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D.O.A: 18/14/19-16:42	i-Motor Claim l	Form	100-562tec/lm	24/11/19	16:15
7	i-Motor W/O (w	ithin: OD 2hrs,	TP 4hrs)		
OD : TPY Reporting Only	i-Photo Upload	ed			
	Assessment/Surve	y Report			
TP Insurer:	Ass't Report by F	ax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: FON	1618~13	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: ()	Cover Type: (
Confirmed by : (87	Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WC): N: 0-20	%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO(
Excess: (\$) Loading: \$1,0	000()/\$2,000()		encon Charles	
General Remarks;-			Carlo Carlo Carlo Carlo	Section 1	35 T S
() Walk-In Customer: Customer's info					
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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

a resident film that are a	ACCIDENT STATEMENT
Date Of Report	26/12/2019 15:25
Date Of Accident	25/12/2019 16:40
Exact Location Of Accident	PUNGGOL EAST
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGW2216C
Insured/Policyholder	
Name Of Registered Owner	BEATRIX AUTO & SERVICES
Co Reg No	5XXXX821K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L VTI 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	5113414800
Cover Note Number	
Driver	
Name of Driver	MOHAMAD NAZRUL BIN MOHAMAD HASRI
NRIC No	SXXXX375J
Date Of Birth	15/02/1995
Occupation	INDOOR
Date Of Driving Pass	09/04/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE

(LOCAL) +65-91865659

OFFICE-91865659

NOEMAIL

BLK 107 TAMPINES STREET 11 Address

#02-367

521107 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

YES Was any body injured in the Accident?

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)

NAME: : -Passenger 1

: MALE GENDER:

Passenger 2 NAME:

: FEMALE GENDER:

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

YES

NO

3

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191226/7013.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

FBM6182B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMAD NAZRUL BIN MOHAMAD HASRI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGW2216C

Were seat belts worn?

YES

BODY

Was this injured conveyed to hospital by

NO

ambulance?

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 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.
- 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 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.

Policyholosca Benature Date & Time: Driver's Signature

(If driver is not the policyholder)

pate & Time:

Reporting Centre Personne

Signature

Name:

NRIC/FIN No.:

	A - SGW 2216
÷	B- FBM 6182B
(-	
848 117 17 17	
CRIBE CIRCUMSTANCES OF THE ACCIDENT	
- Refer to police report -	

Policyhold 8

Date & Time:

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE:	25 / 12 / 19	J(DD/MM/YYYY).	TIME: (16	40)(HH:MM)
LOCATION		GOL EAST		
	F VEHICLE E NUMBER: SGW	2216 C		
b)INSURA	NCE COMPANY	800		
d)POLICY	TYPE: (COMPREHENS	UVIC THIRD PART		
f)TYPE:(SA g)VEHICLI	E CATEGORY: (PRIVAT	E / COMMERCIA DENT TIME: PFIX	I ATE USE	
i) are you if no. Pl	I CLAIMING UNDER Y EASE STATE (THIRD RA	OTH OWN INSOR	WINDE LIFESTER	
AJNAME:_		& SERVICES	CONTACT:	E / FEMALE)
c)ADDRES	N/PASSPORT: S: BIK 15 #02-17 S (270015)		OND GHIM	MOH GAYLDENS
	JE TO 3.d IF DRIVER A			
a)NAME:	N/PASSPORT: S95 S: BIK 107 Tampir			91865659 (521107)
I female. ejoccup	F BIRTH: (15 / 02 ATION: (INDOOR / O	JIDO CR)		7-110
4. WAS DRIN	ER AN EMPLOYEE (OF THE INSURED E DRIVER WITH	THOUSED.	? (&ES / NU)
 a)WEATHE b)ROAD SI 	r condition: (2004) Jrface: (2007) / Wet .	OTHERS	THERS	
6. WAS ANYB	ODY INJURED TYES A ED TO POLICE TYES A EASE STATE WHICH P	25 0)		
B. THIRD PART	Y VEHICLE LE NUMBER: FB M	6182 B		
(Including driver) b) DRIVE	III TO THE TOTAL THE TOTAL TO T		_CONTACT;_	
	LE NUMBER:		_MODEL:	
The of passenger of DRIVER (Including driver) 1) NRIC!	R'S NAME: FIN/P ASSPORT:		CONTACT	
()				

