	tre Services.		The same of the sa		John Street		
Date In: 12/1/10-17:10	Jeb description		ate &Time Complete		one by		
	SAS e-filing						
Veh No: SUN 23510	E-mail (within Shrs, A	AIC 2hrs)					
D.O.A: 14/1/20-02.35	i-Motor Claim Fo		m/1081029-001	10/1/	19:3°		
D.O.A : 4 100 - 00.75	i-Motor W/O (wit	hin: OD 2hrs, TP	4hrs)				
OD / TP / Reporting Only	i-Photo Uploaded						
V2.00.00	Assessment/Survey	Report					
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (Т	el:	Fax:			
TP Particulars: Veh No: JM	1678382	INC()/Non-INC()				
Owner / Driver: (Tel:)		
Policy No: ()	Period: () C	over Type: (- 2)		
Confirmed by : (De	ate:	Time:)		
	[Note-Est. Status (WO):	N: 0-20%	P: 21-79%. P: 8	0-100%]			
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Drive-In ()/ Towed-In (); Invoi	icc. 125 () / 110 (311	WILC 7 (2) (3) (3)	50 30 S		
Remarks:- (INC horline: 6788 6616)		I	Date&Time Complete	in sience	Done by		
1) Apply for Transport Allowance ()	/ Courtesy Car ()						
2) QC Check / Post Repair Inspection	()						
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		10.2				
the state of the s			1.				
Injury:							
		52 (10 M) (Av) (20 M) (20 M)	MODEL STREET	masa prasidis	2197		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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

By the lodgement of this report to the insurers, you hereby conserved foresaid.	ent to the archiving of this report at the centre and to copies of the report being made available				
the second and the property of the last of the	ACCIDENT STATEMENT				
Date Of Report	20/01/2020 17:20				
Date Of Accident	19/01/2020 02:35				
Exact Location Of Accident	CROCKFORDS TOWER LOBBY				
Country/State of Loss	SINGAPORE				
D	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLN2752J				
Insured/Policyholder					
Name Of Registered Owner	MUHAMMAD ZULFADLI BIN TAHA				
NRIC No	SXXXX844G				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-92342991				
Alternative Phone No	OFFICE-92342991				
Vehicle Particulars					
Manufacturer	HONDA				
Model	STREAM 1.8L A				
Exact Purpose for which vehicle was being used at time of accident	WORKING				
Are you claiming under your own insurance policy for repair to your vehicle?	NO				
If No, Please state action to be taken	REPORTING ONLY				
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	5106194964-01				
Cover Note Number					
Driver					
Name of Driver	MUHAMMAD ZULFADLI BIN TAHA				
NRIC No	SXXXX844G				

SXXXX844G NRIC No 12/08/1988 Date Of Birth OUTDOOR Occupation 07/08/2016 Date Of Driving Pass

3 YEARS AND 5 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-92342991 Mobile Number

Fax Number

OFFICE-92342991 Contact Number

NOEMAIL EMail Address

Address

BLK 212B PUNGGOL WALK

#03-721

Postcode

822212

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

Type Of Accident

SIDE SWIPE

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

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)

1

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

ON STATED DATE AND TIME, WHILE I REVERSED MY VEHICLE AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B FRONT LEFT PORTION.

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

SME7838Z

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)

0

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

Date & Time:

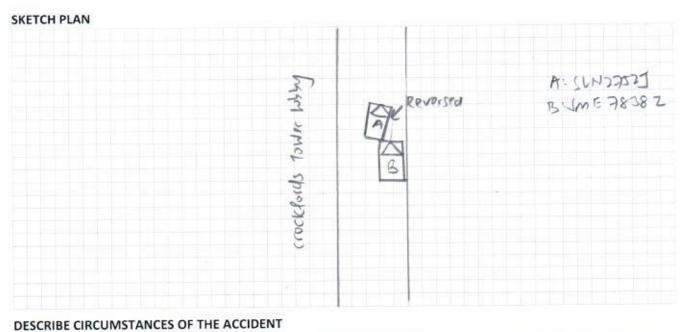
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Refrict to Hatemint.

