THE PARTY CONTRACTOR OF THE PA	Jeb description	Marie Calling	Date & Time Completed	Done by	
Date In 17 10 - 19:45				5000	
Ref No: Hallychoo 7040/14	SAS e-filing				
Veh No: 1/cc3507	E-mail (within Shi	rs, AIC 2hrs)		100	7
D.O.A: 6/2/00-17:35	Form	100-4823 Ballung	מופור מופור	10	
	i-Motor W/O (	Within: OD 2hrs	TP 4hrs)		
OD TA ! Reporting Only	i-Photo Upload	led	-	1	_
	Assessment/Sur	vey Report	<u> </u>		
TP Insurer:	Ass't Report by	Fax / Hand t	Owner/Wksp	<u></u>	
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	alesa d
TP Particulars: Veh No: 4BD	IND.	. INC(	)/Non-INC( ).		
Owner / Driver: (			Tel:		
Policy No: ( ) Perio	od: (	)	Cover Type: (		
Configured by 1 (		Date:	Time:	1000/1	Approximation of
Insured/Driver Liability: ( %) [No	ote-Est. Status (W	TO STATE OF THE ST	0%; P: 21-79%. P: 80	-100%]	
I car of reognitude over (	arranty: YES (	)/NO(	)		S. S. SHIPL
Excess: (\$ ) Loading: \$1,000	0 ( )/\$2,000 (	William Color	A. Samuel and A. S.	সমস্কৃতিপুর বিশ্ব	
General Remarks:-				\$36.00 Bit 100	-//-
( ) Walk-In Customer : Customer's inform		fidential & St	rictly NO refer of repaire	r.	
( ) Total Loss Case : to e-mail Insurer	URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / N	0();1	owing Co: (		
Remarks;- (INC hotline: 6788 6616)			Date& Time Completed	Done	ý ·
0000 X-900400 13 200000 2000 Y 20 20 1	ourtesy Car ( )	)	*		
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost > \$30		7			
The second secon	000] ( )	THE PARTY OF			-
	000] ( )				
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Injury:  Date/Time Actions	300)	100 No. 2 Contract (1980 No. 2)	paration Checklist		Am (5
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Injury:  Date/Time Actions  Actions  Injury:  In	300)	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow-	at Reporting (\$30); c Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey)	Amt (5).  fst Bill  C (580)  540/545  5120  \$30	
Injury:  Date/Time Actions  Actions  Injury:  Injury:  Actions  Actions  Injury:  Injury:  Actions  Actions	3	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow	at Reporting (\$30); c Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan.	Amt (5).  fst Bill  C (580)  540/545  5120  \$30	
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Injury:  DateTime Actions	000]	1) AR: Accide 2) DA: Darnag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D. 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	At Reporting (\$30);  c Assessment (\$100); INC  Fee  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan  ection  4 + SMRT Survey  tional Services:-  sy Car / Tpt Allowance  Co-ordination  epair Inspection  collect Excess Coordination  IP (Non INC) against INC	(\$30) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$55 \$510 \$25 \$55 \$20 \$30	

Frynsk 197

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

**EMail Address** 

Gender

- 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
- 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

	ACCIDENT STATEMENT
Date Of Report	07/07/2020 10:45
Date Of Accident	06/07/2020 17:35
exact Location Of Accident	ORCHARD LINK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC350T
Insured/Policyholder	
Name Of Registered Owner	SHARING WELL PTE LTD
Co Reg No	2XXXXX903C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE 2.5X 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	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	5106551263-01
Cover Note Number	
Driver	
Name of Driver	MUSA BIN MOHAMED MOSADDEQ
NRIC No	SXXXX761D
Date Of Birth	20/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2010
Driving Experience	10 YEARS AND 1 MONTH

MALE

NOEMAIL

(LOCAL) +65-82642268

OFFICE-82642268

BLK 11 HAIG ROAD Address

#12-377

430011 Postcode

Was driver an employee of the Insured's Company YES

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

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

3

Number of Passengers (Including Driver)

NAME:

GENDER: : MALE

Passenger 2

Passenger 1

NAME:

. -

: FEMALE GENDER:

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )

ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-3910000 - FAX NO: 63964900 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Name

Circumstances of Accident

REFER TO POLICE REPORT - E/20200706/7029.

