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Veh No: JUHG 600M	E-mail (within Shrs, A		1 / 1		
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SB : II IMPAINS	i-Photo Uploaded	HINDS IN THE STATE OF THE STATE			
TRI	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Far	x / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: Jk	Chayax	INC()/Non-INC	().		
Owner / Driver: (Production of the second of th	Tel:	- 10)	
Policy No: (Period: () Cover Type: ()	
Confirmed by : (ate: Time)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79%	6. F: 80-100%		
Year of Registration: ()	Warranty: YES () /	NO()			
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()	r e gottar swyst	-	
General Remarks:-			A LANGUAGO	8:1-0	533
() Walk-In Customer: Customer's in	formation strictly Confide	ntial & Strictly NO refer of	f repairer.		
() Total Loss Case : to e-mail Insu					
	ice: YES () / NO (); Towing Co: (7	· ·)
			9355 (M7815 236)	Doneb	17
Remarks:- (INC hotline: 6788 6616)	the same of the sa	Date&Time C	omple:30	N. ADORG D	y
Apply for Transport Allowance ()					
2) QC Check / Post Repair Inspection	()				
Upload Resurvey Photo [Repair Cost >	\$3000] ()		- 12		-
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SINGAPORE ACCIDENT STATEMENT

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 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.

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 series of the second of the tips of the second	ACCIDENT STATEMENT
Date Of Report	06/11/2019 17:59
Date Of Accident	05/11/2019 19:00
Exact Location Of Accident	PIE (TUAS) BEFORE ADAM RD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN6600M
Insured/Policyholder	
Name Of Registered Owner	PIXIIOGRAPHY
Co Reg No	53360949J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81015040
Alternative Phone No	OFFICE-81015040
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3 1.6A
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090885381-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD KHAIR BIN ROSLAN
NRIC No	S9433388A
Date Of Birth	18/09/1994
	9/80/9/120/13/10/10/10

OUTDOOR

Occupation 27/03/2014 Date Of Driving Pass

5 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-81015040 Mobile Number

Fax Number

OFFICE-81015040 Contact Number

NOEMAIL EMail Address

BLK 207 CHOA CHU KANG CENTRAL Address

#03-10

680207 Postcode

Was driver an employee of the Insured's Company

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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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?

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

YES NO

1

NO

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKK6749X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR 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

SHD498G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

4

GENDER:

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.
- 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.
- 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:

0949

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

Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No .:

SKETCH PLAN A: SL NIGGOOM. B: SK K GFT YG X C.J HP YG8 G-

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT neder to othtempas

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.: ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY FRONT VEHICLE JAMMED BRAKE, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION. THERE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

ACCIDENT STATEMENT

	1. DET	AILS OF VEHICL		il.		
	a)V	EHICLE NUMBE		1.		
	b)#\	SURANCE CON	MPANY: HTUC			
			5090885381-			
			OMPREHENIVE / 1	HIRD PART	Y / THÍRD PARTY	FIRE &THEFT)
	5	AKE & MODEL:				
			COUPE / MPV /V A			
			DRY: (PRIVATE / CO		V/ S	LE)
	200000		NG AT ACCIDENT 1		orking	
	i) AR	E YOU CLAIMIN	NG UNDER YOUR C	OWN INSURA	ANGETYES/NO	1
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		RED / POLICY I				
	A)N	AME: PIXI 10	graphy			/ FEMALE)
	110000000	RIC/FIN/PASSPO	DRT: 533609	197	_CONTACT:_&	1212042.
	c)A[DDRESS:				
, A	* CC		IF DRIVER ALSO P	OFICA HOR	DER	
- 11 / W	O POPULATION	ED				
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email = muhammadkhair94 @ outlook.com

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