t mount	tua Camilage		212016877	1	
NATIONAL Assessment Cen	Jeb description	nei 1 ganosi WP	Date & Time Completed	Done b	У
Date In: 14 172-12:10					
Ref No: NATING DOUGHANTY	SAS e-filing				
Veh No: 1/24/97/1	E-mail (within SI		1 1 1	1.10/10.10	2
D.O.A : 13 8/2-13-13	i-Motor Claim		M11399903-031	14/8/21:	00
OD (TP)! Reporting Only	i-Motor W/O		TP 4hrs)		
On City responsing entry	i-Photo Uploa				
mp !	Assessment/Sur				
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	
TP Particulars: Veh No: Ju	F8519D	. INC()/Non-INC().		
Owner / Driver: (Tel:		
Policy No: (Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	/O): N: 0-2	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()		-	
General Remarks:				Since Since	17.
() Walk-In Customer : Customer's	information strictly Cor	nfidential & S	trictly NO refer of repaire	r	
() Total Loss Case : to e-mail Ins				*22	1
		10():	Towing Co: ()
Drive-In ()/ Towed-In (); Inve	oice: YES() / N	(),		Done	C.C.
Remarks: (INC hotline: 6788 6616	5) \ \		Date & Time Completed	No No AND	by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()	7.2		
Injury:					
		or to the		A COLOR	
Date/Time Actions					
					200000
			Ose Checklist	Anit (S)	Amt (5)
HADOUN 37:		1999 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5	eparation Checklist	TA BILL	Add Bill
laimant's Particulars :-		1) AR : Accide 2) DA : Dame	co Assessment (\$100); INC	C (\$80)	
		3) TF : Towing	Fee Through Survey	\$40/\$45	
river/Owner:		SAT - Follow	-Through Survey (Resurvey)	\$30	
Contact No:		For claimin 6) TR : Re-ins	against INC Only (well 10 Jan	\$75	
Damaged Portion:		7) N1 : Idao D	A + SMRT Survey	\$160	
	T T	8) NTUC Add	ilional Services		-
C Checked by (Engr-In-Charge):	3	*N5: Court	ssy Car / Tpt Allowance	\$5 \$10	
		*N6: Repai	r Co-ordination Repair Inspection	\$25	1
Anditors' Comments ::-		*N8: DV /	Collect Excess Coordination	\$5 \$20	-
at. 1:		TP (N11): 9) N12: Idae	TP (N::n INC) against INC Mobile	30	-
		Invoice dated	Fee Char	MARKET 12.50	
at. 2/3;		Invoice dated	Fee Chai	gen production	

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.
- 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	14/08/2020 10:50
Date Of Accident	13/08/2020 13:50
Exact Location Of Accident	TAMPINES AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ4197H
Insured/Policyholder	
Name Of Registered Owner	AUNTIE BEDAH
Co Reg No	5XXXX781J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92393774
Alternative Phone No	OFFICE-92393774
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5111811801
Cover Note Number	
Driver	
Name of Driver	ROZAIMI BIN ABDUL RAHMAN
NRIC No	SXXXX299D
Date Of Birth	26/05/1990
Occupation	INDOOR
Date Of Driving Pass	27/03/2012
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92393774
Fax Number	
Contact Number	OFFICE-92393774
EMail Address	NOEMAIL

BLK 111 TAMPINES STREET 11 Address #08-229 Postcode 521111 NO Was driver an employee of the Insured's Company 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 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) 2 involved in the accident NO Was any body injured in the Accident? 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) 2 Passenger 1 NAME: : SITI NADIRAH BINTE HASSAN 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 NO Was there any video captured by Car Camera? Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** SGF8519D Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties		
Vehicle Category	PRIVATE CAR	
Name of Driver	TROSPER	
NRIC/Passport Number		
Contact Number	90212418	
Address		
Postcode		
Insurance Company Name		
Nature Of Damage		
		Page 2 of 14

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.
- 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:
 - (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.

AUNTIE BEDAH

Pelicyholder's Signature

Date & Time:

Oriver's Signature

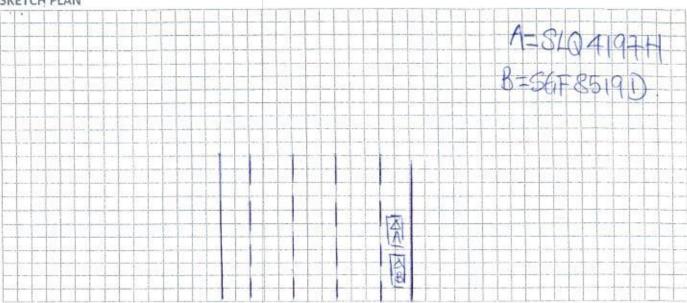
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ny vettion	LE WAS	81ATIONARY	WAITING	TRAFFIC	46HT TO	TURN	GREW,
SUDDENLY	VEHICLE	B H17	outo my	VEHICLE	REATR,		

DECLARATION

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

Policyholder's Signature

Date & Time:

Priver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

VEHICLE NO: SLO4197H MAKE & MODEL: HONDA &HUTTLE.