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

GBD1114D Vehicle Registration Number

Vehicle Make/Model/Colour

HIACE

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

SOH PHILIP Name of Driver

Page 2 of 20

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

MUSA BIN MOHAMED MOSADDEQ

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKC350T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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:

WEL

2016179030

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Classof SteteoPhotone el

Date & Time:

NRIC/FIN No .:

Date of Accident	66 0+20 Accident Time: 1739 (24-HR-Format)
Accident Place	Orchard Link
Vehicle, No. (Car Plate No.)	SK(350] Make/Model: [0
Insurace Company	NTU C Policy No:
Owner or Company Name /IC No.	
Owner or Company Contact No.	Owner's HpCompany Tel
DRIVER'S Name / IC No.	MUSA BIN MOHAMED MOSADDER
DRIVER'S Date Of Birth	20/02/1984 DRIVER'S License Pass Date 40/06/10
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	BIKII HAIGI Road
DRIVER'S Contact No./ Alt No.	1+6582642268 2)
DRIVER 'S Occupation	: INDOOR \ OUTDOOR (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 I	Driver): 3 Boy airl Imale, Hemale
Was there any video Captured by o Exact purpose for which vehicle w Any Injury (If YES, Pls state):	as, being used at the time of accident; Private use \ Work purpoke
Other	Party Driver's Particular (if any)
Vehicle, No: 6BD11	Vehicle, No:
Vehicle Make Model: FO HI	ACE Vehicle Make\Model:
Name Driver: SOH PHIL	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

\* NEW - Passenger's name & gender:





1 of 2

Report No. E/20200706/7029

#### POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Date/Time Report Made 06/07/2020 17:39	Vide Re	port No.		Station Diary No.	
Name Of Informant MUSA BIN MOHAMED MOSADDEQ	Address APT BLI		ROAD #12-377 SI	NGAPORE 430011	
ID Type / ID No. NRIC NO / S8405761D	Contact Home/O		Mobile: 82642268		
Nationality SINGAPORE CITIZEN	Email Address mansormusafamily@gmail.com				
Occupation Private hire Driver	Sex Male	Age 36	Date of Birth 20/02/1984	Race Bugis	
Institution/School Name	Language English				
Date/Time Of Incident 06/07/2020 14:55	Location Of Incident ORCHARD LINK				

## Brief details.

On the above mentioned date and time, I was driving my vehicle SKC350T along Orchard link with 2 grab passengers on board.

I had stopped my vehicle due to traffic conditions when suddenly, I felt a huge impact from the rear.

The impact was so great that body was thrown in front. As I was belted, my chest was restrained by the seat belt. The back of my head also hit against the head rest. Immediately I felt giddiness and nausea. I also felt discomfort on my chest.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2020 17:39
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

Authentication Stamp

## CONTINUATION OF REPORT

Report No. E/20200706/7029

I alighted to realise that GBD1114D had collided into my vehicle's rear, resulting in said accident.

After I had alighted my passengers at their destination, I started to feel muscle stiffness and soreness on my neck, shoulder, lower back and left thigh area as well.

As such, I went to a nearby clinic at Toa Payoh, namely Unihealth 24-Hour Clinic (Toa Payoh) for treatment. I was given 5 days MC.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2020 17:39
Officer In-Charge Of Case:	Classification Of Case:

625						· Change	Languag	e • Chan	ge Password	→ Log Ou
	y Query									
Policy No	h is				Date of	f Accident	J	06/07/2020 1	17:35	
Vehicle N	ia.(For Mator)	SKC350	Τ̈́		Certific	ate Number				
					Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5106551263- 01		SHARING WELL PTE LTD	201617903C	GPC	drivo CLASSIC	SKC350T	SKC350T	21/01/2020	20/01/2021
2	Policy No Vehicle M	5106551263-	relicie No. (For Motor) SKC351 Select Policy No. Certificate Number S106551263-	relicie No. (For Mator)  SKC35DT  Select Policy No. Certificate Number Name  S106551263- SHARING	Select Policy No. Certificate Policyholder Name NRIC  S106551263- SHARING 201617903C	Select Policy No. Certificate Policyholder Name NRIC Product Number Name NRIC Product Select Policy No. Search Select Policyholder Name NRIC Product Name NRIC Select Policyholder NRIC SHARING 201617903C GPC	Select Policy No. Certificate Number Name NRIC Product Cover Type Number Name NRIC Search  Select Policy No. Since Number Name NRIC Product Cover Type Number Name NRIC Search  Select Policy No. Since Number Name NRIC Product Cover Type Number Name NRIC Search  Select Policy No. Since Number Name NRIC Product Cover Type Number NRIC Product Cover Type NRIC Product Cover Type Number NRIC Product Cover Type N	Select Policy No. Certificate Number Policyholder Policyholder Number Name NRIC Product Cover Type No. StARRING 201617903C GPC Acres SKC350T	Policy No.   Date of Accident   O6/07/2020   Policy No.   SKC35DT   Certificate Number   Search   Select Policy No.   Certificate   Policyholder   Name   NRIC   Product   Cover Type   Vehicle   No.   Object   O 5106551263-   SHARING   201617903C   GPC   drivo   SKC350T   SKC3	Policy No.   Date of Accident   06/07/2020 17:35   Policy No.   SKC35DT   Certificate Number   Search    Select Policy No.   Certificate Policyholder Number   Name   NRIC   Product Cover Type   Vehicle   Insured   Commence   Date   Number   Name   NRIC   No.   Object   Date   Object   Date   Object   Date   Object   Object

