Date In: 23/11/9 - 14/11		19156694	
7/11/7 - 17:11	Jeb description	Date & Time Completed	Done by
ROS NO NA NOGO NOGO 7 FW	SAS e-filing	i	
Veh No: 9193M	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 16/11/19- 4:45	i-Motor Claim Form	m 10-33265-201	20/11/19 14:
	i-Motor W/O (Within: OD 2hr		
OD (TP) Reporting Only	i-Photo Uploaded		
TD!	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	ax:
TP Particulars: Veh No. Skez	7172 INC(	)/Non-INC()	
Owner / Driver: (		Tel:	)
Policy No: ( ) P	eriod: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	100%]
Year of Registration: ( )	Warranty: YES ( )/NO (	1	
	000 ( )/\$2,000 ( )		
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( ) Walk-In Customer: Customer's infe		rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur	rer URGENTLY.		
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( ); T	owing Co: (	
			~1.6.A.20.8.21 ********
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
Apply for Transport Allowance ( ) / 6	Courtesy Car ( )	CHARLES	
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > \$	30001 ( )		
	3000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$  Injury:	3000] ( )		
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Injury:  Date/Time Actions	Invoice Prej	Reporting (\$30);	Anet (5) An
Injury:  Date/Time Actions  Malaskask  Almant's Particulars:-	Invoice Prej 1) AR: Accident 2) DA: Damage	Reporting (\$30); Assessment (\$100); INC (\$8	Anet (5) An
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 aforesaid.

<b>经现代的</b>	ACCIDENT STATEMENT
Date Of Report	27/11/2019 14:11
Date Of Accident	26/11/2019 08:45
Exact Location Of Accident	53 BIN TONG PARK
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY1173M
Insured/Policyholder	
Name Of Registered Owner	LIVING STREET SERVICES
Co Reg No	53352145M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83152297
Alternative Phone No	OFFICE-83152297
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5106632567
Cover Note Number	
Driver	
Name of Driver	FARUK KABIR
Passport No/FIN	G8415490W
Date Of Birth	28/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83152297

OFFICE-83152297

NOEMAIL

Address

BLK 894C WOODLANDS DRIVE 50

#01-09

Postcode

732894

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

SIDE SWIPE

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?

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

Number of Passengers (Including Driver)

0

**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

SKZ717Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

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.
- 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 withholding 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
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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)
  - (i) 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

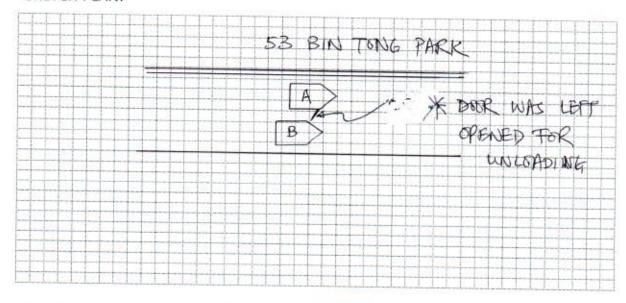
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Person el's Signature Name

NRIC/FIN No .:

## SKETCH PLAN:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ADVACTION OF THE PROPERTY OF T
MY VEH WAS PARKED ALONG THE ROAD INFRONT OF 53 BIN TONG PARK. WE
WERE DOING UNLOADING WITH MY DRIVER'S SIDE DOOR OPEN VEH B CAME
FROM THE RIGHT SIDE TO DRIVE PAST MY VEH. I GESTURED TO VEH B THAT I
WILL BE CLOSING THE DOOR BUT HE WAS IMPATIENT TO WAIT AND SQUEEZED
THROUGH CAUSING DAMAGES TO MY RIGHT DOOR AND FRONT PANEL.
NOBODY WERE IN THE CABIN WHEN THE ACCIDENT HAPPENED.
WERE IN THE CABIN WHEN THE ACCIDENT HAPPENED.

