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		i-Photo U	ploaded					
TP Insurer:		Asserment	Curcy Re-	1				
		Ass't Henn	offerd)	1000	ner/Villen			
Preferred Wksp / INC Assign M	Visp/GW: (-	l;	Fax:	9	
	Weh No: PZ13	81	, po	1	/ Non-INC ()_	8	
Owner / Driver: (Т	el:	5)	
Policy No: () Perio	1: () Co	er Type: ()	-
Confirmed by: (77 mg		Toner)	A
Insured/Driver Liability:				-20%;	P: 21-79%. P	: 80-1009	4)	9
Year of Registration: (nranty: MES (7/7:-	_)				
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General Remarks				Since				4
() Walk-In Customer :	stomer's inform	etion strict	onfidential *	Strictly I	VO refer of rep	airer.		
() Total Loss Case : (a					·			ALC: N
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1) Apply for Transport Allows	nce()/Con	itesy Car (7		-		3.03	Maria
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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.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	25/10/2019 14:14
Date Of Accident	24/10/2019 22:20
Exact Location Of Accident	SLIP RD HAVELOCK RD TWDS CLEMENCEAU AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW7966C
Insured/Policyholder	
Name Of Registered Owner	ALYANCE PTE LTD
Co Reg No	201902667H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC SPORTS AT ABS D/AB
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107464518
Cover Note Number	
Driver	
Name of Driver	MOHAMED ADAM BIN TASRIF
NRIC No	S8506179H
Date Of Birth	28/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81974486
Fax Number	

OFFICE-81974486

NOEMAIL

Address

BLK 693D WOODLANDS AVENUE 6

#10-835

Postcode

734693

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

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

2

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 ambulance?

NO

Was any other material or property damaged?

YES

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

Number of Passengers (Including Driver)

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident REFER TO POLICE REPORT - T/20191025/2074.

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

PZ1338T

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

1

DETAILS OF INJURED PERSON 1

Name MOHAMED ADAM BIN TASRIF

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJW7966C

Were seat belts worn?

Was this injured conveyed to hospital by

NO

YES

ambulance? Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - (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.:

	clemencean Ave	2011
		A: 55W79 66C B: PZ 13387
		B: P2 13381
	142/	
	1 2	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	HGVEJSCK EG	
	As A	
CRIBE CIRCUMSTANCES		
Leter to police	1 pscy - 7 pola 1025 2074:	

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

1 of 3 Report No. T/20191025/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2019 12:54			Vide Report No.:	Station Diary No.: 76			
Informa	nt's Partic	ulars					
	f Informant: IED ADAM	BIN TASRIF	Address: APT BLK 693D WOODLANDS AVENUE 6 #10-835 SINGAPORE 734693				
ID Type / ID No.: NRIC NO / S8506179H			Contact No.: Home/Office: Mobile: 81974486				
National SINGAP	ity: ORE CITIZ	ΈN	Email:				
Sex: Male	Age:	Date of Birth: 28/02/1985	Type of Informant: Driver				
Race: Javanese		Language:	Institution / School Name:				
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:					

General Infor	mation of the Acci	dent				
Type of Accident:	Injury Others			Date/Time of Accident: 24/10/2019 22:20		Type of Location: Bend
HAVELOCK I		Road to Cleme	enceau Ave Surface:	nue	Road	d Speed Limit:
Traffic Flow: Dual Carriage		Traffic	Control: ontrolled		Mode	ic Volume: erate
Type of Collis Between Mov	ring Vehicles - Head	To Rear			The state of the s	one conveyed by ulance:

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
PZ1338T	Bus/Coach/Mi nibus			White	Slightly Damaged	0		
SJW7966C	Car	MITSUBISHI		White	Slightly Damaged	0		

Details of Person Involved	AND DESCRIPTION OF THE PERSON
Any Pedestrian Involved: No	·
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 2 of 3 Report No. T/20191025/2074

