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NATIONAL Assessment Centre	Services puet 1 Jan'05]	MIA 1191877~			
Date In: 21 Mig. 19:50	Jcb description	Date & Time Comple	ted	Don	e by
Ref No: HA INCIGERANIVING	SAS e-filing			2	
Veh No: JUN 52357	E-mail (within Shrs, AIC 2hrs				
D.O.A: 2014 19-16:07	i-Motor Claim Form	M711076676-00	1 241	MM	12:0~
	i-Motor W/O (Within: OD		-	19.	19.0
OD / T/S / Reporting Only	i-Photo Uploaded				41.4.4
	Assessment/Survey Repor			-	
TP Insurer:	Ass't Report by Fax / Han				
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: 34699	inc)		
Owner / Driver: (Tel:		1	
Policy No: () Period	d: () Cover Type: (0000000
Confirmed by : (Date:	Time:			
	te-Est. Status (WO): N: 0		80-100%	1	
	arranty: YES ()/NO ()		-	70000
Excess: (\$) Loading: \$1,000					
General Remarks:-				U.S. 17	
() Walk-In Customer : Customer's information	otion atrictly Confidential 8	Ctrictly NO safes of sanai	2722200.1	.,	
		Salety 110 15101 01 10por			
() Total Loss Case : to e-mail Insurer I					
Drive-In ()/ Towed-In (); Invoice: Y	YES()/NO();	Towing Co: (*	1
		TOWING CO. (
Remarks: 4 (INC bathing 6788 6616)			ant.:336	Done	hv
		Date&Time Complete	4%	Done	by
Apply for Transport Allowance ()/ Cou-	rtesy Car ()		d ^{ab} .	Done	hy
Apply for Transport Allowance ()/Cour QC Check / Post Repair Inspection	rtesy Car ()		d	Done	hy
1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300)	rtesy Car ()		4 85 %	Done	hy
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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.
- 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.

By the lodgement of this report to the insurers, you hereby con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/12/2019 09:50
Date Of Accident	20/12/2019 16:00
Exact Location Of Accident	CHANGIRD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU5233J
Insured/Policyholder	
Name Of Registered Owner	IRMA DARNY SWADI
NRIC No	SXXXX873A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81268990
Alternative Phone No	OFFICE-81268990
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER 2.4 CVT 4WD
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110374167
Cover Note Number	
Driver	
Name of Driver	FADZLYNN BINTI MOHAMAD FADZULLY
NRIC No	SXXXX055B
D	

Date Of Birth 23/01/1994 Occupation INDOOR Date Of Driving Pass 11/07/2019

Driving Experience 0 YEAR AND 5 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-88920529

Fax Number

Contact Number OFFICE-88920529

EMail Address NOEMAIL

734 UPPER CHANGI ROAD EAST Address

#04-12

486862 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

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?

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:

GENDER: : MALE

Passenger 2

NAME:

GENDER: : FEMALE

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?

YES

NO

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SGC9903L

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)

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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Mamet

NRIC/FIN No .:

Ro	A
mgi	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front	Car	shoped	Su	I fell	owed	suit	but	veh s	B
failed	to	brate	10	time	hit	onto	MY	ve h	
vlar	Pur	tion.							
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DECLARATION

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

Policyholder's Stature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnal's Signature

Name:

NRIC/FIN No.:

Date of Accident: 30 12 19 Time of Accident: 4:00 pm Exact Location of Accident: Charai RU Owner's Name: Irma Darny Birt Stadi NRICNO: S6803873APNO: 81268990 Driver's Name: fadzlynn Fadzully MRIC No: 594030558 HP No: 889205 29 Date of Birth: 23 Jan 1994 Driv ng Licence Passing Date: ______ Occupation: Indoor / Outdoor Address: 734 Upper Chang' East # 04-12 (481862) Relationship of Driver with Insured: Daugh Email Address: Vehicle No: SLU 5033J Make & Model: Mit Insurance Co: N 7U C Coverage: Policy No: *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work *Weather Condition? Cher / Raining / Others: _____ Wet / pa/ Others: _____ * Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax: MON of woman *Was Anybody Injured ? (Yes / IXo) If yes, Name / NRIC / In Vehicle: *Was The Accident Reported To The Police ? No O Yes, Which Police Station? *Does the Driver Own Any Other Vehicle? 6 No O Yes, Vehicle Registration No:_______Insurer: _____ *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____ *Was there any video captured by Car Camera? (Yes No) Third Party Driver's Particulars Vehicle & No: 56C 9903L Make & Model: Driver's Name: ______ NRIC No: _____ HP No: ____ Vehicle C No: Make & Model: Driver's Name: ______NRIC No: _____HP No: ____ Witness Particulars Name:: ______ NRIC No: _____ HP No: ____

Personal Particulars

eBaoTech							PER COL	Genera	alClaim		
Hello, NAC_PAYA_UBI_80	0601			the same and	The state of the s	AND DESIGNATIONS	• Change	Languag	e + Chan	ge Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy N	10.				Date o	of Accident		20/12/2019	16:00	
	Vehicle No.(For Motor)		SLU52333			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110374167		IRMA DARNY SWADI	S6803873A	GPC	drivo CLASSIC	SLU5233	SLU52333	19/06/2019	18/06/2020
						Continue					

