NATIONAL Assessment Cent	re Services	wel Jan'05 M	NAMO 077677		
Date In: 213/2 - 17:45	Jeb description	e desirente de la constante	Date & Time Completed	Done	by .
Res No: Majluczouyszypy	SAS e-filing				10000 110000
Veh No: Ska 1377 P	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 43/20-11:5	i-Motor Clair	n Form	100 DOPPECI (CM.	whops	カント
	i-Motor W/O	(Within: OD 2hr	s, TP 4brs)		
OD / TP / Reporting Only	i-Photo Uplos	aded			9100/1095 1340 El
m.	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	Fax/Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: PC	71497	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	- 1/1/
Insured/Driver Liability: (%)	[Note-Est. Status (W	70): N: 0-2	0%; P: 21-79%. P: 80-	100%]	-
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,	,000 ()/\$2,000	()			
General Remarks:-			ACTIVATED SEEDING	13.00 S	
() Walk-In Customer : Customer's infe	The state of the s				
() Total Loss Case : to e-mail Insur			N		
	ce: YES()/N	O();T	'owing Co: ()
				Done	Shir
Remarks:- (INC hotline: 6788 6616)	100 to 10		Date & Time Completed	Section Strong	y is
1) Apply for Transport Allowance ()/	Courtesy Car ()		,	
2) QC Check / Post Repair Inspection	()		· · · · · · · · · · · · · · · · · · ·		
3) Upload Resurvey Photo [Repair Cost > \$	(3000)	+			
Injury:					
Date/Time / Actions			s por certain telepin		erris en en en e
- True House	MACCON TO THE RESERVE OF THE PERSON OF THE P			98.800 <u>0425 (24.25.5.2</u>	
					41-27-27/20
- 33				Anit (S)	Amt (1)
MANDUSTA		Invoice Pre	paration Checklist	fuBill	Add Bill
laimant's Particulars :-		1) AR : Accident	t Reporting (\$30); Assessment (\$100); INC (580)	
river/Owner:		3) TF : Towing I	ice . S	40/\$45	
		4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$30	
ontact No:		For claiming a	gainst INC Only (wef 10 Jan 201	25) \$75	
amaged Portion:		6) TR : Re-inspe 7) N1 : Idac DA	The same of the sa	\$160	
	3	8) NTUC Additi			
C Checked by (Engr-In-Charge):	34	*N5: Courles	Car / Tpt Allowance	\$5	
	No para news	*N6: Repair C	Co-ordination	510	
uditors' Comments :-			nair Inspection	\$25 \$5	
. 1:	Merit a minas nasitu kalibusi.		(N:n INC) against INC	\$20	٠.
		9) N12: Idno Mo		30	artin Ja
1.2/3:		Invoice dated Invoice dated	Fee Charge	MANAGEMENT OF THE PARTY.	

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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	28/03/2020 17:40
Date Of Accident	20/03/2020 21:15
Exact Location Of Accident	CHANGI COMPLEX ESSO
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ3337P
Insured/Policyholder	
Name Of Registered Owner	1AA
Co Reg No	5XXXX138K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98888885
Alternative Phone No	OFFICE-98888885
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 200 KOMPRESSOR
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112211707
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD FARIS BIN SADUN
NRIC No	SXXXX357D

 NRIC No
 SXXXX3570

 Date Of Birth
 24/02/1985

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/11/2007

Driving Experience 12 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90921540

Fax Number

Contact Number OFFICE-90921540

EMail Address NOEMAIL

Address

BLK 526D PASIR RIS STREET 51

#03-545

Postcode

514526

OTHER - HIRER

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

Was any other material or property damaged?

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

YES 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

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?

PC7147J

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category

BUS

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.
- 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 withholding 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. 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.
- 7. 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:
 - (i) 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.
- 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 .:

paired Street, Plant may No

venicle A: SKQ3337P Vehicle B. PC71477 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT and date on the stated time parked at Esso to Fairprice to My vehicle was While 1 40 while some things as my wife wait inside the car. purchase I was inside fairprice 1 heard bana and many a loud outside WHICH shouting quickly went outside to see people what's going on. that venrele B number realist bearing Carplote colleded and vehrcle. PC 7147] had reversed 09 my DECLARATION We declar the loregoing particulars are true in every respect. Policyholdel Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: Date & Time: Date & Time: NRIC/FIN No .:

What shoughbound us

Date of Accident	20 03 2020Accident Time: 21 15 HVS (24-IR-Format)
Accident Place	: Changi complex \$550
Vehicle Reg. No. (Car Plate No.)	Sk03337P
Vehicle Make/Model	: mercedes c200
Issurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	:_ 1AA
Owner or Company Contact No.	. 9818 9887 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: mohammad farts Bin sadun
DRIVER'S Date Of Birth	: 24 02 1985 DRIVER'S License Pass Date 12 Nov 2007
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Pental rep
DRIVER'S Address	: BIK 5260 PASIV RIS St 51 #03-545 8514528
DRIVER'S Contact No./ Alt No.	:1) 90921540 2)
DRIVER'S Occupation	: INDOOR \ OUPDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): 01 - Female passenger
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: PC = 1477	Vehicle Reg. No:
Vehicle Make Wodel: Toyota htt	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

Hello, NAC_PAYA_UBI_80060	1						· Change	Language	· Chang	ge Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy No.			5112211707			Date of Accident		20/03/2020 21:15		
	Vehicle No.(For Motor)		SKQ333	SKQ3337P		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112211707	5112211707-	1AA	53387138K	GFM	drivo CLASSIC	SKQ3337P	SKQ3337P	21/11/2019	10/09/2020

