Date	24/09/201	9 00:00	Expiry Date	23/09/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	1760.65				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 417A #11-176	Addre	ss 2	FERNVALE LINK		Address 3	FERNVALE RIVERWALK
Address 4	SINGAPORE 791417	Addre	ss Type	Singapore address		Post Code	791417
Unit No.	11-176	Relate Numb	ed Policy er	5103950433-01			
) Insure	d Object: SJJ7356G						
▽ Endors	ements						
Sequen	ce Date of Endorsem	ent	Endorsemer	et Type	Endorsement	Status	Endorsement Content

laim Handling	not have referred						
e premium on this policy has cident MT/1064663	THE DEST CONSCISES.						
ricy No.	5103950433-01	Vehicle No.		9317356G		GST Registration No.	
ertificate No.							
olicyholder Name	MUHD RAIMY BIN KASSIM					Policyholder NR3C	59224494F
oduct Code	PRIVATE CAR INSURANCE	Cover Type		drive CLASS	sac .	Loading	0
ontact No.(Mobile)	87527041	Contact No.(Office)		0		Contact No.(Home)	0
	47,474					eCode	THE V
nail Address	2002200	Special Remark	3				Lat. X.
FK	® No ○ Yes	TCA		® No OY	5	eCode Reason	
CD Protection	No	NCD Entitlement(%)) 1	10		Private Hire	No
P Accident Details							
port Date	30/09/2019 16:05	Accident Report With	hin 24 hrs Y	/es		Accident Type	Damaged whilst parked
se of Accident	29/09/2019	Time of Accident hh	omm :	16:45		Country of Accident	Singapore
porting Centre		Orange Force				ICM No.	
cident Location	BLK 323 HOUGANG AVE 5						
Total Excess Applicable							
ess Type	Per Accident	Windscreen Excess			100.00		
0-01000	Action to the control of the control				277.77		
Standard Excess	600.00	TP Standard Excess	8		0.00		
D OD Excess	2,500,00	YIED TP Excess				Driver is Covered?	
ditional Excess	0.00						
	3,100.00	Total TP Excess App	licable				
tal OD Excess Applicable	3,100.00	Total IP excess App	- Capit				
Benefits	4						
GST Registered Informa	NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10			30.00	000000000000000000000000000000000000000		
T Registered	No				Registration Date	New York	
T Registration No.				GST	Status Venfied	Yes	
dification History							
. Ballankattan kansa	2000						
Policyholder Mailing Ad		920200000		-		eura strain	
dress 1	BLK 417A #11-176	Address 2		FERNVALE		Address 3	FERNVALE RIVERWALK
dress 4	SINGAPORE 791417	Address Type		ingapore a		Post Code	791417
it No.	11-176	Related Policy Numb	ber 1	510395043	3-01		
OI Driver Info							
ver Name	Unnamed Driver	Driver Type	i i	mnamed D	river		
named driver Name	MUHAMMAD RAINY BIN KASSIM	Driver NRIC	1	\$95107890		Driver DOB	05/04/1995
gister Date of Driver License	09/03/2015	Oriver Age		24		Driving Experience	4
intact No.(Mobile)	87527041	Comact No.(Office)		0		Contact No.(Home)	0
kiness 1	BUK 417A	Address 2		PERNVALE	LINK	Address 3	FERNVALE RIVERWALK
idress 4	SINGAPORE 791417	Address Type		ingapore a		Post Code	791417
		Page ess 19pe	-	aport .	440-444	, , , , , , , , , , , , , , , , , , , ,	724-41
nit No. oes he own a Singapore	11-176					2210-102-1202-11	
gistered car?	○ Yes ® No	Driver Vehicle No.				Driver Insurer Company	
claration eathalyzer or Blood Test		200000	- 1		X		
ading?	0 mg	Any injury?	9	O Yes ® N	D		
odification History							
20.00	D.						
Claim 001 OD-MX New	- 直						
um Type *	OD-MX	Insured Name	9	MUHD RATE	Y BIN KASSIM	Insured NRIIC	59224494F
	93378230	Contact No.(Home)		a nair		Contact No.(Office)	
ntact No.(Mobile)	753/8230						Cabinate
nall Address		Of Vehicle Number		5337356G		TP Vehicle Number	G801140C
imant Type Claimant Type *	The second secon	Type of Benefit *	E	Please Sele	a 💟		
imant Name *	>>	Claimant NR3C *					
imant Address							
im Description	S117356G / GBD1140C ON 29 Sept 2019					Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	F	Not at Faul	· •		
quire Finalisation	Yes 💟	Preference Repair O	ption [Preferred V	Yorkshop, Name unknown	GIA report	Received
re Registered	30/09/2019 16:07	Claim Close Date	1			Date Received	30/09/2019 16:08
port Taken By	Jackson	Workshop Repairer	s 1			Total Loss but Repaired	
		The state of the s					
Print AK letter							
			S	ave Sus	mit		
Machinest			-	manufacture of the last of the			
Attachment							
,							
v Samera	MT/IDEAES?	Walter St.	44		001		
cident No.	MT/1064663	Claim N					
st Doc. Received	● Yes ○ No	Upload	Date		30/09/2019 16:08		
	Path *				Category *	300000000000000000000000000000000000000	ency * Description
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			Browse	Clear	Please Select	V NO V Normal	V
			Browse			V Normal	
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