Policy No.	5110374167	Policyholder Name	IRMA DARI	NY SWADI	Policyholder NRIC	S6803873A	
Certificate No.					50000 W		
Address	734 UPPER CHANGI ROAD EAST	#04-12 CASC	ADALE SING	GAPORE 486862			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	12/06/2019	Effective Date	19/06/201	9 00:00	Expiry Date	18/06/2020 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	NURKHALIESAH BINTE ABU HAS	Agent Tel.	96620004		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	734 UPPER CHANGI ROAI	EAST Addre	ss 2	#04-12 CASCADAL	E .	Address 3	SINGAPORE 486862
Address 4		Addre	ss Type	Singapore address		Post Code	486862
Unit No.	04-12	Relate Numb	d Policy er	5110374167			
Insure In	d Object: SLU52333						
	ements						
▼ Endors							

Claim Handling							
Accident MT/1076676							
Policy No.	5110374167	Vehicle No.	SLU52331			GST Registration No.	
Certificate No.							
Policyholder Name	IRMA DARNY SWADI					Policyholder NRJC	968038734
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLAS	sstc		Loading	0
Contact No.(Mobile)	81268990	Contact No.(Office)	0			Contact No.(Home)	0
Email Address		Special Remark				eCode	W. W.
KFK.	® No ○ Yes	TCA	® No ○1	res		eCode Reason	
NCO Protection	No	NCD Entitlement(%)	10			Private Hire	No
▽ Accident Details							
Report Date	21/12/2019 10:00	Accident Report Within 24 h	rs Yes			Accident Type	Collision - Head to Rear
Date of Accident	20/12/2019	Time of Accident hhomm	16:00			Country of Accident	Singagore
Reporting Centre		Orange Force				ICM No.	
Accident Location	CHANGI RD						
▽ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess		100.00			
CO Standard Excess	600.00	TP Standard Excess		0.00			
VIED OD Excess	2500.00	VIED TP Excess				Driver is Covered?	
Additional Excess	0						
Total OD Excess Applicable	3100.00	Total TP Excess Applicable					
♥ Benefits							
□ GST Registered Inform			20				
GST Registered GST Registration No.	No			T Registration Date T Status Verified		Yes	
Modification History			98	status venneu		165	
23							
Policyholder Mailing Ad	Idress						
Address 1	734 UPPER CHANGE ROAD EAST	Address 2	#04-12 C	SCADALE		Address 3	51NGAPORE 486862
Address 4		Address Type	Singapore	address		Post Code	486862
Unit No.	04-12	Related Policy Number	51103741				
OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed I	Driver			
Unnamed driver Name	FACZLYNN BINTI MOHAMAD FA	Driver NRJC	SXXXX055	В		Driver 008	23/01/1994
Register Date of Driver License	11/07/2019	Driver Age	25			Driving Experience	0
Contact No. (Mobile)	88920529	Corriact No.(Office)	.0			Contact No.(Home)	0
Address 1	734 UPPER CHANGEROAD EAST	Address 2	CASCADAL	£		Address 3	SINGAPORE 486862
Address 4		Address Type	Singapore	address		Post Code	486862
UNIT No.	04-12						
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.				Briver Insurer Compan	vy.
Registered car?						2011-00-00-00-00-00-00-00-00-00-00-00-00-	
Declaration							
Breithalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ⑩	No:			
- Carrier of							
Modification History							
Claim 001 New							
02.0140000							
Selection .	00 MX	To continue	IRMA DAR	an Funda		Total or a proper	S6803873A
Claim Tyse •	O200000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Insured Name	IRMA DAR	NY SWADI		Insured NRIC	56603673A
Contact No. (Mobile)	81268990	Contact No.(Home)	e uessas			Contact No.(Office)	
Email Address Claimant Type Claimant Type •	Please Select	OI Vehicle Number Type of Benefit *	Please Sel	ect V		TP Vehicle Number	5GC9903L
Calmant Name *	Please Select	Claimant NRIC +	friease de	67 (2)			
Claimant Address	122	Continue was -					
Claim Description	SLU5233) / SGC9903L ON 20 Dec 2019					Name of Preferred Wor	rieshop
Preferred Workshop Contact	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	Insured Liability *	Not at Fau	e v			
No.	No.	Preferend Repair Option	-		160	CIA conset	Parming Co.
Require Finalisation	Yes		preterred	Workshop, Name unknown		GIA report	21/12/2019 00:00
Date Registered	21/12/2019 10:02	Claim Close Date				Date Received	£ 1712/2019 00:00
Report Taken By	Jackson						
Print AK letter							
			Save Sut	amit			
Attachment							
9							
Accident No.	MT/1076676	Claim No.		100			
Last Doc. Received	● Yes ○ No	Upload Date		21/12/2019 10:03			
	Path +			Category *		Confidential	Urgency * Description *
		Brows	clear Clear	Please Select	V	Y N	iormal 💟
		Brows	Se Clear	Please Select	¥	V [N	iormal 💟
		Brows	Se. Clear	Please Select	V	THE V N	ionnal v
		Brown	Se Clear	Please Select	v	□ V N	iormal
		Brows	Se Clear	Please Select	V	No. V N	iormal 💌
			Tartachine Co.	10 C	-		

