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	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: 572	pier	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Pe	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 30-1	00%]	
	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0	000()/\$2,000	()			
General Remarks					
() Walk-In Customer: Customer's infor	rmation strictly Co	nfidential & Stric	tly NO refer of repairer.		-
() Total Loss Case : to e-mail Insure					(1270) - 9K
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Remarks: (INC hotline: 6788 6616)		40.00	Date&Time Completed	Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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.	
2. 	ACCIDENT STATEMENT
Date Of Report	03/10/2019 14:35
Date Of Accident	02/10/2019 19:00
Exact Location Of Accident	AIRPORT RD TWDS KPE
Country/State of Loss	SINGAPORE
D. D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD3102U
Insured/Policyholder	
Name Of Registered Owner	SHAHRIL BIN ALI
NRIC No	S7529949D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81393353
Alternative Phone No	OFFICE-81393353
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI AT 5G13GZ W/O HID
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	All Market and the second seco
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103568006
Cover Note Number	
Driver	
Name of Driver	NORAINI BINTE SUDIN
NRIC No	S8320046D
Date Of Birth	02/07/1983
Occupation	INDOOR
Date Of Driving Pass	31/05/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	FEMALE

(LOCAL) +65-92248264

OFFICE-92248264

NOEMAIL

Address BLK 220A SUMANG LANE

#03-93

Postcode 821220

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

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)

Passenger 1

NAME:

: SHAHRIL BIN ALI

GENDER: : MALE

Passenger 2

NAME:

. .

GENDER: : MALE

Passenger 3

NAME:

. -

GENDER:

: MALE

Passenger 4

NAME:

200

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

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

SJZ1201A

Vehicle Make/Model/Colour

LANCER

Details Of Properties

Page 2 of 17

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLK5469Z
Vehicle Make/Model/Colour CIVIC

Details Of Properties

Vehicle Category

PRIVATE CAR

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 NORAINI BINTE SUDIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMD3102U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name SHAHRIL BIN ALI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMD3102U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- i. Please report <u>optractly</u> the details of the occident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Delvar.
- Information provided must be as <u>protoful and accurate as possible</u>, Any wilful misrepresentation or with colding of material facts may allow indurance companies to repudiete oplicy liability.
- 4. The issue and acceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance
- Any false recording may be referred to the Police for investigation.
- 5. 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
- 7. By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforeseld.
- S. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that:

- My Insurer, my workshop and the General Insurance Association of Singapora ("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 deims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my dolms:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the maling 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 peckages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this eccident and the insurers' lawyers/law firms, may/are parected to collect, use, dictose 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 accents (including their lawyers flaw firms), which may be steed outside of Singaporo, for one or more of the above Purposes.
- (a) my Personal information will also be collected and used to compile claims history for the purpose of freud detection. investigation and management in present and all future daims.
- (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, save enforcement and government agandes as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

5 Time:

Driver's Signature

(If driver is not the policyholde!)

Date & Time:

Reparting Centre Personnel's Signature

Mame:

KRIC/FIN No.:

SKETCH PLAN	.,	Phones Area		
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

declars the foregoing particulars are true in every resposs.

Oriver's Signature

(If driver is not the policyholder)

Date & Timer

Reporting Contre Personne's Signature

Name: NRIC/FIN No.:

Date of Accident	e o 2 D Jot9 Accident Time: 1900 (24-HR-Format)
Accident Place	ALONG AIRDORY ROAD TOWARD KPE
Vehicle Reg. No. (Car Plate No.)	3m0 310 2 u
Vehicle Make/Model	· Youknason sous -
Insurance Company	: HT4C · Policy No.
Owner or Company Name /IC No.	: SHAHDIL BIK ALI 87529949 D.
Owner or Company Contact No.	Owner's Hp 9139 3363 Company Tel
DRIVER'S Name / IC No.	: MORAILI BILTE SUDN 20320046D.
DRIVER'S Date Of Birth	: 07 07 1983 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 2204 SUMANHY LAND #.03-93.
DRIVER'S Contact No / Alt No.	:1) 97248264 3 8-1220.
DRIVER'S Occupation	: NDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: ADUN @ MY CAR. SGI.
Weather & Road Surface	: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Da	river): 05 3 boy (kid) owner b driver 2days m
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES \NO s being used at the time of accident: Private use \ Work purpose
Other F	arty Driver's Particular (if anv)
Vehicle Reg. No: SJZ 1201 A.	Vehicle Reg. No: SLK54692 .
Vehicle Make Wodel: Lancer	
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	NATIONAL STREET, STREE

