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	i-Photo U	ploaded	1		
TP Insurer:	Assessment	Survey Report			
	Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	-
TP Particulars: Veh No: MG	שוליקונ	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status	(WO): N: 0-209	%; P: 21-79%. F: \$0-1	00%1	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

A CONTRACTOR OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	04/10/2019 14:41
Date Of Accident	04/10/2019 08:50
Exact Location Of Accident	JUNC MARRYMOUNT RD & PEMIMPIN DR
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ5460P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAFIZ BIN ABDUL RAHIM
NRIC No	S9107620I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90068994
Alternative Phone No	OFFICE-90068994
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	5110835478
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HAFIZ BIN ABDUL RAHIM
NRIC No	S9107620I
Date Of Birth	07/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	03/06/2019
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90068994
Fax Number	

OFFICE-90068994

NOEMAIL

Address BLK 617 YISHUN RING ROAD

#10-3252

Postcode 760617

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 CLEAR 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?

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

5

Number of Passengers (Including Driver)

Passenger 1

NAME: :

.

GENDER: ; MALE

Passenger 2

NAME:

: :-

GENDER: : FEMALE

Passenger 3

NAME:

. +

GENDER: : FEMALE

Passenger 4

NAME:

830

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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. FRONT CAR STOPPED, I STOPPED MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. THERE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

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 Vehicle Make/Model/Colour SMG2707R

Page 2 of 15

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR

ZHANG JIANHUA

NRIC/Passport Number

S8475206A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMK8212R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver JESSICA WOON SIEW LI

NRIC/Passport Number S8083891C

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.
- 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:
 - 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 .:

SKETCH PLAN A: 5025460P. B: 51467207R C: 5488212R 1 Drwimpin

ANB

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Hello, NAC_PAYA_UBI_8006	01						Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									ALLOW MANUE
Notice of Loss	Policy N	io.	Ġ.			Date o	f Accident	[0	4/10/2019 0	08:50	
	Vehicle	No.(For Motor)	SJQ546	50P		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110835478		MUHAMMAD HAFIZ BIN ABDUL RAHIM	S9107620I	GPC	drivo CLASSIC	SJQ5460P	SJQ5460P	03/07/2019	02/07/2020

Policy No.	5110835478	Policyholder Name	минамма	D HAFIZ BIN ABDUL I	Policyholder NRIC	S9107620I	
Certificate No.							
Address	BLK 617 #10-3252 YISHUN R	ING ROAD SING	APORE 7606	17			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	02/07/2019	Effective Date	03/07/201	9 00:00	Expiry Date	02/07/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
	BIV 617 #10 3353	Addres	s 2	YISHUN RING ROAD		Address 3	SINGAPORE 760617
Carrier Services	BLK 617 #10-3252	Addres	-				
Address 1 Address 4	BLK 017 #10-3232		s Type	Singapore address	3	Post Code	760617
Address 1	02-507	Addres	s Type d Policy			Post Code	760617
Address 1 Address 4 Unit No.		Addres Relate	s Type d Policy	Singapore address		Post Code	760617
Address 1 Address 4 Unit No.	02-507 d Object: SJQ5460P	Addres Relate	s Type d Policy	Singapore address		Post Code	760617

