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Date In 16   19 - 18-16	SAS e-filin							
Rei No: Halluciganisspu				+		10		
Veh No: MEN 863VY		in Shrs, AIC 2hrs)				100000		
D.O.A : 5/11/19-11/45	i-Motor Cl		WJ 1022042-00	1 (6)	12/19	8.30		
OD TP Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
	i-Photo Up			_	10-10-10-1			
TP Insurer:	The same of the sa	Survey Report	<u> i                                    </u>					
	Ass't Report	by Fax / Hand	to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:				
TP Particulars: Veh No: M	4991	, INC (	)/Non-INC(	)				
Owner / Driver: (			Tcl:		)			
	Period: (	)	Cover Type: (					
Confirmed by : ( Insured/Driver Liability: ( %)	Diota Par Ctatus	Date:	Time:	90 1000	)			
Year of Registration: ( )	Warranty: YES (		0%; P: 21-79%. F:	20-1009				
	,000 ( )/\$2,00		/					
General Remarks:-	SILVE CONTRACTOR AND ADDRESS	Barrett Company	TO THE PROPERTY OF THE	S. S. P. 154.		-		
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Remarks: (INC hotline: 6788 6616)			Date&Time Complet:	400	Done	hv		
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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Gender

Mobile Number

Contact Number

EMail Address

Fax Number

- 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 <u>truthful and accurate</u> 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.

<b>建</b> 原料的基本上的产品的基本的基本。	ACCIDENT STATEMENT
Date Of Report	16/12/2019 18:16
Date Of Accident	15/12/2019 12:45
Exact Location Of Accident	JUNC CORPORATION DR & YUNG HO RD
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN8632U
Insured/Policyholder	
Name Of Registered Owner	AL-AMINNUR B IBRAHIM
NRIC No	S8316578B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90688841
Alternative Phone No	OFFICE-90688841
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1622G5
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	5107027891
Cover Note Number	
Driver	
Name of Driver	AL-AMINNUR BIN IBRAHIM
NRIC No	S8316578B
Date Of Birth	04/06/1983
Occupation	INDOOR
Date Of Driving Pass	08/09/2010
Driving Experience	9 YEARS AND 3 MONTHS

MALE

NOEMAIL

(LOCAL) +65-90688841

OFFICE-90688841

BLK 673C EDGEFIELD PLAINS Address

#02-631 823673

NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

Postcode

OWNER

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

Weather Conditions RAINING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

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)

**Details of Police Action** 

Was the accident reported to the police?

NO

1

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

SMH9910T

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)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME:

GENDER: :

#### . . . LII

# SKETCH PLAN

## **IMPORTANT NOTICE**

- 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 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)

Lunderstand, 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")
- 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.

Policyhold Signaturi Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No :

s Signature

Vehicle A: SKN 8632U
Vehicle B: SMH9910T.

Vehicle X: Bus

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	the	stated	1 date	and	time, I	, vunice 7	9', sk	N 8632U,
was	traver	ing a	long -	ne sta	ted veni	ne. As	there wo	as a	bus
oppos	sine bl	ouring	ти	iew, t	nus I	inched	forward	. Boti	n the
bus	and	Ī N	iere st	ationan	y war	tiving fo	v the of	reen	arrow.
Sudo	denly,	vehic	u B	SMH	9910 T,	8 ped	up and	ente	red
tru	yellow	рох	dunn	g amb	er ligh	t and	cossidea	( Ont	ТО
тч	Statio	nany	vehille	's to	ont po	Mion,	in which	n ye	suited
botu	my	air ho	rgs to	· depl	oy. I	With:	10 state	TVA	t 2
101C	statio	nary	for	about .	2- 3	secon	ds prior	40	TUL
impa	u·						*		
					E-Hillow Hill			54	

DECLARATION

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

Policy ander's Signature Date & Time:

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

Date & Time:

Reporting Centre Personner's Signature Name:

NRIC/FIN No .:

