Date In: WM/19-11:21	Jeb description	Date & Time Completed	Done by
Res No: Hattuc 1922568/24	SAS e-filing		
Veli No: Ju686VK	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 13/1/19-15:30	i-Motor Claim Form	100-Chet tel LW	w/1419 13:
	i-Motor W/O (Within: OD 2		
OD TP Reporting Only	i-Photo Uploaded		
TREE	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: F	Fax:
TP Particulars: Veh No:50	NCI CP SPEJN	( , )/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	100%]
Year of Registration: (	) Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading:	\$1,000()/\$2,000()		
General Remarks;-		22 P. M. S.	
( ) Walk-In Customer: Customer's			
		dictiy NO Taler of Tepaller.	
( ) Total Loss Case : to e-mail In			· <del></del>
Drive-In ( )/ Towed-In ( ); Inv	roice: YES( ) / NO( );	Towing Co: (	
Remarks: (INC horline: 6788 6610	6)	Date&Time Completed	Done by
13.4.3.6.5	\( \( C_{} \)	1	
1) Apply for Transport Allowance (	1 / Courtesy Car (		
	) / Courtesy Car ( )	+	
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	( )		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Fime Actions	( ) > \$3000] ( )  Invoice Pr	nt Reporting (\$30);	Anit (5) Am
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions	( ) > \$3000] ( )  Invoice Pr  1) AR: Accide 2) DA: Darring	nt Reporting (\$30); e Assessment (\$100); INC (\$1	And (5) Am fst Bill Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Fime Actions  Majgo 9657:  suimant's Particulars:-	Invoice Pr   Invoice Pr   1) AR : Accide   2) DA : Dames   3) TF : Towing   4) FT : Follow-	nt Reporting (\$30); c Assessment (\$100); INC (\$6 Fee \$40 Through Survey	Anit (5) Am
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Majos 9657:  suimant's Particulars:-  iver/Owner:	( )	nt Reporting (\$30); c Assessment (\$100); INC (\$60); Fee \$40 Through Survey Through Survey (Resurvey)	Anit (5) Am fst Bill Add 80) 0/\$45 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Fime Actions  Actions  suimant's Particulars:-  iver/Owner:  ntact No:	Invoice Property	at Reporting (\$30); c Assessment (\$100); INC (\$6 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200)	Anit (5) Am fst Bill Add 80) 0/\$45 \$120 \$30
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Actions  aumant's Particulars:- iver/Owner: Intact No: Imaged Portion:	Invoice Pr	at Reporting (\$30); c Assessment (\$100); INC (\$1 Fee \$40 Through Survey Through Survey (Resurvey) agoinst INC Only (wef 10 Jan 200) cetion A + SMRT Survey lional Services:- by Car / Tpt Allowance Co-ordination	Anit (5) Amit (5) Amit (5) Amit (5) Amit (5) Add (50) Add (50) Add (50) Amit (5) Add (50) Amit (5) Add (50) Amit (5) Ami
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Actions  aimant's Particulars:  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pr	at Reporting (\$30); c Assessment (\$100); INC (\$1 Fee \$40 Through Survey Through Survey (Resurvey) agoinst INC Only (wef 10 Jan 200) cetion A + SMRT Survey lional Services:  Ly Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (N:n INC) against INC	Anit (5) Amit (5) Amit (5) Amit (5) Amit (5) Add (5) A

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number EMail Address

- 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.

	ACCIDENT STATEMENT
Date Of Report	24/12/2019 11:21
Date Of Accident	23/12/2019 15:30
Exact Location Of Accident	JUNC JALAN MASJID & CHANGI RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU6862K
Insured/Policyholder	
Name Of Registered Owner	MUSTAFFA BIN VAPUMARICAN
NRIC No	SXXXX654I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97577604
Alternative Phone No	OFFICE-97577604
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 2.0 AUTO
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	5114888395
Cover Note Number	
Driver	
Name of Driver	MUSTAFFA BIN VAPUMARICAN
NRIC No	SXXXX654I
Date Of Birth	04/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1995
Driving Experience	23 YEARS AND 11 MONTHS

MALE

NOEMAIL

(LOCAL) +65-97577604

OFFICE-97577604

BLK 172A EDGEDALE PLAINS Address

#13-400

821172 Postcode

Was driver an employee of the Insured's Company NO

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

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

2

NO

YES

NO

2

PUNGGOL N.P.C

GENDER:

: MALE

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

Police Station Address

TEL NO: - FAX NO: Police Station Contact

SINGAPORE

NO

YES

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191224/2028.