Policy No.	5112211707	Policyholder Name	1AA		Policyholder NRIC	53387138K		
Certificate No.	5112211707-000011							
Address	53 UBI AVENUE 1 #01-33 PAYA	UBI INDUSTR	IAL PARK S	NGAPORE 408934				
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	27/08/2019	Effective Date	11/09/2019 00:00		Expiry Date	10/09/2020 23:59		
Excess Type	Per Accident	All Claims Excess						
Third Party 1500 Excess		Own damage Excess	2000		Windscreen Excess	100		
Additional Excess		OS Premium	7408.43					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess	
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988		GST Flag	Y		
Co- insurance Flag	No							
insurance	No				532,005.			
insurance Flag Open	No							
insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address							
insurance Flag Open Policy Info Certificate Info		Addres	ss 2	#01-33 PAYA UBI I	NDUSTRIAL 1	Address 3	SINGAPORE 408934	
insurance Flag Open Policy Info Certificate Info Policyh	older Mailing Address	5507.03.0	ss 2 ss Type	#01-33 PAYA UBI I Singapore address		Address 3 Post Code	SINGAPORE 408934 408934	
insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	Addres	ss Type d Policy			\$589555000		
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 53 UBI AVENUE 1	Addres Relate Numbe	ss Type d Policy	Singapore address		\$589555000		
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 53 UB1 AVENUE 1 01-33 d Object: 5112211707-000011	Addres Relate Numbe	ss Type d Policy	Singapore address		\$589555000		
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured	older Mailing Address 53 UBI AVENUE 1 01-33 d Object: 5112211707-000011	Addres Relate Numbe	ss Type d Policy er	Singapore address		\$589555000		
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endors Sequen	older Mailing Address 53 UBI AVENUE 1 01-33 d Object: 5112211707-000011	Addres Relate Numbe	ss Type d Policy er	Singapore address 5114681403		Post Code	408934	

Claim Handling					
ccident MT/1089925					
icy No.	5112211707	Vehicle No.	SKQ3337P	GST Registration No.	
tricate No.	5112211707-000011				
icyholder Name	144			Policyholder NRIC	53387138K
sduct Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)	96888885	Contact No.(Office)	0	Contact No.(Home)	0
nell Address		Special Remark		eCode	No.
ĸ	® No ○ Yes	TCA.	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details		Avenousy entraction			
port Date	28/03/2020 17:51	Acodent Report Within 24 hrs.	Yes	Academ Type	Damaged whitst parked
ste of Accident	20/03/2020	Time of Accident hin:mm	21:15	Country of Accident	
	20/03/2020		21.15		Singapore
porting Centre		Orange Force		ICM No.	
cident Location	CHANGI COMPLEX ESSO				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00	9000 0m26 0m32	
ED OD Excess	0.00	VIEO TP Excess		Driver is Covered?	
ditional Excess					
tal OD Excess Applicable	2000.00	Total TP Excess Applicable			
7 Benefits					
GST Registered Informa					
T Registered	No		GST Registration Date	Spine	
T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad		100011121		000,000,20	Strain Colombia
dress 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Sdress 4		Address Type	Singapore address	Post Code	408934
it No.	01-33	Related Policy Number	5114681403		
OI Driver Info					
tver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MOHAMMAD FARIS BIN SADUN	Driver NRIC	\$XXXX357D	Driver DDB	24/02/1985
gister Date of Driver License	12/11/2007	Driver Age	35	Driving Experience	12
ntact No.(Mobile)	90921540	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 5250	Address 2	PASIR RIS STREET 51	Address 3	COSTA RIS
idress 4	SINGAPORE 514526	Address Type	Singapore address	Post Code	514526
nit No.	03-545				
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?		Caronic Constitution (
claration					
eathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
rading?	5.77	Sea sage to	00		
odification History					
Claim 001 New					
sm Type *	OD-MX	Insured Name	taa	Insured NRIC	\$3387138<
ntact No.(Mobile)	98888885	Contact No.(Home)		Contact No.(DMice)	+
nali Address		Of Vehicle Number	5KQ3337P	TP Vehicle Number	PC7147)
smant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
smant Type Claimant Type*	Preste Select 22	Claimant NRIC *			
ement Address	122				
am Description	SKQ3337P / PC71473 ON 20 Mar 2020			Name of Preferred Workshop	
em Description Eferred Workshop Contact	anderson & Leaven's our to wat total	SPEED CONTRACTOR	EUG-SEG SEG SEG SEG SEG SEG SEG SEG SEG SEG	a risie lea maissiap	3
eterned workshop contact L		Insured Liability *	Not at Fault	2/30/05/05	
quire Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	28/03/2020 17:53	Claim Close Date		Date Received	28/03/2020 00:00
port Taken By	3ackson				
Print AK letter					
Contract and the Contract of t					
			Seve Submit		
Attachment					
•					
cident No.	MT/1089925	Claim No.	001		
st Doc. Received	● Yes ○ No	Upload Date	28/03/2020 17:53		
	Path *		Category *	Confidential Urgen	cy * Descriptio
	Patri 7	Browse		□ NO □ Normal	Cy · Descripco
		The state of the s			100000
		Browse		▼ Normal	
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		Browse	Cear Please Select	V Normal	V
		Browse		V No V Normal	_
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