CONTINUATION OF REPORT

Driver	HOLDER DAVIS CO.	11.000				
Name	MOHAMED ADAM	BIN TASR	lF.	ID No		S8506179H
Related Vehicle	SJW7966C (Car)			Contact No.		81974486
Hospital/Clinic	COUNTRYSIDE CLINIC AND SURGERY			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	25/10/2019		Date Disc	charge 25/10/2019)/2019
No. of Days gran	ted Medical Leave	03	Degree of Injury Slight		Terrane Carlo Callin Carlo	
Driver						
Name	Tan Lye Yong			ID No		S1513587E
Related Vehicle	NIL			Contact No.		98517327
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

I am currently working as a GRAB Driver. On the 24/10/2019 at around 2220hrs, I was driving my Grab Car, bearing vehicle no SJW 7966C, along Havelock Road to pick up a passenger.

I entered the Filter lane connecting to Clemenceau Road and I stopped my vehicle at the give way mark along the Filter lane before merging into Clemenceau Road as there was moving traffic along Clemenceau Road. Before I moved off from my stationary position , the bus behind me , bearing vehicle no PZ 1338 T , collided into the rear of my vehicle.

We alighted from our vehicles and took photos of the damages on our vehicles and exchanged particulars. No Police or paramedics were at scene and we left the scene shortly after. On the 25/10/2019, I felt pain on my left wrist, right hip, neck and right forehead and seek medical attention and was given 3 days MC.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

3 of 3 Report No. T/20191025/2074

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: L / Staff Sgt ZENG ZHIMIN, KEVIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Pate/Time: 25/10/2019 12:54
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
	ignature:

Hello, NAC_PAYA_UBI_80	0001				The state of	No. of Concession,		68 100		eneralC	
Hello, NAC_PATA_OBI_80	10001						· Change L	anguage	Change P	assword	Log Ou
My Desktop	Poli	cy Query									
Notice of Lass	Policy N	10.				Date of A	Accident	24/1	0/2019 22:20	- In	
	Vehicle	No.(For Motor)	SJW796	6C		Certificat	te Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107464518		ALYANCE PTE. LTD.	201902667Н	GFT	Third Party	SJW7966C	SJW7966C	11/02/2019	

Policy No.	5107464518	Policyholder Name	ALYANO	E PTE, LTD.	Policyholder NRIC	201902667	7H
ertificate lo.		7.5.11.0			MAIC		
ddress	60 JALAN LAM HUAT #05-19 (CARROS CENTRE	SINGAP	ORE 737869			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy sue Date	11/02/2019	Effective Date	11/02/2	019 00:00	Expiry Date	10/02/2020	0.23:59
xcess ype	Per Accident	All Claims Excess Own					
hird Party xcess	1500	damage Excess	0		Windscreen Excess	0	
dditional xcess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			You	ing/Inexperience Driver Excess
gent o-	DICKSON INSURANCE AGENC	Y Agent Tel.	6344766	67	GST Flag	Υ	
pen olicy Info ertificate of	No older Mailing Address						
ddress 1	60 JALAN LAM HUAT	Addres	ss 2	#05-19 CARROS CE	ENTRE A	Address 3	SINGAPORE 737869
ddress 4		Addres	s Type	Singapore address		Post Code	737869
nit No.	05-19	Relate Numbe	d Policy	5107464518			
Insured	d Object: SJW7966C						
2 Endors	ements						
Sequence	28/02/2019 00:00	Endorsemen Basic Informati Endorsement		Endorsement Number	Endorseme Effective	nt Take	Endorsement Content 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: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJU2290L 28-02-2019 \$1,214.00 In view of this amendment, an additional premium of \$1,214.00 (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 favour 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. Thank you for giving us the
	28/02/2019 00:00	Basic Informati Endorsement	on	000001287016487	Endorsemer Effective	nt Take	opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJU2290L 28-02-2019 \$1,214.00 In view of this amendment, an additional premium of \$1,214.00 (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