DATE OF ACCIDENT	13 / 08 / 2020.
TIME OF ACCIDENT	(350 · AM / IM)
LOCATION OF ACCIDENT	1 TAMPINES AVE \$ 5
Exact Purpose use during accident	The first state of the state of
NAME OF OWNER	Owner Genoul
	AUNTIE BEDAH
TELP NO.	V 9839 3774
NRIC	V 53369781J.
CLAIM TYPE	OD / Third Party / Reporting Only
INSURANCE CO.	CHTNA TATPING
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMPC8NW00083033000.
NAME OF DRIVER	As above / If No; ROZAIMI BIN ABDUL RAHMAN
NRIC	∨ 59018∂99D. Any Passenger; (1)
DATE OF BIRTH	26 / 05 / 1990 1) SITI NADIRBH WNIE HASSEM
OCCUPATION	Outdoor / Indoor (FEMALE)
DATE OF DRIVING PASS	27 / 03 / 2012 -
GENDER	Male / Female
CONTACT NO.	Office: - Home: -
ADDRESS	BIK III TAMPINES STREET II #08-229 8(521111)
DRIVER OWN ANY VEHICLE	No / Yes (Reg No):
RELATIONSHIP	Employee / If No: OWNER OF THE COMPANY.
WEATHER CONDITION	glear / Raining / Others,
ROAD SURFACE	Dry / Wet / Others,
ANY INJURIES	No / Yes (Who?):
CONTACT NO.	9239 3774
POLICE REPORT	No. / Yes (Where?):
VEHICLE (B) NO.	SGF 8519 D. Any Passenger
NAME	TROSPER.
CONTACT NO.	V 9021 2418.
VEHICLE (C) NO.	Any Passenger
VEHICLE (D) NO.	Any Passenger
VEHICLE (E) NO.	Any Passenger
VEHICLE (F) NO.	Any Passenger
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd
ADDRESS	1 Kakit Bukit Ave 6 #02-47
	Autobay@Kaki Bukit Singapore 417883
CONTACT NO.	(O) 6509 5521 (Fax) 6509 5523
EMAIL	sales@leebrothers.com.sg

eBaoTech Hello, NAC_PAYA_UBI_800601									Genera	alClaim
					ACCRECATION ACCRECATION	· Chang	e Languag	e • Chan	ge Password	• Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		13/08/2020 1	13:50	
	Vehicle No.(For Motor)	SLQ41	Q4197H		Certificate Number					
					Search					
		ertificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5111811801		AUNTIE BEDAH	53369781)	GPC	drivo CLASSIC	SLQ4197H	SLQ4197H	14/08/2019	13/08/2020
				10	Continue	J				

9 Police	y Information						
Policy No.	5111811801	Policyholder Name	AUNTIE BE	DAH	Policyholder NRIC	533697813	
Certificate No.							
Address	BLK 111 #08-229 TAMPINES ST	REET 11 SING	APORE 5211	11			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/08/2019	Effective Date	14/08/2019	00:00	Expiry Date	13/08/2020 23:5	9
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/Ir	nexperience Driver Excess
Agent	PRIME CARS CREDIT PTE. LTD.	Agent Tel.	67798500		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	BLK 111 #08-229	Address	s 2	TAMPINES STREET	11	Address 3	SINGAPORE 521111
Address 4		Address		Singapore address		Post Code	521111
Unit No.	08-229	Related Numbe		5111811801			
▶ Insured	Object: SLQ4197H						
▽ Endorse	ements						

Claim Handling					
Accident MT/1099903					
Policy No.	5111611601	Vehicle No.	SLQ4197H	GST Registration No.	
Certificate No.					
Policyholder Name	AUNTIE BEDAH			Policyholder NRIC	53369781)
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Motorie)	92393774	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	DI V
KFK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	2
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
W Accident Details					
Report Date	14/08/2020 10:58	Accident Report Within 24 hrs	Yes	Acodem Type	Collision - Head to Rear
Date of Academ	13/08/2020	Time of Accident hhomm	13-50	Country of Accident	Singapore
Reporting Centre		Orange Force	1177650	ICM No.	N. P. Carlotte
Accident Location	TAMPINES AVE 5			101 110.	
Total Excess Applicable					
Excess Type	Per Accident	Windsgreen Excess	100.00		
37.50	The state of the s	Transperson Category	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▽ Benefits					
SST Registered Informa	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History	14/08/2020 10:59:09 System	m changed GST Status Verified from	n No to Yes		
♥ Policyholder Hailing Ad	dress				
Address 1	8UK 111 #08-229	Address 2	TAMPINES STREET 11	Address 3	SINGAPORE 521111
Address 4		Address Type	Singapore address	Post Code	521111
Unit No.	08-229	Related Policy Number	5111611601		
OI Driver Info		3970 - DOUGSTON - SU			
Driver Name	ROZAIMI BIN ABDUL RAHMAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	\$90182990	Driver DOB	26/05/1990
Register Date of Driver License	27/03/2012	Driver Age	30	Driving Experience	8
Contact No.(Mobile)	92393774	Contact No.(Office)	0	Contact No. (Home)	٥
Address 1	BUX 111	Address 2	TAMPINES STREET 11	Address 3	SINGAPORE 521111
Address 4		Address Type	Singapore address	Post Code	521111
Unit No.	06-229				
Does he own a Singapore	() Yes (iii) No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	7410-2719	\$1454556 V £ \$16550 m			
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
Reading?	200 4	2655097643	A ST STATE		
Modification History					
Claim 001 New					
Claim Type •	00-MX	Insured Name	AUNTIE BEDAH	Insured NRIC	533697811
Contact No. (Mobile)	MUL	Contact No.(Home)		Contact No. (Office)	MIL
Email Address		01 Vehicle Number	5LQ4197H	TP vehicle Number	SGF8519D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC +			
Claimant Address					
Claim Description	SLQ4197H / SGF85190 ON 13 Aug 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/08/2020 11:00	Clarm Close Date		Date Received	14/08/2020 00 00
Report Taken By	Jackson				
Print AK letter					
FIRE AK MITE!					
			Save Submit		
Attachment					
11400					
0					
Accident No.	MT/1099903	Claim No.	001		
Lest Doc. Received	® Yes ○ No	Upload Date	14/08/2020 11:01		
	Path. *		Category *	Confidential Urger	cy * Description *
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