Attachment(s)

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera?

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SML7989J Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

WINSTON CHEW MENG HUI Name of Driver

SXXXX766A NRIC/Passport Number

Contact Number

97828268

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# **DETAILS OF INJURED PERSON 1**

Name

MUSTAFFA BIN VAPUMARICAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJU6862K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder 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>.
- 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

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN	changi Rd	
		A: 5JU 68621C B: SML 7989)
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT 3	
	mpory-7/2019/12/028.	

# 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.:





Police Station Of Origin: Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

1 of 3 Report No. T/20191224/2028

## REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 24/12/2019 10:31		Vide Report No.:	Station Diary No.: 25	
Informa	nt's Partic	ulars	Mary Man		
	f Informant: FFA BIN VA	APUMARICAN	Address: APT BLK 172A EDGEDA 821172	LE PLAINS #13-400 SINGAPORE	
	/ ID No.: O / S16576	541	Contact No.: Home/Office:	Mobile: 97577604	
National SINGAP	ity: ORE CITIZ	ΈN	Email:	And the second s	
Sex: Male	Age: 55	Date of Birth: 04/03/1964	Type of Informant:		
Race: Indian			Language: Institution / School Na		
Occupation: PR IVATE HIRE DRIVER		RIVER	Driving Licence Information: Class: 2B,2A,3  Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2019 15:30		Type of Location: T-Junction	
Location: Along Road 1 CHANGI RO JALAN MAS Junction of Ja Weather:	AD O	ngi Road Road Surface:		Road	Speed Limit:	
Clear		Dry				
Traffic Flow:		Traffic Control: Pedestrian Cross	ing	Traffi	c Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			67.C	Anyo	C. Colored American Company	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJU6862K	Car	ТОУОТА	Wish	Grey	Slightly Damaged	1
SML7989J	Car				Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SJU6862K	NTUC Income Insurance Co-Operative Limited	5114888395	19/12/2019	18/12/2020		





2 of 3

Report No. T/20191224/2028

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

#### CONTINUATION OF REPORT

Details of Perso	n Involved	Jack John		033700		
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	Use of Ped	destrian	Cross	ing: NA		
Driver						
Name	MUSTAFFA BIN VAPUMARICAN			ID No		S1657654I
Related Vehicle	SJU6862K (Car)			Conta	ct No.	97577604
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	23/12/2019		Date Disc	harge	23/12	/2019
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Slight	
Driver						
Name	WINSTON CHEW N	IENG HUI		ID No.		S1262766A
Related Vehicle	SML7989J (Car)			Contact No.		97828268
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

## Brief Details.

On the 23/11/2019 at about 1530hrs, I was driving along Jalan Masjid and turn right into Changi Road. I then stopped my vehicle as the traffic light was red. I then felt a vehicle collided with the back of my vehicle. We came down of our vehicle and exchange particulars. My vehicle suffered damaged on the rear and the other party suffered damage on the front part. I felt that there was pain on my neck and went to the doctor. I was issued 3 days of medical leave.

No Ambulance or Police was at seen during that time.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20191224/2028

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The F F / Sr Staff Sgt MOHAMED FAZLY SHA HUSSAINSAH	
Signature Of Interpreter: Not applicable	Date/Time: 24/12/2019 10:31
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	Sit 085 Signature:

Singapore Police Force



□ Insure	d Object: SJU6862K						
Unit No.		Numb	d Policy er	5114888395			
Address 4			ss Type	Singapore address		Post Code	821172
Address 1	BLK 172A #13-400	Addre	ss 2	EDGEDALE PLAINS		Address 3	SINGAPORE 821172
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
nsurance Flag	No						
Ngent Co-	VV INSURANCE AGENCY PTE. I	.1 Agent Tel.	67913808		GST Flag	¥	
Singapore OD Excess	2000	Singapore TP Excess	1500				g/Inexperience Driver Excess
Excess Outside	2000	Premium Outside					
Additional	1500	os	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	19/12/2019	Effective Date	19/12/201	9 00:00	Expiry Date	18/12/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 172A #13-400 EDGEDALE	PLAINS SINGA	PORE 82117	72			
Certificate lo.							
Policy No.	5114888395	Policyholder Name	MUSTAFFA	BIN VAPUMARICAN	Policyholder NRIC	S1657654I	



