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	Date:	Time:)	0 625000-00
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Warranty: YES ()/NO()		
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	41 1999 17 17	hrough Survey	\$120	
	5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
	5) FT : Follow-Ti For claiming a 6) TR : Re-inspec	hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 200 tion	\$30 5) \$75	
	5) FT : Follow-Ti For claiming a: 6) TR : Re-inspec 7) N1 : Idao DA	hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 200 tion + SMRT Survey	\$30	
1	5) FT : Follow-Ti For claiming a 6) TR : Re-inspec 7) N1 : Idao DA : 8) NTUC Additio QD *	hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 200 stion + SMRT Survey and Services:-	\$30 5) \$75 \$160	
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f f	i-Photo Uplo Assessment/Su Ass't Report b Period: ([Note-Est. Status (V Warranty: YES (,000 () / \$2,000 formation strictly Correr URGENTLY. ce: YES () / N	i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to the state of the state	Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp Tel: INC () / Non-INC () Tel: Period: () Cover Type: (Date: Time: [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-Warranty: YES () / NO ()	i-Photo Uploaded Assessment/Survey Report Tol: Fax: Tol: Fax: INC ()/Non-INC () Tel:) Period: () Cover Type: () Date: Time:) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-190%] Warranty: YES ()/NO () [Outlook of the completed of the compl

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.
- 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.

aroresaid,	
AND SECURITION OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	12/12/2019 10:07
Date Of Accident	11/12/2019 17:05
Exact Location Of Accident	PIE (TUAS) BEFORE CTE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC1206H
Insured/Policyholder	
Name Of Registered Owner	ZAINAL BIN ARIFIN
NRIC No	S1794624B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97530739
Alternative Phone No	OFFICE-97530739
Vehicle Particulars	
Manufacturer	DAIHATSU
Model	MATERIA 1.5L AUTO ABS AIRBAG 2WD
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109554373
Cover Note Number	
Driver	
Name of Driver	ZAINAL BIN ARIFIN
NRIC No	S1794624B

NRIC No S1794624B 23/09/1967

Date Of Birth **INDOOR** Occupation Date Of Driving Pass 19/08/1988

Driving Experience 31 YEARS AND 3 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-97530739

Fax Number

OFFICE-97530739 Contact Number

EMail Address NOEMAIL

BLK 25 TOA PAYOH EAST Address

#01-132

310025 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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions RAINING WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

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

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NORNISAH BTE JUMAT

GENDER:

: FEMALE

Passenger 2

NAME:

: MUHAMMAD ZAID BIN ZAINAL

GENDER:

: MALE

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

SMH6447J Vehicle Registration Number HONDA FREED Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 13

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ZAINAL BIN ARIFIN

Approximate Age

Injuries Sustain **NECK & BACK**

Injured person in which vehicle? SJC1206H Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name NORNISAH BTE JUMAT

Approximate Age

NECK & BACK Injuries Sustain SJC1206H Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name MUHAMMAD ZAID BIN ZAINAL

Approximate Age

NECK & BACK Injuries Sustain Injured person in which vehicle? SJC1206H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

SKETCH PLAN

Veh A	: SJC1206H						
Veh B	:SMH 6447 J				F	B	
		1	1	1	1	1	

On	the Stated date and time, I was travelling along PIE
towa	ards Tuas before CTE (city) Exit. My vehicle was stationary
whe	n suddenly I felt a impact at the rear portion of
my	vehicle, when I came down, I realised that vehis (SMH644
hit	onto me.
-	

DECLARATION

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

Policy holder's signature

Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

Date of accident	11 12 2019	(DD/MM/YY)
Time of accident	17 05	(HH:MM)
Exact location of accident	PIE towards Tuas before CTE (city) ex	it

		ETAILS OF	VEHICLE	
Vehicle registration number	SX 12	H 203		
Vehicle make and model	Daiha	Dajhatsy Materia		
Type of vehicle	Saloon. ∠ Lorry □	MPV 🗆 Bus 🗆		
Vehicle category	Private 2	Comm	ercial Motorcycle	
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes Third part of	No ⊉′ laim ⊉′	if no, please select: Reporting only	

	INSURANCE IN	FORMATION	(1) (1) (1) (1) (1) (1) (1)
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

Name	Zainal	BW	Arifin	7.14-07	Male □	Female 🗆
NRIC / Fin / Passport number	31	7946	MB			
Contact	9753	073				
Address	BK 25	TOA P	ayoh 6ast 40	1-132 2(3100	5)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	23/09/1967	
Occupation	Indoor Ø Outdoor 🗆	
Driving date pass	19/8/1988	

