Date In: 287/20-15:24	Jeb description		Date &Time Completed	Done	by.
Res No: HallHerson 4619/24	SAS e-filing				
Veh No: DHINK	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: M/2-15:55	i-Motor Clai	m Form	M7/10899/2-001	21/2/20	17:41
OD : The Reporting Only	i-Motor W/C	(Within: OD 2hrs	TP 4hrs)		
OD : Reporting Only	i-Photo Uplo	aded			
TP Insurer:	Assessment/St	irvey Report			
II mater.	Ass't Report b	y Fax / Hand to	Owner/Wksp	7211-2311-4	
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:	
TP Particulars: Veh No: Sky	DS90VM	. INC()/Non-INC()	73	
Owner / Driver: (5	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
			%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	20% Thousand thornway	00000000000 CA9AA	Lamanda Ada Taran Sana	energy a regiment	
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() Walk-In Customer: Customer's in		nfidential & Str	ctly NO refer of repairer.		
() Total Loss Case : to e-mail Inst		,			
Drive-In ()/ Towed-In (); Invo	ice: YES()/N	10 (); To	wing Co: ()
Apply for Transport Allowance (). QC Check / Post Repair Inspection	/ Courtesy Car ()		<u> </u>	
	())			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	())		Septimon N	***C********
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	()	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addilion OD*	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$ FOUGH SURVEY FOUGH SURVEY (RESURVEY) SINST JNC Only (wef 10 Jan 200 ION SMRT SURVEY Tal Services:-	Anit (\$) fit Bill 80) 0/\$45 \$120 \$30 \$75 \$160	Ami (S)
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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.
- 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.

Control of the Contro	
国际的国际区域的企业的国际	ACCIDENT STATEMENT
Date Of Report	28/03/2020 15:24
Date Of Accident	27/03/2020 15:55
Exact Location Of Accident	PIE (CHANGI) BEFORE THOMSON RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN5181K
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD ALAM SHAH BIN MOHD ISMAIL
NRIC No	SXXXX171F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91478535
Alternative Phone No	OFFICE-91478535
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097324247-02
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD ALAM SHAH BIN MOHD ISMAIL
NRIC No	SXXXX171F
Date Of Birth	25/08/1982
Occupation	INDOOR
Date Of Driving Pass	20/05/2002
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE

(LOCAL) +65-91478535

OFFICE-91478535

NOEMAIL

Address BLK 440B FERNVALE LINK

#14-167

Postcode 792440

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

117

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

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

4

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: KAMALLUDIN RABA

GENDER: : MALE

Passenger 2

NAME:

: MUHAMMED AFIQ

GENDER:

: MALE

Passenger 3

NAME:

: MARTIANA

GENDER:

: FEMALE

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKD5902M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver PRIVATE CAR

Page 2 of 11

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMF4919M

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)

DETAILS OF INJURED PERSON 1

Name MOHAMMAD ALAM SHAH BIN MOHD ISMAIL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJN5181K

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name KAMALLUDIN RABA

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJN5181K

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name MUHAMMED AFIQ

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJN5181K

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name

MARTIANA

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJN5181K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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.
- 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:

8

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN

DESCRIBE CI

On above date & time, I was driving my relide A (SIN5181K)
traveling along PIE touchs Changi on first lane of a 5-lanes, expressivay.
Somewhere before Thomson Road exit, vehicle ahead slowed down and
Stopped due to the heavy traffic flow. As such, I applied brake and
stopped completely behind vehicle ahead. Out of sudden, vehicle B
(SKD 59102m) came from rear and collided directly onto the rear
portion of my vehicle. After accident, I alighted and realised I was
involved in a 3 car chain accident. Vehicle ((smf 4aiam)

DECLARATION

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

2

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

/ehicle No.	SIN51811 Model/Make Nissan Latto
Date of Accident	27 3 2020
ime of Accident	1555 HRS
ocation of Accident	Along PIE touchs Changi before Thomson Road exit
xact purpose use during accid	
Name of Owner	Mahanmad Alam Shah Bin Mohal Ismail.
Telephone No.	H/P: 9147 8535 Home: Office:
NRIC	S 8227171F
Address	BLK 440B Ferruale Link #14-1673 (792440)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5697324247-02
Name of Driver	As Above If No,
NRIC	Any Passengers : 3
Date of birth	25/8/1982 2(m)/(F)
Occupation	Outdoor / Indoor
Driving License Pass Date	20/5/2002
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Mohammad Alam Shah Bin Mehol Ismarl 91478535
Name And Contact No.	Kamalludin Raba 8126 7182 / Martiana 9880 0987 Murammed Afig
Police Report	No. If Yes, Where? 10 97350527
Vehicle B No.	SKD 5902 M Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	SMF 4919 M Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear portion
Camera Recorder	Yes / No
Email Address	adikzs-shah 82 Chotmail, com
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN.
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	sales @ n51. com. sg



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: 5097324247-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJN5181K

Chassis Number

: JN1BAAC11Z0021074

2. Name of Policyholder

: MOHAMMAD ALAM SHAH BIN MOHD ISMAIL

3. Effective Date of Insurance

: 19 Feb 2020

4. Expiry Date of Insurance

: 18 Feb 2021

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 : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : MOHAMMAD ALAM SHAH BIN MOHD ISMAIL

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

HIRE PURCHASE COMPANY : DICKSON CAPITAL 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)

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 12 Feb 2020 07:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech				The second		++-	SEP TEN	Genera	alClaim		
Hello, NAC_PAYA_UBI_	800601						Change	Language	+ Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	ło.				Date o	of Accident	2	7/03/2020 1	5:55	(
	Vehicle	No.(For Motor)	S)N518	1K		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097324247- 02		MOHAMMAD ALAM SHAH BIN MOHD ISMAIL	58227171F	GPC	drivo CLASSIC	SJN5181K	SJN5181K	19/02/2020	18/02/2021