Claim Handling							
ccident HT/1065408	00001000000	WARNING AND	To account the	100 0010 0010 000			
raticy No.	5110835478	Vehicle No.	\$3Q\$460P	GST Registration No.			
ertificate No.							
Nicyholder Name	MUHAMMAD HAFIZ BIN ABDUL RAHIM			Policyholder NRIC	591076200		
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	o o hit 🗸		
mtact No.(Mobile)	90068994	Contact No.(Office)	0	Contact No.(Home)			
nail Address		Special Remark		eCode			
×.	® No ○ Yes	TCA	® No ○Yes	eCode Reason			
D Protection	No	NCD Entitlement(%)	0	Private Hire	No		
Accident Details							
port Date	04/10/2019 14:52	Accident Report Within 24 I	hrs Yes	Accident Type	Chain Collision		
e of Accident	04/10/2019	Time of Accident hitcmm	08:50	Country of Acadent	Singapore		
orting Centre		Orange Force		ICM No.			
ident Location	JUNC MARRYMOUNT RD & PEMIMPIN DR.						
Total Excess Applicable							
ess Type	Per Accident	Windscreen Excess	100.00				
Francis Francis	745.44		1000				
Standard Excess D OO Excess	600.00	TP Standard Excess	0.00	400000000000000000000000000000000000000	C A ROSSO		
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ol OD Excess Applicable	2100.00	Total TP Excess Applicable	0.00				
Benefits							
GST Registered Informa	MSO.						
Registered Registration No.	No		GST Registration Date	Section 1			
Registration No.			GST Status Verified	Yes			
SOSCO INCOSCIO							
Policyholder Mailing Ad	dress						
Irexs 1	BLK 617 #10-3252	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760617		
Ireas 4		Address Type	Singapore address	Post Code	760617		
f No.	02-507	Related Policy Number	5110835478	Post Code	760617		
OI Driver Info			2220022474				
ver Name	MUHAMMAD HAFTZ BIN ABDUL RAHIM	Driver Type	Main Driver				
amed driver Name		Driver NRIC	591076201	Driver DOB	07/03/1991		
ister Date of Driver License.	03/06/2019	Driver Age	28	Driving Experience	0		
tact No.(Mobile)	90068994	Contact No.(Office)	٥	Contact No. (Home)	0		
iress I	BLK 617	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760617		
ress 4	0D, 017	Address Type		Post Code			
		Abbress Type	Singapore address	Post Code	760617		
t No. is he own a Singapore	10-3252						
pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company			
10.00							
Jaration athalyser or Blood Test	(9)		-277027				
ding?	0 mg	Any injury?	○ Yes ® No				
dification History							
DH B							
Salm 001 New							
m Type *	ор-мх	Insured Name	HUHAMMAD HAFIZ BIN ABOUL (Insured NRIC	591076200		
tact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)			
ell Address		Of Vehicle Number	S1Q5460P	TP Vehicle Number	SMG27078		
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	16 Adultie Legisladi	armarum.		
ment Name *	22	Claimant NRIC *	Freeze poets				
ment Address		Carried Ville (b)					
m Description	SXQ5460P / SMG2707R ON 4 Oct 2019			Name of Preferred Workshop			
erred Workshop Contact	The second second second	******	No. of Co. of	THE WITH CHEW MUNISPOR			
		Insured Liability *	Not at Fault				
uire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Received		
Registered	04/10/2019 14:54	Claim Close Date		Date Received	04/10/2019 00:00		
ort Taken By	Jackson						
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West College							
ident No.	MT/1065408	Claim No.	001				
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A A CHARLES AND		Special train		274			
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		Brow	Se Cear Please Select	V Normal	V		

Utachment	Upload	sed By/Date	Category	9	Urgency		Description	Hsg Sent? (CO)	
10 VI	NAC_PAYA_UBI_B00601(NAT. CES) on Or	ONAL ASSESSMENT CENTRE SERVI Oct 2019 14:55	NR3C/ Driving License	٧	Normal	NRIC/ D	riving License 2019-10-4	(65)	
1		IONAL ASSESSMENT CENTRE SERVI Oct 2019 14:54	SAS		Normal	SAS 2019-10-4			
1		ONAL ASSESSMENT CENTRE SERVE Oct 2019 14:54	Photos Normal		Normal	Photos 2019-10-4			
S		ONAL ASSESSMENT CENTRE SERVI Oct 2019 14:54	Photos		Normal	formal Photos 2019-10-4)-4	
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2019 14:54		Photos Normal		Normal	Photos 2019-10-4			
(022	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Oct 2019 14:54		Photos		Normal	×	hotos 2019-10-4		
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Oct 2019 14:54		Photos		Normal	P	hotos 2019-10-4		
3		ONAL ASSESSMENT CENTRE SERVI Oct 2019 14:54	Photos		Normal	p	hotos 2019-10-4		
94	NAC_PAYA_UBI_800601(NATI CES) on 04	ONAL ASSESSMENT CENTRE SERVI Oct 2019 14:54	Photos		Normai	Pr	hotos 2019-10-4		
		ONAL ASSESSMENT CENTRE SERVI Oct 2019 14:54	Photos		Normal	Pr	hotes 2019-10-4		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Oct 2019 14:54		Photos	Normal Photos 2019-10-4			hotos 2019-10-4		
		ONAL ASSESSMENT CENTRE SERVI Oct 2019 14:54	Photos		Normal	24	hotos 2019-10-4		
Video List	Uploaded By/Date	Folder Date	700	le Name		9	Name and American		