Claim Handling						
ccident MT/1068574						
olicy No.	5107464518	Vehicle No.	\$1W7966C	GST Registration No.		
ortificate No.						
olicyholder Name	ALYANCE PTE, LTD.			Policyholder NR3C	201902667H	
roduct Code	PLEET INSURANCE	Cover Type	Third Party	Loading	0	
ontact No.(Mobile)	0	Contact No. (Office)	D	Contact No.(Home)	0	
mail Address		Special Remark		eCode	10 V	
PK	® No ○Yes	TCA	® No ⊜ Yes:	«Code Reason	130.40	
CD Protection	No	NCD Entitlement(%)	٥	Private Hire	Yes	
Accident Details				Private rice	141	
eport Date	25/10/2019 14:27	Account to the second second				
		Accident Report Wehin 24 hrs.	Yes	Accident Type	Collision - Head to Rear	
ate of Accident	24/10/2019	Time of Accident Philmm	22:20	Country of Acodent	Singapore	
eporting Centre		Orange Force		ICM No.		
coldent Location	SLIP RD HAVELOCK RD TWDS CLEMENCE	AU AVE				
Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess	0.00			
Standard Excess	0.00	TP Standard Excess	1,500.00			
ED OD Excess	0.00	VIED TP Excess		Oriver is Covered?		
iditional Excess	0	001000000000000000000000000000000000000		Universit Lovered?		
tal DO Excess Applicable	0.00	Total TP Excess Applicable				
≥ Benefits	797.900	total in Excess replicable				
7 GST Registered Informa	atlas					
T Registered	No No					
T Registration No.	niq		GST Registration Date			
dification History			GST Status Verified	Yes		
100000000000000000000000000000000000000						
Policyholder Mailing Ad	idress					
idress 1	60 JALAN LAM HUAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869	
idress 4		Address Type	Singapore address	Post Code	737869	
Nt No.	05-19	Related Policy Number	5107464518			
OI Driver Info						
iver Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	MOHAMED ADAM BIN TASRIF	Driver NR3C	58506179H	Driver DOB	28/02/1985	
gister Date of Driver License	14/10/2005	Driver Age	34	Driving Expenence	14	
ntact No.(Mobile)	81974486	Contact No.(Office)	0			
dress 1	BLK 693D	Address 2		Contact No.(Home)	0	
dress 4			WOODLANDS AVENUE 6	Address 3	ADMIRALTY GROVE	
	SINGAPORE 734693	Address Type	Singapore address	Post Code	734693	
it No.	10-835					
ses he own a Singapore rgstered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
claration						
tathalyser or Blood Test ading?	0 mg	Any injury?	Yes ○ No			
dification History						
dification History						
Claim 001 New						
CHAIN DOX						
m Type *	OD-MX	Insured Name	ALYANCE PTE. LTD.	Insured NRIC	201902667H	
mect No.(Mobile)		Contact No.(Home)		Contact No. (Office)	Property and the second	
en Address		Of Vehicle Number	53W7956C		+	
mant Type Claiment Type *	Please Select	Type of Benefit +		TP Venicle Number	PZ133BT	
mant Name *		Type of Benefit *	Please Select			
mant Address	22	Camara NA.				
m Description ferred Workshop Contact	SJW7966C / PZ1338T ON 24 Oct 2019			Name of Preferred Workshop		
Circo workings Contact		Insured Liability *	Not at Fault			
uire Finalisation	Yes. V	Preferend Repair Option	Preferred Workshop, Name unknown	▼ GIA report	Received	
e Registered	25/10/2019 14:29	Claim Close Date		Date Received	25/10/2019 00:00	
ort Taken By	Jackson	50104202000		or many or throat of filled	EN THIRD I P GU, UU	
Print AK letter						
		16	Save Submit			
ttachment		12				
dent No.	MT/1068574	Claim No.	001			
Doc. Received						
	● Yes ○ No	Upload Date	25/10/2019 15:00			
	Path •		Category *	Confidential Urgen	cy * Description	
		Browse	Clear Please Select	▼ Mormal	V	
		Browse	Clear Please Select	V Normal	~	
		Browse	Gear Pease Select			
			I desirable		~	
		Browse	Oear Please Select	♥ Normal	¥	
		Browse	Clear Pease Select	V Normal	V	
			Clear Presse Select	N Fa Comment	2000	