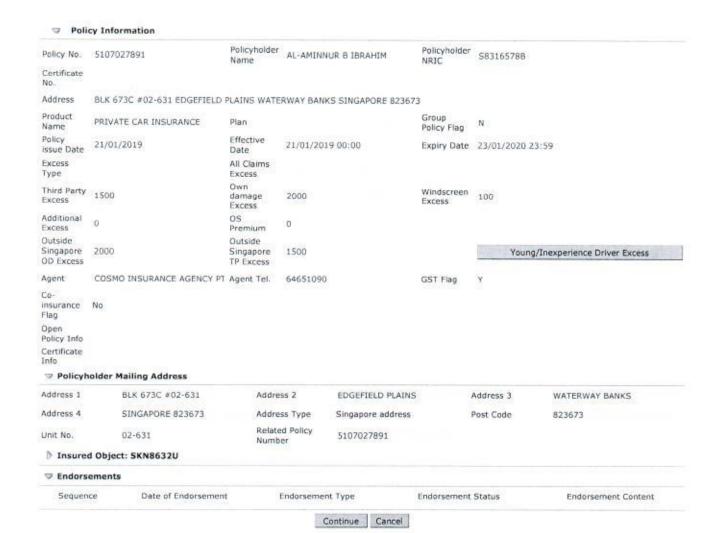
# ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 12 / 3019 (DD/MM/YYYY), TIME: 12 : 40
LOCATION: Junction of corporation Dr X Yung to Road
). DETAILS OF VEHICLE CEN 86 2211
DINSURANCE COMPANY: NTUL
-12CHOV -1111/15EP-
DIPOLICY TYPE: (COMEREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEF
THAT THE PROPERTY WITH STANDARD TO THE PROPERTY OF THE PROPERT
()TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
BIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME:  PHYM18
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO).
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
a transport and transport to the contract of t
A) NAME: A1- + MINNUY BIN I brahim (MACE / FEMALE)
BINRICHINIPASSPORT
CIADDRESS: 0736 EAGENERA FIANCE 402 031 2000137
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Side of access 3 DRIVER
Chad day 1 - 3 a)NAME:
DJNRIC/FIN/PASSFORT:
*d) DATE OF BIRTH: ( 04/ 06/1983 ) (DD/MM/YYYY)
e)OCCUPATION: (INDOOR)
TYEARS OF DRIVING EXPRERIENCE: (COMPANY) (VES / NO)
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (WWW.)
5. DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a)REPORTED TO POLICE (YES / NO)
8. THIRD PARTY VEHICLE
MH 99101 MODEL:
b) DRIVER'S NAME:
C) NRIC/FIN/PASSPORT:CONTACT:
9. THIRD PARTY VEHICLE
. d) VEHICLE NOMBER.
Induding driver) 1) NRIC/FIN/PASSPORT:CONTACT:

email =

fax =

eBaoTech							A THE REAL PROPERTY.			Genera	Claim	
Hello, NAC_PAYA_UBI_800	0601			The second second	THE REAL PROPERTY.	COLUMN TWO PARTY.	· Chang	e Languag	e • Chan	ge Password	· Log Out	
My Desktop Notice of Loss	Poli	cy Query										
	Policy 1	No.		Date of Accident 15/12/				15/12/2019	5/12/2019 12:45			
	Vehicle	No.(For Mator)	SKN86	SKN8632U			Certificate Number					
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5107027891		AL-AMINNUR B IBRAHIM	583165788	GPC	drivo CLASSIC	SKN8632L	SKN8632U	21/01/2019	23/01/2020	
					0	Continue	1					