全块 多层的工作是可有10%等数位	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No.2
the insured's company?	If no, relationship of the driver and insured: OWNEY
Accident captured by camera?	Yes 🗆 No 🗹
Weather condition	Clear Raining Others:
Road surface	Dry D Wet &
No of passenger	3 (Inclusive of driver)
	PASSENGER 1
Name	Nornijah Btc Jumat
Gender	Male - Female -
会 对10年8月4日,10年1日	PASSENGER 2
Name	Huhanmad Zaid Bin Zainal
Gender	Male Z Female
Gender	Male 25 Female B
Marian Supering State of State	PASSENGER 3
Name	
Gender	Male Female
Gender	Male II Tenrale II
And September 1997 Se	
《 》是直对这个处理等。但这些特定是	PASSENGER 4
Name	
Gender	Male Female
推制。在2003年中500年中600年中	PASSENGER 5
Name	
Gender	Male Female
这种种种的人的人的种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种	PASSENGER 6
Name	
Gender	Male Female
美国公司的 的任何主义的经验。	OTHER INFORMATION
Was anybody injured?	Yes & No a
Was other vehicle damaged?	Yes 🗸 No 🗆
White the last the same of the	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
The state of the s	
美国政治人员 在西班牙拉拉斯特中的	WITNESS 1
Name	
建筑设施设施设施设施	WITNESS 2
Name	

经 格特别的人。	THIRD PARTY VEHICLE 1
Vehicle registration number	SMH6447J
Vehicle make model	Honda Freed
Name	1983
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
MARKS CONSISSION	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
200000000000000000000000000000000000000	
Maria Carlos de	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
W.S. 200177.57	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
A STREET, STRE	TUIDD DADTY VEHICLE 7
Nabiala sasistantias sussitu	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	

Name

Contact

NRIC / Fin / Passport number

Silver of the second	INJURED PERSON 1
Name	Zaival Bin Arifin
Injuries sustained	Neck & Back
Which vehicle person in?	Driver
Were seat belts worn?	Yes No a
Was injured conveyed to hospital by ambulance?	Yes D No D

	INJURED PERSON 2
Name	Muhammad zaid Bin Zainal
Injuries sustained	Neck & Back
Which vehicle person in?	Passenger
Were seat belts worn?	Yes 🗷 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No 🗷

的复数经过海南岛 经	INJURED PERSON 3
Name	Nornisan Bte Jumat
Injuries sustained	Neck & Back.
Which vehicle person in?	Passenojer
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No.2

	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes No

INJURED PERSON 5									
Name									
Injuries sustained									
Which vehicle person in?									
Were seat belts worn?	Yes 🗆 No 🗅								
Was injured conveyed to hospital by ambulance?	Yes No								

A STATE OF THE STA		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

eBao Tech								Genera	alClaim			
Hello, NAC_PAYA_UBI_80	0601			CONTRACTOR OF THE PARTY OF THE			+ Change	Language	· Chan	ge Password	· Log Out	
My Desktop	Policy Query										87	
Notice of Loss	Palicy N	va.					Date of Accident			11/12/2019 17:05		
	Vehicle	No.(For Motor)	SJC120		Certificate Number							
					ŧ.	Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5109554373		ZAINAL BIN ARIFIN	S17946248	GPC	drivo CLASSIC	SJC1206H	SJC1206H	18/05/2019	17/05/2020	
						Continue						

Policy No.	5109554373	Policyholder Name	ZAINAL B	IN ARIFIN	Policyholder NRIC	S1794624B	
Certificate No.		A STEEL STEEL			201200		
Address	BLK 25 #01-132 TOA PAYOH E	AST SINGAPOR	E 310025				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/05/2019	Effective Date	18/05/20	19 00:00	Expiry Date	17/05/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020) null	GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	BLK 25 #01-132	Addres	is 2	TOA PAYOH EAST	1	Address 3	SINGAPORE 310025
Address 4		Addres	s Type	Singapore address		Post Code	310025
Unit No.		Relate	d Policy er	5109554373			
Insured	d Object: SJC1206H						
	ements						
▼ Endorse	Lincins						