email = fax =





1 of 3

Report No. T/20191226/7013

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 26/12/20	ne Report M 119 12:32	Made: Vide Report No.:		Station Diary No.:	
Informa	nt's Particu	ulars		《	
MOHAM	f Informant: IAD NAZRU IAD HASRI	JL BIN	Address: APT BLK 107 TAMPINES STI 521107	REET 11 #02-367 SINGAPORE	
ID Type / ID No.: NRIC NO / S9505375J			Contact No.: Home/Office: Mobile: 91865659		
National SINGAF	ity: PORE CITIZ	EN	Email: nazgreen15@gmail.com		
Sex: Male	Age: 24	Date of Birth: 15/02/1995	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupa Registe	tion: red nurse		Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/12/2019 16:40	Type of Location: Filter lane
Location: PUNGGOL E	AST	Road Surface:		Road Speed Limit:
		Drv		50 Km/h
Weather: Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled		50 Km/h Traffic Volume: Light

Details of Ve	ehicle Involve	a				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
AND RESIDENCE OF THE PARTY OF T	CONTRACTOR OF THE PARTY OF THE					0
SGW2216C	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20191226/7013

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver									
Name	MOHAMAD NAZRUL BIN MOHAMAD HASRI								S9505375J
Related Vehicle	SGW2216C (Car)			Conta	ct No.	91865659			
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL			
Date Treatment	25/12/2019 Date Disc			scharge	25/12	2/2019			
No. of Days gran	ted Medical Leave	03	Degree	of Injury	Serio	us			

Brief Details.

On stated date and time, I was travelling in my vehicle bearing (SGW2216C) on Punggol East filtering out. I stopped at the give way line as there was car on the main road. Suddenly, i felt a huge impact from the rear when I was checking for traffic. I went down and saw that a bike bearing (FBM6182B) collided onto the rear of my vehicle, damaging my bumper, rear lights and boot. I went to see a doctor and receive 3 days mc for my back injury.





3 of 3

Report No. T/20191226/7013

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

C	leat	tch	DI	20
	K P	10.311	-	H_{11}

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2019 12:32
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No : 65476172	Classification Of Case:

Authentication Stamp NP168

Policy Search Page 1 of 1



Sequer	nce Date of Endorsem	ent	Endorsemer	nt Type	Endorsement	Status	Endorsement Content
	ements						
) Insure	d Object: SGW2216C	W-01-20					
Init No.	02-17	Relate Numb	ed Policy er	5113414800			
ddress 4	SINGAPORE 270015	Addre	ss Type	Singapore address		Post Code	270015
Address 1	BLK 15 #02-17	Addre	ss 2	GHIM MOH ROAD		Address 3	GHIM MOH GARDENS
	older Mailing Address						
Certificate nfo							
open Policy Info							
lo- nsurance lag	No						
gent	META AGENCY PTE. LTD.	Agent Tel.	98585076		GST Flag	Υ	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
dditional xcess	0	OS Premium	0				
hird Party xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
xcess ype	Per Accident	All Claims Excess					
olicy sue Date	16/10/2019	Effective Date	16/10/2019	9 00:00	Expiry Date	15/10/2020 2	3:59
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 15 #02-17 GHIM MOH RO	AD GHIM MOH	GARDENS SI	INGAPORE 270015			
ertificate							
olicy No.	5113414800	Policyholder Name	BEATRIX A	UTO & SERVICES	Policyholder NRIC	53365821K	

