NATIONAL Assessment Centre	e Services. poet 1 Janie		1 -	
Date In: W/V/20-16:45	Job description	Date & Time Completed	Done	pi.
Ref No: LIA INCADO 3350 74	SAS e-filing			
Vch No: \$6470 M7.	E-mail (within Shrs, AIC 2	hrs)		
D.O.A: m/h2 18: 5	i-Motor Claim Form	WJ 11082602-001	21/12	16:20
	i-Motor W/O (Within:	DD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded			
	Assessment/Survey Rep	port		
TP Insurer:	Ass't Report by Fax / H	land to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: GRE	1266P I	NC( , )/Non-INC( ).	7	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Pe	riod: (	) Cover Type: (	)	
Confirmed by : (	Date:		)	
Insured/Driver Liability: ( %)	Note-Est. Status (WO): N	V: 0-20%; P: 21-79%. P: 80	-100%]	
Year of Registration: ( )	Warranty: YES ( )/NO	)( )		
	00()/\$2,000()			
General Remarks	# F 1	NATURAL SECTION	\$ 200 S	
( ) Walk-In Customer: Customer's info	rmation strictly Confidentia	& Strictly NO refer of repaire	r	
( ) Total Loss Case : to e-mail Insure				
Drive-In ( )/ Towed-In ( ); Invoice		); Towing Co: (		)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done Done	by
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3	30001 ( )			
Injury:				
		State of the state	MARKATOK H	orración, para
Date/Time Actions			P/880/8160/885 (2017/5/2) 2-7	
,	-		eng ikanagan	
2 3/44	i i	e Preparation Checklist	Anit (S)	Ami(\$)
י ברצו סבר בוא	9462335	Accident Reporting (\$30);	A CheBill	Add Bill
Claimant's Particulars:-	2) DA:	Damage Assessment (\$100); INC	(\$80)	
Driver/Owner:	3) TF : T	owing Fee collow-Through Survey	\$40/\$45 \$120	
	CHT.	ollow-Through Survey (Resurvey)	\$30	
Contact No:		eiming egoinst INC Only (wef 10 Jan 2 Re-inspection	\$75	
Damaged Portion:	7) N1 : I	dae DA + SMRT Survey	\$160	
	3) NTU(	Additional Services:-		
QC Checked by (Engr-In-Charge):	*N5:	Courtesy Car / Tpt Allowance	\$5 \$10	
The Color Congression C. A. S. morrow constraints who character have	*N7:	Repair Co-ordination Fost Repair Inspection	\$25	T
Auditors' Comments :-	*N8:	DV / Collect Excess Coordination	\$5 \$20	1.
2at. 1:	TP() 9) N12:	III) : TP (Non INC) against INC	30	WW 897-871
2at. 2 / 3;	Involce	dated Fee Charg	MARKSON (17.2)	and the first
	Invoice	dated Fee Charg	PORTAGE DE	

406 40

#### 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.
- 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.	
Manufaction of the series of the State	ACCIDENT STATEMENT
Date Of Report	24/02/2020 16:40
Date Of Accident	22/02/2020 18:25
Exact Location Of Accident	CITY PLAZA DROP-OFF POINT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA7019D
Insured/Policyholder	
Name Of Registered Owner	MOHAMED NAZIR BIN HAJI JAMALUDIN
NRIC No	SXXXX152C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90064606
Alternative Phone No	OFFICE-90064606
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	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	5108447306
Cover Note Number	
Driver	
Name of Driver	MOHAMED NAZIR BIN HAJI JAMALUDIN
NIPIC No.	SYYYY152C

 NRIC No
 SXXXX152C

 Date Of Birth
 14/06/1957

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/11/1975

Driving Experience 44 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90064606

Fax Number

Contact Number OFFICE-90064606

EMail Address NOEMAIL

BLK 307B ANCHORVALE ROAD Address

#02-505

Postcode 542307

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

ambulance?

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? YES

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

**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 NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE4260P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

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** 

MOHAMED NAZIR BIN HAJI JAMALUDIN Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLA7019D

YES

NO

### SKETCH PLAN

## 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.
- 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 invoive 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:
  - (i) 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

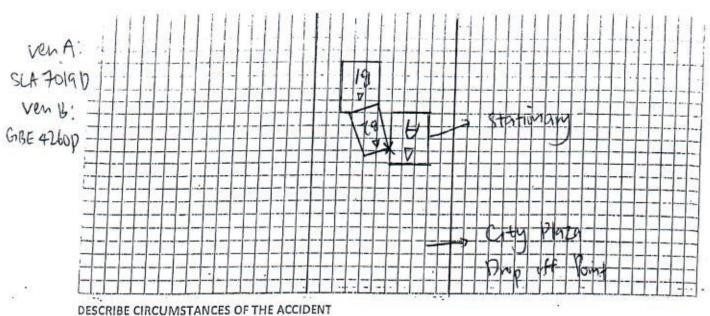
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



	the stated time and date,
I	Jas driving my car Ven A: SLA 7019D for GRAB an
had	just alighted my passenger at . City Plaza's drop
off	point. Shorty after my passenger had glighted Whilf
my	car was still Stationary, I telt an impact from +1
front	right Portion of my can I realized a van (VenB:
GB	1260P) which trad parked illegally at the drop eff had moved off abruptly and collicted onto me whilf
point	had mosed at abrighty and collided onto me while
<u>'</u> Z	was still stationary. We initially agreed to have a
	a settlement with Ven B's driver compensating me
but	he changed his mind on 23/02/2020 and suggested
We	should proceed with insurane claims.
Calledon S.	