Claim Handling										
Accident HT/1075371										
Policy No.	5109554373	Vehicle No.	\$3C1206H		GST Registration N	ia.				
Certificate No.	NATIONAL STREET									
Policyholder Name	ZAINAL BIN ARIFIN				Palicyholder NRIC		\$179	45248		
Product Code	FRIVATE CAR INSURANCE	Cover Type	orive CLASSIC		Loading		0			
Contact No.(Mobile)	97530739	Contact No. (Office)	0		Contact No.(Home)	1	0			
Email Address KFK	and the second	Special Remark	C-WARREST CO.		eCode		WV	ř.		
NCD Protection	® No ○ Yes	TCA	® No ○Yes		eCode Reason					
Accident Details	740	NCD Entitlement(%)	50		Private Hire		Yes			
Report Date	120120000 12-12									
	12/12/2019 10:19	Accident Report Within 24 hrs.	Yes	Accident Type		Coties	on - Head to Rear			
Date of Accident	11/12/2019	Time of Accident hhimm	17:05		Country of Acoident		Singer	pore		
Reporting Centre Accident Location	DIF (Table) according to	Orange Force			ICM No.					
Total Excess Applicable	PIE (TVAS) BEFORE CTE EXIT									
Excess Type	Per Accident	Windscreen Excess	5720991							
ACCOUNT VALUE	TO PLEASE	Windscreen excess	100.00							
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00							
Y160 00 Excess	0.00	YIRD TP Excess	0.00		Driver is Covered?		Cover	ed		
Additional Excess	0									
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	Total TP Excess Applicable 1,500.00							
□ Benefits										
GST Registered Inform	ation									
GST Registered	No		GST Registration Date							
GST Registration No.			GST Status Verified		Yes					
Modification History										
→ Policyholder Hailing Ad	Idress									
Address 1	BLK 25 #01-132	Address 2	TO LONG LICE		Address 3		70.000EX	Security and the second		
Azidress 4	7770/75/75/18/18-0	Address Type	The state of the s				SINGAPORE 310025			
Unit No.			5109554373		Post Code		310025			
OI Driver Info		Related Policy Number								
Oriver Name	ZAINAL BIN ARFIN	Driver Type	Main Onyer							
Unnamed driver Name		Driver NR3C	517946248		Driver DOS		23/09/	/1967		
Register Date of Driver License	19/08/1988	Driver Age	52		Driving Experience		31			
Contact No.(Mobile)	97530739 Contact No.(Office)		0		Contact No.(Home)		0			
Address 1	BLK 25	Address 2	TOA PAYON BAST		Address 3		SINGAPORE 310025			
Address 4		Address Type	Singapore address		Post Code		31002	5		
Unit No.	01-132									
Does he own a Singapore Registered car?	○ Yes ④ No	Driver Vehicle No.			Driver Insurer Comp	Mary				
Declaration										
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No							
Modification History										
0.00										
Claim 001 New										
Claim Type. *	CO-MX	Insured Name	ZAINAL BON ARIPIN		Insured NRIC		517940	6248		
Contact No.(Moshle)	97530739	Contact No.(Home)	64456050		Contact No.(Office)					
timali Address	ZAINALBUNARIFIN25@GMAIL.O	Of Vehicle Number	SJC12064		TP Vehicle Number		SMH64	473		
Claimant Type Claimant Type *	Please Select 💟	Type of Benefit *	Please Select 💙							
Claimant Name +	55	Clement NR3C *								
Claimant Address										
Claim Description	SXC1206H / SMH64477 ON 11 Dec 2019	9			Name of Preferred W	lorkshop				
Preferred Workshop Coreact No.		Insured Liability *	Not at Fault							
Require Finalisation	Yes v	Preferend Repair Option	Preferred Workshop, Name unknown	V	GIA report		Receive	ed v		
Date Registered	12/12/2019 10:21	Claim Close Date			Date Received		12/12/2	2019 00:00		
Report Taken By	Zeckson									
Print AK letter										
			econ necessari							
Attachment		-	Save Submit							
- description of the second of										
Accident No.	MT/1075371	Claim No.	001							
Last Doc. Received	W Yes C No	Upload Date	12/12/2019 10:21							
	Path *	KOTSKIEGI	Category *		Confidential	Urgeno	~ *			
		Browse	Clear Please Select		0.000.000.000	Normal	v.	Description *		
		Browse	Clear Please Select			Normal	9			
		Browse	Clear Please Select	v		Normal .	V			
		Browse	Clear Please Select	V		Normal	9			
		Browse	Clear Please Select	V	San 20 50	Normal	0			
			1 Manager P	144			100			