CV No. \$113414800 Vehicle No. \$GW2216C DIST Registration No.	laim Handling						
March Marc	ccident MT/1077295						
MATHER AND SAMPLES MATHER	NCY NO.	5113414800	Vehicle No.	SGW2216	C	GST Registration No.	
Communication Communicatii Communication Communication Communication Communication	ertificate No.						200000000
Contact No.	licyholder Name	BEATRIX AUTO & SERVICES					
Separation Sep	duct Code	PRIVATE CAR INSURANCE			ssic		
March Marc	hact No.(Mobile)	0		0			
Marchest	el Address		Special Remark				I a
Secretary Control Co		® Np ○ Yes	TCA		Yes		
## ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRA	Protection	No	NCD Entitlement(%)	20		Private Hire	Yes
March Marc	Accident Details		1080			C-0000 2000	
Control Cont	ort Date	26/12/2019 16:13					
### CENTER OF TAXABLE AND ADDRESS 100.00 100	e of Accident	25/12/2019		16:40			Singapore
Table Tabl	orting Centre		Grange Force			SCM No.	
Part	dent Location	PUNGGOL EAST					
2,000 00 TP Secretar Ecosis 1,000 00 Design Covering	Total Excess Applicable						
100 for trains 100 fo	ess Type	Per Accident.	Windscreen Excess		100,00		
100 Totalis		0.199801	THE Principles Control		1 500.00		
CO Prints Septiments						Cover is Covered?	
100 100			AIED IN ENCESS			Cite is core as	
Part			2002.2000.40000				
Page		2000.00	Total TP Excess Applicable				
Magnation No.							
Control Cont				q	ST Registration Date		
## Policy Polic		140				Yes	
### Part Select		26/12/2019 16:14:27 System	m changed GST Status Venified fro	m No to Ye	E CONTRACTOR CONTRACTOR		
### 1 ### 1 ## 1 ## 1 ## 1 ## 1 ## 1 #							
Marie Mari	Policyholder Mailing Ad	dress					
Marie Street St	Jress t	BLK 15 #02-17	Address 2	GHIM MO	DH ROAD	Address 3	GHIM MOH GARDENS
OF Driver Tarks	dress 4	SINGAPORE 270015	Address Type	Singapore address		Post Code	270015
## OF Direct Purple OF Parties OF Parti	t No.	02-17	Related Policy Number	5113414	800		
Married Diverse Content Prope Content Pr							
December Name December Na		Unnamed Driver	Onver Type	Unnamed	Driver		
Test No (Postial No (Office)		MOHAMAD NAZRUL BIN MOHAM	Driver NR3C	\$XXXX3751		Driver DOB	15/02/1995
Part No. March No. Contract No	sister Date of Driver License	09/04/2015	Driver Age	24		Driving Expenence	4
March Marc			Contact No (Office)	0		Contact No.(Home)	o o
Address Type			Aparess 2	TAMPINES STREET 11		Address 3	SINGAPORE 521107
Control Con			Address Type	Singapore address		Post Code	521107
Services Any Injury? Instructed Name SERTICIX AUTO & SERVICES Insured Nation Order of Dood Text Order of Dood Text Order of Dood Text Insured Name SERTICIX AUTO & SERVICES Insured Nation SERTICIX AUTO & SERVICES Insured Nation Certact No. (Office) Insured Name SERTICIX AUTO & SERVICES Insured Nation Certact No. (Office) Insured Name SERTICIX AUTO & SERVICES Insured Nation Certact No. (Office) Insured Nation Try vehicle Number Try vehicle		02-367					
Total Control		○ Yes® No	Driver Vehicle No.			Driver Insurer Company	
Any injury? Yes No Next Sam Type OD-MX	gistered car?						
Claim 001 New Claim 002 New Claim 003 New Claim 003 New Contact No (Notine) Contact No (Office) Notic Contact No (Off	claration						
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