Claim Handling								
Accident MT/1075955								
Palicy No.	\$107027891	Vehicle No.	5KN86321	e e	GST Registratio	n No.		
Certificate No.								
Policyholder Name	AL-AMINNUR E IBRAHIM				Policyholder NR	BC .	58316578	1
Product Code	PRIVATE CAR INSURANCE			SSIC	Loading		п	
Contact No (Mobile) Email Address:	90688841		0			me)	processor	
KPK	® No ⊜Yes		Su C				Tar. O.	
NCD Protection	No.						52.5	
Accident Details		ACC DISCHARING (M)	4		Frivate Fire		748	
Report Date	16/12/2019 18:26	Arctelant Sanort Within 74 hor	Vat				858500000	and the second of
Date of Acodem	15/12/2019					****		press Junction
Reporting Centre	10, 10, 6012		1935			DEN	aingapore	
Accident Location	JUNE CORPORATION OR & YUNG HO RD				10H NO.			
▽ Excess								
Own slamage Excess	2,000.00	Additional Excess	0		Windscreen Exi	ess	100.00	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		2,000.00			40,5000	
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,900,00				
♥ Benefits								
GST Registered Inform	ation							
GST Registered	No							
GST Registration No.			GS	Status Verified	Yes			
Modification History								
Policyholder Mailing Ad	fdress							
Address 1	BLK 673C #02-631	Address 2	EDGEFIEL	PLAINS	Address 3		WATERWA	Y BANKS
Address 4	SINGAPORE 823673	Address Type						Carriera .
Unit No.	02-631	Retated Policy Number	51070278	91				
⊕ OI Driver Info								
Oriver Name	AL-AMINWUR BIN IBRAHIM	Driver Type	Main Drive					
Unnamed driver Name		Driver NR3C	58316578	5	Driver 009		04/06/198	3
Register Date of Driver License		Driver Age	36				9	
Contact No. (Mobile)	90686841					ne)	0	
Address 1	BLK 673C							/ BANKS
Address 4	SINGAPORE 823673	Address Type	Singapore	ed diress	Post Code		823673	
Unit No. Does he own a Singapore	02-631	141000000000000000000000000000000000000						
Registered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer 0	ompany		
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any inques?	□ Yes (#)	No.				
nesongr		1/05075/	5234 10					
Modification History								
Producedour restory								
Claim 001 New								
Claim Type +	OD-MX	Insured Name	AL-AMINN	JR B (BRAHIM	Indured NRIC		\$83165788	
Contact No.(Mobile)		Cover Type						
Email Address		OI Vehicle Number	SKN8632U		TP Vehicle Num	ser	SMH9910T	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Sel	ed 🔻				
Claiment Name *	22	Claimant NR3C *						
Claimant Address							16	
Claim Description Preferred Workshop Contact	SKN8632U / SMH9910T ON 15 Oec 2019	2 2000			Name of Prefers	ed Workshop		
No.					#15 F 5000 - F2000 F		processor	
Require Finalisation	Yes		Preferred	Vorkshop, Name unknown				and the same of th
Date Registered	16/12/2019 18:30	Claim Crose Date			Date Received		16/12/2016	9 00:00
Report Taken By	Jackson							
☑ Prost AK letter								
			Save Sut	mit				
Attachment								
•								
Accident No.	MY/1075955	Claim No.		001				
Last Doc. Received	● Yes ○ No							
	Path *			Category *	Confidential	Urger	vcy +	Description +
		Browse	Clear				_	
		Browse	Clear	Please Sniect	<u> </u>	√ Normal	100000	
T				Marine Const			The second second	
			-			-	-	
T								
San Contraction of				**************************************				Sand Message
TAttachment List								

	Uploaded By/Date	Folder Date		ile Name		9	Source		Act
deo List	CES) on 16	Dec 2019 18:30	10000		1500-25				
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27		IDNAL ASSESSMENT CENTRE SERVI Dec 2019 18:30	Photos		Normal	Photos 2	019-12-16		
3	NAC_PAYA_UB1_800601(_NAT! CES) on 16	ONAL ASSESSMENT CENTRE SERVI Dec 2019 18:30	Photos		Normal	Photos 2019-12-16			
		ONAL ASSESSMENT CENTRE SERVI Dec 2019 18:30	Photos		Normal	Photos 2	019-12-16		
		ONAL ASSESSMENT CENTRE SERVI Dec 2019 18:30	Photos		Normal	Photos 2	019-12-16		
	NAC_PAYA_UB1_BD0601( NATI CES) on 16	ONAL ASSESSMENT CENTRE SERVI Dec 2019 18:30	Photos		Normal	Photos ;	1019-12-16		
47		ONAL ASSESSMENT CENTRE SERVI Doc 2019 18:30	Photos		Normal	Photos 7	019-12-16		
1	NAC_PAYA_UBJ_800601(_NAT) CES) on 16	ONAL ASSESSMENT CENTRE SERVI Dec 2019 18:30	Photos		Normal	Photos 2	019-12-16		
		ONAL ASSESSMENT CENTRE SERVI Dec 2019 18:30	Photos		Normal	Photos J	1019-12-16		
4		DNAL ASSESSMENT CENTRE SERVI Dec 2019 18:30	Photos		Normal	Photos 2	019-12-16		
		IONAL ASSESSMENT CENTRE SERVI Dec 2019 18:30	Photos		Normal	Photos 2	2019-12-16		
Lifts*		IONAL ASSESSMENT CENTRE SERVI Dec 2019 18:30	Photos	Normal		Photos 2019-12-16			
	NAC_PAYA_UBI_800601; NATIONAL ASSESSMENT CENTRE SERVI CES; on 16 Dec 2019 18:30		Photos.		Normal	Photos 2	019-12-16		
153	NAC PAYA UBI 800801( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Dec 2019 18:31		SAS		Normal	SAS 20	19-12-16		
 i.11	NAC_PAYA_UB1_800501( NAT) CES) on 16	IONAL ASSESSMENT CENTRE SERVI Dec 2019 18:31	NRIC/ Driving License	Ÿ	Normal	NRIC/ Driving L	icense 2019-12-16		
		NAC_PAYA_UBI_600601  NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Dec 2019 18:31		٧	Normal	NRIC/ Driving L	icense 2019-12-16		
chment	Uploaded By/Date		Category	Ŷ	Lingency	Des	cription	(60)	