## **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.:

# **Accident Reporting Draft**

VEHICLE NO: GY1173M

MODEL: NISSAN CABSTAR

DATE OF ACCIDENT	26/11/2019							
TIME OF ACCIDENT	0845 HRS AM/PM							
LOCATION OF ACCIDENT	53 BIN TONG PARK							
EXACT PURPOSE USE DURING ACCIDENT								
NAME OF OWNER	LIVING STREET SERVICES							
CONTACT NO.	83152297							
NRIC	53352145M							
CLAIM TYPE								
INSURANCE CO.	OD / THIRD PARTY REPORTING ONLY THIRD PARTY							
TYPE OF COVERAGE	NTUC COMMON OF A STATE							
	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT							
POLICY NO.								
NAME OF DRIVER	AS ABOVE / IF NO: FARUK KABIR							
NRIC	G8415490W ANY PASSENGER: 0							
DATE OF BIRTH								
OCCUPATION	OUTDOOR/INDOOR							
DATE OF DRIVING PASS								
GENDER	MALE / FEMALE							
CONTACT NO.	83152297 OFFICE: HOME:							
ADDRESS	894C WOODLANDS DRIVE 50 #1-09 S(732894)							
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.							
RELATIONSHIP	EMPLOYEE/ IF NO:							
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR							
ROAD SURFACE	DRY / WET/ OTHER: DRY							
ANY INJURIES	NO) IF YES:							
CONTACT NO.	U							
POLICE REPORT	NO / IF YES:							
VIDEO RECORDING	NO / YES							
VEHICLE B NO.	SKZ717Z ANY PASSENGER:							
NAME	ANT FASSINGEN.							
CONTACT NO.								
VEHICLE C NO.	ANY PASSENGER:							
VEHICLE D NO.	ANY PASSENGER:							
VEHICLE E NO.	ANY PASSENGER:							
VEHICLE F NO.	ANY PASSENGER:							
ANY WITNESS								
WITNESS CONTACT NO.								
DARTICIII AR WORKSHOR								
PARTICULAR WORKSHOP	D 1							
MOBILE NO.	Ryder Auto Pte Ltd							
CONTACT PERSON	Auto Pte Ltd							
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277							

Hello, NAC_PAYA_UBI_800	0601						+ Change	Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									7,110,000,000
Notice of Loss	Policy N	10.				Date o	of Accident	3)	26/11/2019	08:45	
	Vehicle	No.(Far Motor)	GY1173	М		Certificate Number		1			
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106632567		LIVING STREET SERVICES	53352145M	GCV	Third Party	GY1173M	GY1173M	20/01/2019	30/11/2019

Policy No.	5106632567	Policyholder Name	LIVING ST	REET SERVICES	Policyholder NRIC	53352145M	
Certificate No.		(105)113 <b>1</b> 0			11000		
Address	BLK 893A #10-127 WOODLANDS	DRIVE 50 SI	NGAPORE 7	30893			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	26/12/2018	Effective Date	20/01/2019	9 00:00	Expiry Date	30/11/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	NET LINK COMMERCIAL PTE. LT	Agent Tel.	66599463		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Lin Lineau and Co	BLK 893A #10-127	Addres	is 2	WOODLANDS DRIV	E 50	Address 3	SINGAPORE 730893
♥ Policyh Address 1 Address 4	BLK 893A ±10-127		s 2 s Type	WOODLANDS DRIV Singapore address		Address 3 Post Code	SINGAPORE 730893 730893
Address 1 Address 4	BLK 893A #10-127	Addres	s Type d Policy	X CALIFORNIA CHE SEVENIE			
Address 1 Address 4 Unit No.		Addres	s Type d Policy	Singapore address			
Address 1 Address 4 Unit No.	10-127 d Object: GY1173M	Addres	s Type d Policy	Singapore address			