DECLARATION

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

20/01/2020

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

NRIC/FIN No.:



Unit No.	02-29	Numb		5106194964-01			
Address 4			ess Type ed Policy	Singapore address		Post Code	410636
Address 1	BLK 636 #02-29	Addre		BEDOK RESERVOIR	ROAD	Address 3	SINGAPORE 410636
Policyl	nolder Mailing Address	17000000	500.00	NACON DESCRIPTION	Valencia -	eres me w	C11/C1000E 110525
Certificate Info							
Open Policy Info							
insurance Flag	NO						
Co-	No						
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
xcess Type	Per Accident	All Claims Excess					
olicy ssue Date	13/12/2019	Effective Date	14/12/2019	00:00	Expiry Date	13/12/2020 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 636 #02-29 BEDOK RESERV	OIR ROAD SI	NGAPORE 41				
Certificate							
Policy No.	5106194964-01	Policyholder Name	MUHAMMAD	ZULFADLI BIN TAH	Policyholder NRIC	S8831844G	

aim Handling						
cident MT/1081029				One Control of the Co		
icy No.	5106194964-01	Vehicle No.	SLN2	7523	GST Registration No.	
rtificate No.						58831844G
Scyholder Name	MUHAMMAD ZULFADLI BIN TAHA				Policyholder NR3C	0
oduct Code	PRIVATE CAR INSURANCE	CoverType		CLASSIC .	Loading	
ntect No. (Mobile)	92342991	Contact No.(Office)	0		Contact No.(Home)	0
all Address		Special Remark			eCode	19.3
(⊗ No ○ Yes	TCA	(ii) No	o O Yes	eCode Reason	
D Protection	No	NCO Entitlement(%)	10		Private Hire	Yes
Accident Details						
port Date	20/01/2020 17:33	Accident Report Within 24 hrs	Yes		Accident Type	Side Swipe
e of Accident	19/01/2020	Time of Accident hh:mm	02:35	5	Country of Accident	Singapore
orting Centre	120730	Orange Force			ICM No.	
	CONTRACTOR TOWNS CONT	PS 11 XX village no				
ident Location	CROCKFORDS TOWER LOBBY					
Total Excess Applicable	THE SEC	Minteres France		100.00		
ess Type	Per Accident	Windscreen Excess		120,00		
	2,000.00	TP Standard Excess		1,500.00		
Standard Excess		YIED TO Excess		0.00	Driver is Covered?	Not Covered
D OD Excess	6.00	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWI		100,000		
Itional Excess	0	Tatal TR Forage Applicable		1,500.00		
N OO Excess Applicable	2000.00	Total TP Excess Applicable		1,300,00		
Benefits						
GST Registered Informa	ation					
Registered	No			GST Registration Date GST Status Verified	New York	
Registration No.				od 1 scalus Ventiled	Yes	
ification History						
Policyholder Hailing Ad			10.000		Address 1	SINGAPORE 410636
fress 1	BFK 636 NOS-58	Address 2	BEDO	OK RESERVOIR ROAD		
tress 4		Address Type	Singi	apore address	Post Code	410636
it No.	02-29	Related Policy Number	5106	6194964-01		
OI Driver Info						
ver Name	MUHAMMAD ZULFADLI BIN TAHA	Oriver Type	Hein	Driver.		
named driver Name		Driver NRIC	5883	31844G	Driver DOB	12/08/1968
gater Date of Driver License	07/08/2018	Driver Age	31		Driving Experience	1
ntact No (Mobile)	92342991	Contact No.(Office)	0		Contact No. (Home)	0
		Appress 2		IGGOL WALK	Address 3	PUNGGOL WAVES
iness 1	8LK 2128	Address Type		agore address	Post Code	822212
dress 4	SINGAPORE 822212	Augress Type	Siring	DAME AND AND AND	2.47.0000	1000000
it No.	03-721				2010/04/2017/04/2019/04	
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.			Onver Insurer Company	
claration						
eathalyser or Blood Test ading?	0 mg	Any injury?	OY	res ® No		
our gr.						
diffication History						
1 M. D.						
Claim 001 New						
im Type *	00-MX	Insured Name	10,14	HAMMAO ZULFADLI BIN TAH	Insured NRIC	58831844G
ntact No. (Mobile)	92342991	Contact No.(Home)			Contact No (Office)	
aii Address	ZULFADLI@OUTAFREIGHT.COM	OI Vehicle Number	SLN	(2752)	TP Vehicle Number	SME7838Z
ement Type Claimant Type *	Annual Control of Cont	Type of Benefit *	-	ase Select 😾		
siment Name *	22	Claimant NR3C *				
	- 22	100000000000000000000000000000000000000				
siment Address					Name of Preferred World	kshop
sim Description	SLN2752) / SME7838Z ON 19 Jan 2020	DADELY AND LAND	_		The second second second	
eferred Workshop Contact		Insured Liability *	Full	ly at Fault	27	Married Tolland
quire Finalisation	Yes	Preferered Repair Option	Pre	ferred Workshop, Name unknown	GIA report	Received
rie Registered	20/01/2020 17:35	Claim Close Date	17		Date Received	20/01/2020 00:00
port Taken By	Jackson					
	1					
Print AK letter						
			Save	e Submit		
Attachment						
The state of the s						
codent No.	MT/1081029	Claim No.		001		
	● Yes □ No	Upload Date		20/01/2020 17:36		
st Doc. Received		oprome week			Confidential	Urgency * Description
	Path.*	0,000		Category *		
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