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 .:

Date of Accident	: 22 02 2020 Accident Time: 1825 (24-HR-Format)
Accident Place	City Plaza Drop off Bint
Vehicle Reg. No. (Car Plate No.)	: SLA 7019D
Vehicle Make/Model	: Honda Vezel
Insurance Company	: NTU C Policy No.
Owner or Company Name /IC No.	: Mohamed Nazir Bin Haji Jamaludin S125116)
Owner or Company Contact No.	9006 4606 Owner's HpCompany Tel
DRIVER'S Name / IC No.	<u> </u>
DRIVER'S Date Of Birth	: 14/64/1957 DRIVER'S License Pass Date 05/11/1975
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: UA
DRIVER'S Address	: BLK 307B Anchorvale Rd # 62-50 S(542307)
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g. working inside or outside office)
Email Address	: ADMIN & MYGR. SG
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party\ Claim Own Insurance
Number of Passengers (Including D	river): 01
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES (NO) s being used at the time of accident: Private use (Work purpose)
Other P	arty Driver's Particular (if any)
Vehicle Reg. No: GBE 41	6 P Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:
	Vehicle Reg. No. (Car Plate No.)  Vehicle Make/Model  Insurance Company  Owner or Company Name /IC No.  Owner or Company Contact No.  DRIVER'S Name / IC No.  DRIVER'S Date Of Birth  Relationship of Owner & Driver  DRIVER'S Address  DRIVER'S Contact No./ Alt No.  DRIVER'S Occupation  Email Address  Weather & Road Surface  Reporting Type  Number of Passengers (Including D.  Was there any video Captured by ca  Exact purpose for which vehicle was  Other F  Vehicle Reg. No:  GBE 426  Vehicle Make Model:  Name Driver:  IC No. Driver:

. . .



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

with whom you submitted the Original Report.

## **ADDENDUM**

Original Report No	MNA120024413	Vehicle Registration No: SLA7019D
		NRIC/FIN/Passport No: SXXXX152C
	hicle Owner) (*) Please delete as a	
Address		Singapore(
Contact (Tel)		Mobile No. : 90064606
Email Address		
Date of Accident	22/02/2020	Time of Accident : 18:25
Place of Accident	CITY PLAZA DROP-OFF POI	NT
Insurance Company:	NTUC Income Insurance Co-c	operative Ltd
	MATION / AMENDMENTS:	
		t and would like to include additional information or
make the following a	mendments:	
Amond third party	vehicle registration number	
Amena tima party	vernole registration number	
		- Aa
Policyholder / Driver	's Signature	Reporting Centre Personnel's Signature
Policyholder / Driver'	's Signature	Reporting Centre Personnel's Signature Name:
Market 1 - The	's Signature	

Hello, NAC_PAYA_UBI_800	601						• Change	e Language	Chan	ge Password	+ Log Ou
My Desktop	Poli	cy Query									353
Notice of Loss	Policy N	Vo.				Date o	of Accident	[	2/02/2020 1	18:25	
	Vehicle	No.(For Motor)	SLA701	19D		Certifi	cate Number				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108447306		MOHAMED NAZIR BIN HAJI JAMALUDIN	S1251152C	GPC	drivo CLASSIC	SLA70190	SLA7019D	27/03/2019	26/03/2020

Policy No.	5108447306	Policyholder Name	MOHAMED	NAZIR BIN HAJI JAM	Policyholder NRIC	S1251152C	
Certificate No.							
Address	BLK 307B #02-50 ANCHORVAL	E ROAD ANCHO	RVALE PLA	CE SINGAPORE 54230	7		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	27/03/2019	Effective Date	27/03/2019	9 00:00	Expiry Date	26/03/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policyh	older Mailing Address						
Address 1	BLK 307B #02-50	Addres	ss 2	ANCHORVALE ROAD		Address 3	ANCHORVALE PLACE
Address 4	SINGAPORE 542307	Addres	s Type	Singapore address		Post Code	542307
Unit No.	02-50	Relate Numbe	d Policy er	5108447306			
<b>▶</b> Insured	Object: SLA7019D	1,000,000					
<b>▽</b> Endors	ements						

Continue Cancel