Claim Handling  Accident MT/107326	5					Transfer +Ex
Policy No.	5106632567	Vehicle No.	GY1173M	GST Registration No		ON SHEET SE
Certificate No.				and the second second		
Policyhalder Name	LIVING STREET SERVICES			Policyholder NR3C	53352145M	
Product Code	COMMERCIAL VEHICLE INSURA?	Cover Type	Third Party	Loading	0	
Contact No.(Mobile)	83152297	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	19 V	
KFK	® No. ○ Yes	TCA	No   Yes	eCode Reason	The same of the sa	
NCD Protection	No.	NCD Entitlement(%)	10	Private Hire	No	
Report Date	27/11/2019 14:46	Accident Report Within 24	Ves	Accident Type	Side Swipe	
Date of Accident	26/11/2019	Time of Accident nh mm	08:45	Country of Accident	Singapore	
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	500000	
Accident Location	53 BIN TONG PARK					
♥ Excess						
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00	
Unnamed Driver Excess		Outside Singapore OD Exces	5			
Third Party Excess	0.00	Outside Singapore TP Excess				
□ Benefits						
GST Registered Infor	mation				(077777	2222
*****	2000					
Policyholder Hailing						
Address 1	BLK 893A #10-127	Address 2	WOODLANDS DRIVE 50	Address 3	SINGAPORE 730893	
Address 4	16.195	Address Type	Singapore address	Post Code	730893	
Unit No.	10-127	Related Policy Number	5106632567			
OI Driver Info	Unnamed Driver	Driver Type	Managed Person			
Unnamed driver Name	FARUK KABIR	Driver NRIC	Unnamed Driver G8415490W	Driver DOB	28/02/1986	
Register Date of Driver	25/02/2015	Driver Age	33		4	
License Contact No.(Mobile)	83152297	Contact No.(Office)	0	Driving Experience		
Address 1	BLK 894C	Address 2	WOODLANDS DRIVE 50	Contact No.(Home)	0	
Address 4		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 732894 732894	
Limit No.	01-09	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	311,910,010,010,010	Post Cours	7.02029	
Does he own a Singapore	○Yes ® No	Driver Vehicle No.				
Registered car?		Direct Forces		Driver Insurer Compa	(OK)	
□ Deciaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No.			
		0.038-037707	:=::::::::::::::::::::::::::::::::::::			
fodification History						3
♥ Investigation						
2000 200 200 200 000						
Claim 001 0D-HX No	EM					
	EW.				607	OR DESCRIPTION
♥ Claim Case Officer	OO-MX	Insured Name	LIVING STREET SERVICES	Insured NRIC	1.4.00000000000000000000000000000000000	<b>63</b> 633 63
© Claim Case Officer Claim Type	2000	Insured Name Contact No.(Home)	LIVING STREET SERVICES	Insured NRIC	53352145M	S (S2) (E)
© Claim Case Officer Claim Type Contact No.(Mobile)	2000	Insured Name Contact No.(Home) OI Vehicle Number		Contact No.(Office)	53352145M NIL	<b>62</b> 620 60
Taim Got Go-Hx No.  T Claim Case Officer  Claim Type  Contact No. (Mobile)  Small Address  Claiment Type	2000	Contact No.(Home)	LIVING STREET SERVICES		53352145M	
© Claim Case Officer Claim Type Contact No.(Mobile) omeri Address Claiment Type	2000	Contact No.(Home) OI Vehicle Number		Contact No.(Office)	53352145M NIL	7 SA 33
To Claim Case Officer Claim Type Contact No. (Mobile) Claiment Type Claiment Type Claiment Name	2000	Contact No.(Home) O1 Vericle Number Type of Benefit		Contact No.(Office)	53352145M NIL	7 SAL 32
To Claim Case Officer  Laim Type  Contact No. (Mobile)  Claiment Type  Claiment Type  Claiment Name  Claiment Address  Common Description	2000	Contact No.(Home) O1 Vericle Number Type of Benefit		Contact No.(Office)	53352145M NIL SKZ717Z	5 S4 30
To Claim Case Officer  Daim Type  Contact No. [Mable)  Demei Address  Daiment Type  Daiment Mame  Daiment Address  Daim Description  referred Weckshap Contact	OD-MX	Contact No.(Home) O1 Vericle Number Type of Benefit		Contact No.(Office) TP Vehicle Number	53352145M NIL SKZ717Z	5 St. 30
To Claim Case Officer  Daim Type  Contact No. (Mobile)  omeil Address  Daiment Type  Daiment Name  Daiment Address  Daim Description  referred Workshop Contact  lo.	OD-MX	Contact No.(Home) On Vetricle Number Type of Benefit Claimant NR3C	GY1173M	Contact No.(Office) TP Vehicle Number	53352145M NIL SKZ717Z	5 St. 30
Claim Type  Centract No. (Mobile)  Contact No. (Mobile)  Claiment Type  Claiment Type  Claiment Address  Claiment Address  Claiment Address  Claiment Address  Claiment Address  Claiment Description  referred Workshop Contact  Lequire Pinalisation  late Registered	G71173M / SKZ717Z ON 26 Nov 2019 Ves 27/11/2019 14:53	Contact No.(Home) Of Vehicle Number Type of Benefit Claimant NR3C  Insured Liasility Preferend Repair Option Claim Close Date	GY1173M Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Wi	53352145M NIL SKZ717Z	
To Claim Case Officer  Laim Type  Contact No. (Mobile)  Inmel Address  Claiment Type  Commant Address  Common Description  referred Workshop Contact  Loggins Pinalisation  Jata Registered  Leport Taken By	GP1373M / SKZ717Z ON 26 Nov 2019 Ves	Contact No.(Home) OI Vetricle Number Type of Benefit Claimant NR3C  Insured Liability Preferend Repair Option	GY1173M Not at Fault	Cortact No. (Office) TP Vehicle Number  Name of Preferred Wo	53352145M NIL SKZ717Z rkshop Received 27/11/2019 00:00	
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