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D.O.A: 13/6/19-11:30	i-Motor Claim Form	m/10/8/149-001	23/dig 12.26
OD : (P) ! Reporting Only	i-Motor W/O (within: OD :	thre, TP shrs)	
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TP Insurer:	Assessment/Survey Report		
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Preferred Wksp / INC Assign Wksp / QW:		Tn4;	Fax:
TP Particulars: Veh No: J	Jungsk	()/Non-INC()	
Owner / Driver: (Tets)
Policy No: ()	Period: (Cover Type: ()
Confirmed by: (Dorei	Time:)
	The Article Control of the Control o	20%; P: 21-79%. P: 80-	100%]
	Warranty: YES ()/NO ())	
General Remarks - 18			
() Walk-In Customer's i	information of ictly Confidential 5.5	frictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins	surer URGLATLY.	100 100 100	,
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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.
- 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

\$P\$《中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国	ACCIDENT STATEMENT			
Date Of Report	23/10/2019 12:06			
Date Of Accident	17/06/2019 11:30			
Exact Location Of Accident	SERVICE RD BEHIND OF 68 BOAT QUAY			
Country/State of Loss	SINGAPORE			
D	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBF1330K			
Insured/Policyholder				
Name Of Registered Owner	THESEAFOODCOMPANY PTE LTD			
Co Reg No	200515214C			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-62881411			
Vehicle Particulars				
Manufacturer	ISUZU			
Model	NHR85AUE4AA			
Exact Purpose for which vehicle was being used at time of accident	WORKING			
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	5095502583-01			
Cover Note Number				
Driver				
Name of Driver	MOHAMAD SUFYAN BIN MOHAMED YACOOB			
NRIC No	S8243314G			
Date Of Birth	18/12/1982			
Occupation	OUTDOOR			
Date Of Driving Pass	18/05/2002			
3				

MALE

NOEMAIL

(LOCAL) +65-91457057

OFFICE-91457057

Address

BLK 870A TAMPINES STREET 86

#02-12

Postcode

521870

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PEDESTRIAN

Weather Conditions

CLEAR

Road Surface

ambulance?

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TAMPINES NEIGHBOURHOOD POLICE CENTRE

ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY:

Police Station Address

SINGAPORE

Police Station Contact

TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190618/2168.

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

SJU1293K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

MOHAMAD SUFYAN BIN MOHAMED YACOOB

Approximate Age

Injuries Sustain

FOOT

Injured person in which vehicle?

GBF1330K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - 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: GBS 1330K 120 hind Rd

neder to potice report - 1/2019 0618/2068 -	

DECLARATION

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Policyholder's Signature Date & Time:

eurdura poopos

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





1 of 3

Report No. T/20190618/2168

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

REPORT	F A TRAFFIC	ACCIDENT		Ctation Diany No.	
Date/Time Report Made: 18/06/2019 21:10			Vide Report No.:	Station Diary No. 113	
Informa	nt's Particu	ulars			
Name of MOHAM	Informant: IAD SUFYA IED YACOO	N BIN	521870	S ST 86 #02-12 SINGAPORE	
ID Type / ID No.: NRIC NO / S8243314G			Contact No.: Home/Office: Mobile: 91457057		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 36 18/12/1982			Type of Informant: Pedestrian		
Race: Indian			Language:	Institution / School Name:	
Occupation: DELIVERY DRIVER		3	Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Pedestrian / Cyclis	Drink	Date/Time of Accident: 17/06/2019 11:30	Type of Location	
Location: Along Road 1 BOAT QUAY		OLIAY		10	
SERVICE ROAD BEHIND 68 BOAT Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	sion: cle Against - Pedestrian			Anyone conveyed by ambulance:	

Details of V	A DESCRIPTION OF THE PERSON OF	ALTERNATION PROSESSION PROFESSION CONTINUES.		Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Color	Condition	NO OF Passeriger
SJU1293K	Car					0

Details of Person Involved	
Any Pedestrian Involved: Yes	N. A. H. H.
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available



T/20190618/2168

2 of 3

Report No. T/20190618/2168

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Name	MOHAMAD SUFYAN BIN MOHAMED YACOOB			ID No		S8243314G	
Related Vehicle	NIL			Conta	ct No.	91457057	
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL	
Date Treatment	17/06/2019		Date Dis	scharge	NIL		
No. of Days granted Medical Leave		03	Degree	of Injury	Slight		

Brief Details.

On 17/06/2019 at about 1130hr, after delivering the goods to 68 Boat Quay at the service road, I wanted to enter my lorry. As I open the door to enter, one vehicle bearing SJU1293K drove pass and ran over my right foot. The driver then stop to check on me and we exchange particulars.

I wish to state that I went to Changi General Hospital on 17/06/2019 and received 3 days of MC from 17/06/2019 to 19/06/2019. That is all.





Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

3 of 3

Report No. T/20190618/2168

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	M O	n	-	-	п

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: G / Sgt 3 SIM FAWWAZ BIN SIM HASHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2019 21:10
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMADORE Contact No.: 65472076	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	

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My Desktop		cy Query								Masan on	
Notice of Loss] Da	te of Acci	dent	17/06/20	19 11:30	- 13	
	Vehicle	No.(For Motor)	G8F1	330K] Ce	rtificate N	lumber				
					Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	0	5095502583- 01		THESEAFOODCOMPANY PTE, LTD.	200515214C	GFT	Comprehensive	GBF1330K	GBF1330K	04/11/2018	Ė

Policy No.	5095502583-01	Policyholder	THESEA	FOODCOMPANY PTE, LTI	Policyholder	200515214	•
Certificate	3033302303 01	Name	ITTEGEN	OODCONFAIT FILLEN	NRIC	200313214	
No.							
Address	NO 4 DEFU LANE 9 SINGAPOR	RE 539246					
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/10/2018	Effective Date	04/11/2	018 00:00	Expiry Date	03/11/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0.00	Own damage Excess	1000.00		Windscreen Excess	100.00	
Additional		os	0				
Excess Outside		Premium Outside	(OTL)				
Singapore OD Excess		Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	VICOM LTD	Agent Tel.	669752	10	GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate Info	No						
	older Mailing Address						
Address 1	NO 4 DEFU LANE 9	Addre	ss 2	SINGAPORE 539246	,	Address 3	
Address 4			ss Type	Singapore address		Post Code	539246
Unit No.		Relate Numb	d Policy er	5097389695-01			
▶ Insured	d Object: GBF1330K						
Tendors	ements						
Sequen	ce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorsen	nent Status	Endorsement Content
1	09/01/2019 00:00	Basic Informal Endorsement	tien	000001286984066	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JTFHT02P400246741 09-01-2019 \$788.87 In view of this amendment, an additional premium of \$788.87 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque if avour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
ı	16/01/2019 00:00	Basic Informat Endorsement	tion	000001286989279	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle amendment(s) is/are made to this policy: VEHICLE NUMBER EFFECTIVE DATE REVISED PREMIU (INCL GST) 1. GB)1271B 14-01-2019 \$775.68 In view of this

cident MT/1068149										
icy No.	5095502583-01		Vehicle No.	GBF1330K		GST	Registration No.		2005152	14C
rtificate No.										
icyholder Name	THESEAFOODCOMPANY PTE.	LTD.				Polic	yholder NRIC		2005152	14C
duct Code	PLEET INSURANCE		Cover Type	Comprehen	sive	Load	zing		0	
tact No.(Mobile)	0		Contact No.(Office)	62881411		Cont	tact No.(Home)		0	
nii Address			Special Remark			eCod	de		No.	
	® No ○ Yes		TCA	® No ⊜Ye	55	eCoo	de Reason			
Protection	No.		NCD Entitlement(%)	0		Priva	ate Hire		No	
Accident Details										
ort Date	23/10/2019 12:24		Accident Report Within 24 hrs	Yes		Accid	dent Type		Collided	nto Pedestrian
e of Accident	17/06/2019		Time of Accident hitemm	11:30		Cour	ncry of Accident		Singapor	•
porting Centre			Drange Force			ICM				
ident Location	SERVICE RD BEHIND OF 68 B	BOAT QUAY	F200-15-00-000							
Excess		1111								
n damage Excess	1,000	.00	Additional Excess			Wind	dscreen Excess		100.00	
named Driver Excess.	4,000		Dubside Singapore OD Excess							
rd Party Excess	0.	.00	Outside Singapore TP Excess							
Benefits	0.		Consider Striggerer (17 Entities							
GST Registered Information	Yes			GST	Registration Date		26/12/2005	5		
Registered Registration No.	2005152140	c			Status Venfied		Yes			
fication History										
Policyholder Mailing Ad	dreas									
Wess 1	NO 4 DEFU LANE 9		Address 2	SINGAPORE	E 539246	Add	ress 3			
dress 4			Address Type	Singapore a	eddress	Post	Code		539246	
t No.			Related Policy Number	509738969	5-01					
OI Driver Info										
ver Name	Unnamed Driver		Driver Type	Unnamed D	river					
named driver Name	MOHAMAD SUPYAN BIN MOH	HAM	Driver NRIC	582433140		Driv	er DOB		18/12/1	982
gister Date of Driver License	18/05/2002		Driver Age	36		Driv	ing Experience		17	
ntact No.(Mobile)	91457057		Contact No.(Office)	0		Con	tact No.(Home)		0	
					CTREET SA	Ado	ress 3		TAMPINE	ES GREENLACE
dress 1	BLK 870A		Address 2	TAMPINES	31KEE1 00					
			Address 2 Address Type	Singapore a			Code		521870	
idress 4	SINGAPORE SZ1870								521870	
idress 4 nit No.	SINGAPORE 521870 02-12		Address Type			Post	t Code	NAOV.	521870	
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idress 4 if No. les he own a Singapore gisteres car? Claration eathelyser or Blood Test ading?	SINGAPORE S21870 02-12 ○ Yes ® No		Address Tyge Driver Vehicle No.	Singapore a	ddress	Post	t Code	narry	521870	
dress 4 If No. Is the own a Singapore patient car? daration withhelyser or Blood Test daration History	SINGAPORE S21870 02-12 ○ Yes ® No		Address Tyge Driver Vehicle No.	Singapore a	ddress	Post	t Code	nany	521870	
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