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OD / TP / Reporting Only	i-Motor W/O (V		7P 4hrs)		
OD : IF , reporting only	i-Photo Upload				
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TP Insurer:	Ass't Report by I	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: LR	98 L	. INC()/Non-INC().		
Owner / Driver: (Tel:		
Policy No: () Pe	riod: ()	Cover Type: (
Confirmed by : (Date:	Time:	100%]	
The state of the s	Market and the second s	1000-100-100-100-100-100-1	0%; P: 21-79%. P: 80	-10070]	
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General Remarks:-			The NO series of repairs	\$3550M 1817 1 18	4 -0 4
() Walk-In Customer: Customers info	ormation strictly Confi	idential & S	Inctly NO rater of repaire		
() Total Loss Case : to e-mail Insur			Service Co. ()
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO)();	Towing Co: (STATE TO A STATE AT TWO	
Remarks: (INC horline: 6788 6616)			Date&Time Completed	Done	by
			11.0		
1) Apply for Transport Allowance ()/(Courtesy Car ()	11-			
2) QC Check / Post Repair Inspection	()		*		
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2) QC Check / Post Repair Inspection	()				
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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.
- 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.

foresaid.	900 PRESIDENT AND SET
and the second second second second second	ACCIDENT STATEMENT
Date Of Report	05/03/2020 13:44
Date Of Accident	04/03/2020 16:30
Exact Location Of Accident	PAYA LEBAR RD TWDS SIMS AVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMR1362A
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD HELMI BIN MAZLAN
NRIC No	SXXXX798E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87521357
Alternative Phone No	OFFICE-87521357
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT HYBRID 1.5 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	REPORTING ONLY
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	5114972203
Cover Note Number	
Driver	
Name of Driver	MOHAMAD HELMI BIN MAZLAN

SXXXX798E NRIC No 29/11/1997 Date Of Birth OUTDOOR Occupation 05/12/2019 Date Of Driving Pass

0 YEAR AND 2 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-87521357 Mobile Number

Fax Number

OFFICE-87521357 Contact Number

NOEMAIL **EMail Address**

Address

BLK 121 YISHUN STREET 11

#03-435

Postcode

760121

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OWNER

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)

NO

soliciting/offering accident claims assistance.

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SGR1178L

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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:

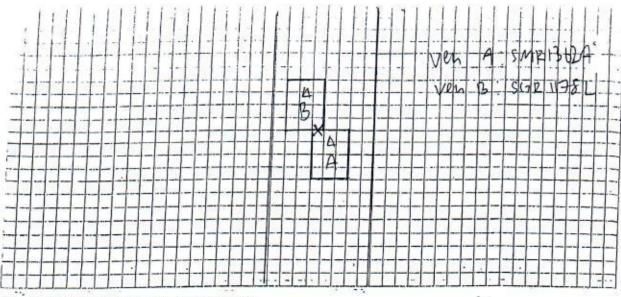
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WO	ac driving	my car	. and de	112 1362A)	on Paga	Lebon Rd
Filterin	ig to	Sims Au	e. I 500	J a car	· (Ven 13:	SGR 1178 L)
for o	t of mi	- inching	from Sims	Ave and	Gollowed. I did not	was checkin
Ven 1	3 had	Stopped.	I swewed	right to	avoid the	accident
but	Was no	1 able .	to stop.	is time	and Collidea	conto
Veh	15 s r	car right	bymper.		112.00	
					and the same of th	WE ====
				Night Control		-
- ISSUE						

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	: 04 03 2020 Accident Time: 16 30 (24-HR-Format)
	Accident Place	: Paya Lebar Rd Filtering to Sims Are
	Vehicle Reg. No. (Car Plate No.)	:_ SMR 1362A
	Vehicle Make/Model	: Honda Fit Hybrid
	bisurance Company	: NTMC Policy No. 5114972203
	Owner or Company Name /IC No.	: Mohamad Helmi Bin Mazlan 59744798E
	Owner or Company Contact No.	: 87521357 Owner's Hp Company Tel
	DRIVER'S Name / IC No.	1
	DRIVER'S Date Of Birth	: 29/11/1994 DRIVER'S License Pass Date 05/12/2019
	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
	DRIVER'S Address	: BLK 121 Yishun St 11 # 03-435 5 (760121)
	DRIVER'S Contact No./ Alt No.	:1)2)
	DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
	Email Address	: HELMI 760121@GMAZL. QU
*3	Weather & Road Surface	: CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
	Reporting Type	Reporting Only \ Olaim Other Party \ Claim Own Insurance
	Number of Passengers (Including D	priver): 01 - no injury
	Was there any video Captured by ca Exact purpose for which vehicle wa	r camera: YES \ NO s being used at the time of accident: Private use) Work purpose
	Other I	Party Driver's Particular (if anv)
	Vehicle Reg. No: SGR 1178	Vehicle Reg. No:
	Vehicle Make\Model:	Vehicle Make\Model:
	Name Driver:	
	IC No. Driver:	IC No. Driver:
	Driver's Contact & Add:	Driver's Contact & Add:

. . .