Sequen	ce Date of Endorsemen	. or	ndorsement	Tune	Endorsement	Status	Endorsement Content
Tendors	ements						
▶ Insured	Object: SJN5181K						
Unit No.	14-167	Relate Numbe	d Policy er	5097324247-02			
Address 4	SINGAPORE 792440	Addres	s Type	Singapore address		Post Code	792440
Address 1	BLK 440B #14-167	Addres	is 2	FERNVALE LINK		Address 3	FERNVALE GARDENS
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Outside		Outside					
Additional Excess	0	OS Premium	0				
Excess	0	damage Excess	600		Windscreen Excess	100	
Type Third Party		Own			Windows		
Excess	Per Accident	All Claims					
Policy Issue Date	12/02/2020	Effective Date	19/02/2020	0 00:00	Expiry Date	18/02/2021 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 440B #14-167 FERNVALE L	INK FERNVALE	GARDENS	SINGAPORE 792440			
Certificate No.							
Policy No.	5097324247-02	Policyholder Name	МОНАММА	D ALAM SHAH BIN M	Policyholder NRIC	S8227171F	

Continue Cancel

Claim Handling									
Accident MT/1089912									
Policy No.	5097324247-02	Vehicle No.	SIN	V5181K		GST Registration N	io.		
Certificate No.									
Policyholder Name	MOHAMMAD ALAM SHAH BIN MOHD ISMAIL					Policyholder NRIC		5822	7171F
Product Code	PRIVATE CAR INSURANCE	Cover Type	driv	VO CLAS	SIC	Loading		0	
Contact No.(Mobile)	91478535	Contact No.(Office)	0			Contact No. (Home	9	0	
Email Address		Special Remark				eCode		tik 🗸	5
KFK	® No ○ Yes	TCA	•	No OY	es	eCode Reason			
NCO Protection	Yes	NCD Entitlement(%)	50			Private Hire		No	
→ Accident Details									
Report Date	28/03/2020 15:40	Accident Report Within 24 h	rs Yes			Accident Type		Chain	Collision
Date of Accident	27/03/2020	Time of Accident his mm	15	55		Country of Acciden	at .	Singa	pare
Reporting Centre		Orange Force				3CM No.			
Accident Location	PIE (CHANGI) BEFORE THOMSON RD EXIT								
♥ Total Excess Applicable	î.								
Excess Type	Per Accident	Windscreen Excess			100.00				
1001000	20.00	02/2009 BE							
00 Standard Excess	600.00	TP Standard Excess			0.00	20110102510002		2000	30
YIED OD Excess	0.00	VIED TP Excess			0.00	Driver is Covered?		Coven	ed
Additional Excess	0								
Total OD Excess Applicable	600.00	Total TP Excess Applicable			0.00				
9 Benefits	Meas								
ST Registered Information (GST Registered				re-	Registration Date				
GST Registered GST Registration No.	No.				Kegistration Date Status Verified	Yes			
Modification History									
▽ Policyholder Hailing Ad	dress								
Address 1	BUX 440B #14-167	Address 2	FEE	UNVALE	LINK	Address 3		PERN	VALE GARDENS
Address 4	SINGAPORE 792440	Address Type	sing	gapore	address	Post Code		7924	40
unit No.	14-167	Related Policy Number	509	973242	17-02				
♥ OI Driver Info									
Driver Name	MOHAMMAD ALAM SHAH BIN MOHD ISMAIL	Driver Type	Max	n Drive					
Unnamed driver Name		Driver NRIC	582	227171		Driver DOS		25/00	1/1982
Register Date of Driver License	20/05/2002	Driver Age	37			Driving Experience	1	17	
Contact No.(Mobile)	91478535	Contact No.(Office)	0			Contact No.(Home	3.76	0	
Address 1	BLK 440B	Address 2	FER	INVALE	LINK	Address 3			VALE GARDENS
Address 4	SINGAPORE 792440	Address Type	Sing	gapore	address	Post Code		79244	40
Unit No.	14-167								
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.				Driver Insurer Con	rpany		
Declaration									
Breathalyser or Blood Test Reading?	0 mg	Any injury?	•	Yes 🔾	No				
Modification History									
N 100 K									
Claim 001 New									
Claim Type *	OD-MX	Insured Name	MO	намма	D ALAM SHAH BIN M	Insured NRIC		5822	7171F
Contact No.(Mobile)	91478535	Contact No.(Home)	544	44750	United the second	Contact No. (Office	>		
Email Address	No. of the last of	OI Vehicle Number	53N	5181K	LH-PH-THE	TP Vehicle Number	,	SKD5	902M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Pie	ase Sei	ect 🔻				
Claimant Name *	>>	Claimant NRIC *							
Claiment Address									
Claim Description	SINS181K / SKD5902M OW 27 Mar 2020					Name of Preferred	Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not	t at Fau	it 🔻				
Require Finalisation	Yes	Preferered Repair Option	Pre	ferred	Workshop, Name unknown	GIA report		Recei	ved V
Date Registered	28/03/2020 15:41	Claim Close Date				Date Received		28/03	1/2020 00:00
Report Taken By	Jackson.								
Print AK letter									
ANT 362 6361 506 506 10			Angenia	SER PROPERTY.	200				
F			Save	5ut	mt				
Attachment									
9									
	WY/1000012	Claim No.			001				
Accident No.	MT/1089912								
Last Doc. Received	® Yes ○ No	Upload Date			26/03/2020 15:42	Vettosoon			200000000
	Path *		1	-	Category *	Confidential	Urgen		Description *
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