20 NO 12

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Policy	y Query									,
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Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0 5	5103568006		SHAHRIL BIN	S7529949D	GPC	drivo CLASSIC	SMD3102U	SMD3102U	05/09/2018	12/11/2019
	Policy No Vehicle N Select	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Name SHAHRIL BIN SHAHRIL BIN	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Policyholder Name NRIC Number Name NRIC SHAHRIL BIN CASTAGORAD	Policy Query Policy No. Date Vehicle No. (For Motor) SMD3102U Certificate Name NRIC Product Number Name NRIC Product SHAHRIL BIN STREAMED CRO	Policy Query Policy No. Date of Accident Vehicle No. (For Motor) SMD3102U Certificate Number Select Policy No. Certificate Policyholder Name NRIC Product Cover Type Name NRIC Product Cover Type SHAHRIL BIN STERROGO	Policy Query Policy No. Date of Accident Vehicle No. (For Motor) SMD3102U Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. SHAHRIL BIN STANDARD CR. drivo SMA3102U	Policy Query Policy No. Date of Accident 02/10/2019 1 Vehicle No. (For Motor) SMD3102U Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type No. Object No. SHAHRIL BIN \$13,00400 CRC drive \$10,0000 CMC2102U SMD3102U CMC3102U SMD3102U SMD3102	Policy Query Policy No. Date of Accident 02/10/2019 19:00 Vehicle No. (For Motor) SMD3102U Certificate Number Search Select Policy No. Certificate Policyholder Name NRIC Product Cover Type Vehicle Insured Commence Number Name NRIC Product Cover Type Vehicle Insured Commence No. Object Date SHAHRIL BIN STREAMED COC. SHAHRIL BIN STREAMED COC. MO23102U SMD3102U SMD3102

Policy No.	5103568006	Policyholder Name	SHAHRIL B	IN ALI	Policyholder NRIC S7529			
Certificate No.								
Address	BLK 220A #03-93 SUMANG LA	NE MATILDA EC	GE SINGAP	ORE 821220				
Product Name	PRIVATE CAR INSURANCE	Plan	ve 05/09/2018 00:00		Group Policy Flag	N		
Policy ssue Date	05/09/2018	Effective Date			Expiry Date	12/11/2019	23:59	
Excess Type		All Claims Excess						
hird Party 0		Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	apore 600		0			Young/Inexperience Driver Excess		
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Υ		
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insurance Flag Open	No							
insurance Flag Open Policy Info Certificate	No							
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insurance Flag Open Policy Info Certificate Info	oolder Mailing Address BLK 220A #03-93	Addre	ss Type			170001000000		
insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 220A #03-93 SINGAPORE 821220	Addre Relate	ss Type	Singapore address		170001000000		
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ocident MT/1065216								
	5103568006	Vehicle No.	SM03102U		GST Registration No			
ertificate No.	5103366006	Veriale No.	80031020		as registration in			
	CONTRACT PROPERTY				Policyholder NR1C		\$7529949D	
licyholder Name	SHAHRIL BIN ALI PRIVATE CAR INSURANCE		drivo CLASS		Loading		0	
duct Code	577 C C C C C C C C C C C C C C C C C C	Cover Type	0		Contact No.(Home)		0	
ntact No.(Mobile) vall Address	81393353	Contact No. (Office) Special Remark	9		eCode		HC V	
	8.00	30	@ w O v		eCode Reason			
к	® No ○Yes	TCA	® No ○Yes				-	
D Protection	Yes	NCD Entitlement(%)	50		Private Hire		No	
Accident Details					10000 M 8400 M 100		Destrona Description	
port Date	03/10/2019 14:47	Accident Report Within 24 hrs	Yes		Acadent Type		Chain Colision	
te of Accident	02/10/2019	Time of Accident hh:mm	19:00		Country of Accident		Singapore	
porting Centre		Orange Force			ICM No.			
cident Location	AIRPORT RD TWDS KPE							
Excess								
n damage Excess	600.00	Additional Excess	0		Windscreen Excess		100.00	
named Driver Excess	0.00	Outside Singapore OD Excess		600.00				
rd Party Excess	0.00	Outside Singapore TP Excess		0.00				
Benefits :								
GST Registered Informa	tion							
F Registered	No		GST	Registration Date				
T Registration No.			GST:	Status Verified	Yes			
dification History								
Policyholder Hailing Ad	dress							
dress 1	BLK 220A #03-93	Address 2	SUMANG LA	NE	Address 3		MATILDA EDGI	
dress 4	SINGAPORE 821220	Address Type	Singapore ac	idress	Post Code		821220	
it No.	03-93	Related Policy Number	5103568006					
OI Driver Info			**********					
iver Name	NORAINI BTE SUDIN	Driver Type	Named Drive	er .				
named driver Name		Driver NRIC	58320046D		Driver DOS		02/07/1983	
gister Date of Driver License	31/05/2008	Driver Age	36		Driving Experience		11	
ntact No. (Mobile)	92245264	Contact No.(Office)	0		Contact No.(Home)		0	
dress t	8LK 220A	Address 2	SUMANG LA	NE	Address 3		MATILDA BOG	
Idress 4	SINGAPORE 821220							
		Address Type	Singapore ac	idress	Post Code		821220	
nit No.	03-93	Address Type	Singapore ac	toress	Post Code		621220	
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oes he own a Singapore		Address Type Driver Vehicle No.	Singapore ac		Post Code Driver Insurer Com	pany	621220	
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tachment	Uploaded By/Date		Category	9	Urgency	Di	escription	(00)	