olicy No.	5106551263-01	Policyholder Name	SHARING \	WELL PTE LTD	Policyholder NRIC	201617903C	
ertificate o.							
ddress	25 KAKI BUKIT ROAD 4 #06-30	SYNERGY @	KB SINGAPO	RE 417800			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	22/11/2019	Effective Date	21/01/202	0.00:00	Expiry Date	20/01/2021 23	8:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL		GST Flag	Υ:	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	nolder Mailing Address						
Address 1	25 KAKI BUKIT ROAD 4	Addr	ess 2	#06-30 SYNERGY	® KB	Address 3	SINGAPORE 417800
Address 4		Addr	ess Type	Singapore address		Post Code	417800
Unit No.	06-30	Rela	ted Policy ber	5117706630			
▶ Insure	d Object: SKC350T						
⊕ Endors	sements						
	nce Date of Endorsemen	at.	Endorseme	nt Type	Endorsemen	t Status	Endorsement Content

Claim Handling					
Accident MT/1096234	000000000000				
TORCY NO.	5106551263-00	Venicle No.	SACISOT	GST Registration No.	
Dertificate No. Policyholder Name					
	SHARING WELL PTE LTO	0.0000000000000000000000000000000000000	0.0000000000000000000000000000000000000	Policyholder NR3C	201617903C
roduct Code Contact No. (Mobile)	PRIVATE CAR INSURANCE 0.	Cover Type	drivo CLASSIC O	Loading	0
mail Address	u.	Contact No (Office)	0	Contact No.(Home)	0
PK	8 to 0 to	Special Remark		eCode	1
	® No ⊜ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection  Accident Details	No	NCD Entitlement(%)	30	Private Hire	Yes
	5-121-15-100-1000	W. 1988 - CHAPTER			
eport Date	07/07/2020 10:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
It's of Accident	06/07/2020	Time of Accident Nhomm	17:35	Country of Academ	Singepore
porting Centre		Orange Force		ICM No.	
zident Location P Total Excess Applicable	GROHAND LINK				
cess Type	Per Accident	Windscreen Excess	100.00		
some spee		Annostreen Extess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
doional Excess	1500				
M OD Excess Applicable	3500.00	Total TP Excess Appricable			
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
Registration No.			GST Status venties	Yes	
dification History	07/07/2010 10:57 19 Syst	em changed GST Status Venified fro	en No to Yes		
Policyholder Mailing Ac	Idease				
dress 1	25 KAKI BUKIT ROAD 4	ALIES N	#06-30 SYNERGY ® KB	Caral Const	
dreso 4	23 KARI GUKIT KUND 4	Address 2	S. A. C. Parting Property and P	Address 3	SINGAPORE 417800
it No.	06-30	Address Type Related Policy Number	Singapore address 5117706630	Post Code	417800
OI Driver Info	30-30	Keraced Puricy Number	5117706630		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MUSA BIN MOHAMED MOSADDE	Driver NRIC	SXXXX761D	Driver DOS	20/02/1984
gister Date of Driver License	01/06/2010	Driver Age	36	Driving Experience	10
ntact No.(Mobile)	82642268	Contact No.(Office)	0	Contact No.(Home)	0
fress I	BUK 11	Address 2	HAIG ROAD	Address 3	HAIG VIEW
fress 4	SINGAPORE 430011	Address Type	Singapore address	Post Code	430011
t No.	12-377				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Briver Insurer Company	
gistered car?					
danation					
eathalyser or Blood Test ading?	0 mg	Any injury?	® yes ○ No		
earing?			(7)44 (17)560		
dification History					
uncation riskury					
Claim 001 New					
m Type *	00-MX	Insured Name	SHARING WELL PTE LTD	Insured NRIC	201617903C
Ract No.(Mobile)		Contact No.(Home)	STATE WELLT IN LIN		
0.00		Secretary Comme	guessent.	Contact No. (Office)	67416868
ell Address Imant Type Clamant Type #	Please Select	OI vehicle Number	SKC150T	TP Vehicle Number	GBD1114D
mant Type Claimant Type • mant Name •	Please Select ✓	Type of Benefit * Claimant NRIC *	Please Select		
mant Address	166	HEALTH AND THE STREET			
im Description	SKC350T / GBD1114D ON 6 Jul 2020			Name of Preferred Workshop	
erred Workshop Contact	THE PARTY OF THE P	Impured Liability *	Not at Fault	There of Frederica Workshop	He
uire Finalisation	(Ves			7 (9) 200	Darwind
e Registered	07/07/2020 10:58	Preferered Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report  Oate Received	07/07/2020 00:00
ort Taken By	Jackson Jackson	Sam Soc adic		Since Nevertella	E-POTENCO NO DO
Print AK letter					
			Save Submit		
ttachment					
ident No.	MT/1096234	Claim No.	001		
t Doc. Received	● Yes ○ No	Upload Date	07/07/2020 11:00		
	Path *		Category *	Confidential Urgan	Cy * Description
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