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5114972203

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: GP53416463

2. Name of Policyholder

: MOHAMAD HELMI BIN MAZLAN

3. Effective Date of Insurance

: 20 Dec 2019

4. Expiry Date of Insurance

: 19 Dec 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

- (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
 Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : MOHAMAD HELMI BIN MAZLAN

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : JCWC CREDIT (5) PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: PEOPLES INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue

: 20 Dec 2019 09:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

VV C

Authorised Officer

Chief Executive

Countersigned By:

eBaoTech	601	1000000	100000				• Chang	e Language	Chang	ge Password	· Log Ou
My Desktop		cy Query									,
Notice of Loss	Policy N					Date	of Accident	į.	04/03/2020 1	6:30	
	Vehicle	No.(For Motor)	SMR13	52A		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114972203		MOHAMAD HELMI BIN MAZLAN	S9744798E	GPC	drivo CLASSIC	SMR1362A	SMR1362A	20/12/2019	19/12/2020

olicy No.	5114972203	Policyholder Name	MOHAMAD H	HELMI BIN MAZLAN	Policyholder NRIC	S9744798E	
ertificate lo.							
ddress	NIL						
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	20/12/2019	Effective Date	20/12/2019	00:00	Expiry Date	19/12/2020	23:59
xcess ype	Per Accident	All Claims Excess					
hird Party xcess	0	Own damage Excess	600		Windscreen Excess	100	
dditional xcess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent	PEOPLES INSURANCE AGEN	NCY F Agent Tel.	62630555		GST Flag	Y	
Vann.							
Policy Info Certificate Info	nolder Mailing Address						
Policy Info Certificate nfo Policyh	nolder Mailing Address	Addr	ess 2			Address 3	
Policy Info Certificate Info Policyh Address 1		872.77	ess 2 ess Type	Singapore address		Address 3 Post Code	999999
Policy Info Certificate Info Policyh Address 1 Address 4		Addr	ess Type ted Policy	Singapore address			999999
Policy Info Certificate info Policyh Address 1 Address 4 Unit No.		Addr Rela	ess Type ted Policy	and a second second			999999
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	NIL ed Object: SMR1362A	Addr Rela	ess Type ted Policy	and a second second			999999
Address 1 Address 4 Unit No. Insure	NIL ed Object: SMR1362A sements	Addr Rela Num	ess Type ted Policy	5114972203	Endorsemen	Post Code	999999 Endorsement Content Thank you for giving us the

ident MT/1087000					
icy No.	5114972203	Vehicle No.	SMR1362A	GST Registration No.	
rtificate No.					
licyholder Name	MOHAMAD HELMI BIN MAZLAN			Policyholder NRIC	59744798E
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	87521357	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	8: 🗸
K	® No ○ Yes	TCA	No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
	05/03/2020 17:52	Academt Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
port Date		Time of Accident hhomm	16:30	Country of Accident	Singapore
re of Accident	04/03/2020		20.20	ICH No.	
porting Centre		Orange Force		act no.	
xident Location	PAYA LEBAR RD TWDS SIMS AVE				
P Total Excess Applicable		The same of the sa	100.00		
cess Type	Per Accident	Windscreen Excess	100.00		
	600.00	TP Standard Excess	0.00		
Standard Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
ED OD Excess		The state of the s	500		
ditional Excess	0	Total TP Excess Applicable	0.00		
tal OD Excess Applicable	600.00	Total IF CALESS ASSISTABLE	0.00		
P Benefits	20				
GST Registered Informa			GST Registration Date		
T Registered	No		GST Status Verified	Yes	
T Registration No.					
dification History					
Policyholder Malling Ad	dress				
		Address 2		Address 3	
ddress 1	NIL		Singapore address	Post Code	999999
ddress 4		Address Type	A STATE OF THE STA	rue some	
në No.		Related Policy Number	5114972203		
OI Driver Info			Main Donas		
river Name	MOHAMAD HELMI BIN MAZLAN	Driver Type	Main Driver 59744798E	Oriver DOS	29/11/1997
nnamed driver Name	120000000	Driver NRIC		Oriving Experience	0
egister Date of Driver License		Driver Age	22	Contact No.(Home)	0
ontact No.(Mobile)	87521357	Contact No.(Office)	0		CHONG PANG VIEW
ddress 1	BLK 121	Address 2	YISHUN STREET 11	Address 3	
doress 4	SINGAPORE 760121	Address Type	Singapore address	Post Code	760121
Init No.	03-435				
oes he own a Singapore legistered car?	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
charge on real.					
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	○ Yes No		
sading?					
2020 0 ED STORES.					
lodification History					
Claim 001 New					
				forward body	S9744796E
laim Type *	OD-MX	Insured Name	MOHAMAD HELMI BIN MAZLAN	Insured NRIC	39/44/906
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No. (Office)	COD4425
mell Address		Of Vehicle Number	SMR1362A	TP Vehicle Number	SGR1178L
laimant Type Claimant Type	Please Select	Type of Benefit *	Please Select		
laimant Name *	>>	Claiment NRIC *			
Salmant Address		House Plants			
Taim Description	SMR1362A / SGR117BL ON 4 Mar 2020		and the same of th	Name of Preferred Worksho	
referred Workshop Contact		Insured Liability *	Fully at Fault		
Va.	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
lequire Finalisation	05/03/2020 13:53	Claim Close Date		Date Received	05/03/2020 00:00
ate Registered			A TOTAL TOTA		
leport Taken By	Jackson				
Print AK letter					
			Seve Submit		
Attachment			West Street		
and the same of th					
9					
Accident No.	MT/1087000	Claim No.	001		
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