NATIONAL Assessment Centre	Services.	ונטיובל ו וזען.	:SM 092111	10005		
Date In: 23/1/21 11:49	Jeb description		Date & Time Co	mpleted	Done,t	Σ
,	SAS c-filing	8		1	= , 0	
MA INC 210 GITOZIA	E-mail (within	ālics, AIC Zhrs)			• • •	
Vch No GBF 5442 U	I-Motor Cini	<u> </u>	5 MT/111846	8001 2	311/21	15:59.
11(1) A 22 [1 [21 15:30.	I-Motor W/O	(Within: OD 2hrs		•		
OD. Reporting Only	I-Photo Uplo	nded				
	Assessment/Su			•	•	
TP Insurer:			Owner/Wksn			
Proformed Wisp / INC Assign Wissp / QW: (	THE RECEIPTED		Tol:	Fax	:	)
	N 2095.Y	. INC(	. )/Non-INC	( - ).		
Owner / Driver: (	14 25 15 1		Tcl:		)	
Policy No: ( ) Perio	od: (	)	Cover Type: (		)	
Confirmed by : (	17.70	Date:	Time.		)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (V	VO): N: 0-20	)%; P: 21-79%	P; 8d-100	0%]	
Year of Registration: ( ) W	erranty: YES (	)/NO(	)			
Excess: (\$ ) Londing: \$1,000	)( )/\$2,000	( )	1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	71: 10 TY	<del>(</del>	
至可是可以可能是學家大家是是與我的自然的大學	<b>ANTONE SERVICE</b>			1,113	D. 17. 17. 19.0	<u>· '·</u>
( ) Walk-In Customer : Customor's Inform		niidential & Str	lotly NO refer of	repolier.		
( ) Total Loss Case : to e-mail Insurer		,	· · · · · · · · ·	<del></del>	<del> </del>	<u> </u>
Drive-In ( )/ Towed-In ( ); Invoice:	YES()/N	10();T	owing Co: (#	4	ABI-CIVATION TOATS	<del>(141-141-</del>
translater and the around a critical constant			plite stanike o	The state of	in in the interior	. · · K
1) Apply for Transport Allowance ( )/ Con	irlesy Car (	)		<u>-                                    </u>		
2) QC Check / Post Repair Inspection	.( •)		<u> </u>	***	7.	
3) Upload Resurvey Photo [Repair Cost>\$300	00] (	)	J	,,,,	·	
Injurý:						
Durezcino zavelich za zazana zula Mini	V///V/V				MACHINE STATE	
The process that are precipitated in the control of			,,		•	<del></del>
:						
	-1				·	
NA.		NUMBER OF STREET				(, A);((t)
CEEJOICAN .		1) AR ; Applicant	<b>创新的基本的文化文化,在"安心</b> "		30	. Wqu'DIII
ilinemistrationary, also person and		2) DA ! Damago	Assessment (\$100);	INC (240/2		
Priver/Ovner:	•	3) TF : Towing P	mush Survey	\$1	20	
Contact No:	· .	ex ler . Hallaw-T	rough Burvey (Resur	10 1011 5000 1	30	
		6) TR: Re-Inspet	tion	· · · · · · · · · · · · · · · · · · ·	75	
arnaged Portion:		7) NI 1 Idau DA - 8) NTUC Addillo	nal Services:-			
C Checked by (Engr-In-Charge):		OD.	Car/Tpt Allowanie		22	
C. Checken by (migh-in-Charke).	<del></del>	NG: Hapair C	p-ordination		25	
and the second of the second o		NI: Post Rep	leat Exposs Coordinat	Ion	22	
u_1;	A colour assirtablishers	TP (N11): TP 9) N12: Idao Mo	(Non INC) against IN	IC 2	30	-
		Invulor dated	. F	ee Charged		WHAT I'VE
2.7.3:		Invoice dated	F	ee Charged	MANAGE	

SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (23/01/2021 11:49 (SGT))



# 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.

#### ACCIDENT STATEMENT

Date of Submission	23/01/2021 11:49 (SGT)
Date of Accident	22/01/2021 15:30 (SGT)
Exact Location of Accident	Bartley Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

GRES//211

· omore · regionane · rampe.	GBI 54420
INSURED/POLICYHOLDER	
INSURED/POLICYHOLDER	

Is company?	Yes
Name Of Registered Owner	ONE2RENT CARS PTE. LTD.
Company Reg No	2XXXXX179N
Email Address	claims@teamworkgarage.com
Mobile Phone No	(Phone) +65-86936296
Alternative Phone No	+65-86936296

#### VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer	Toyota
Model	Hiace
Variant	
Exact purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to	Employment
your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108639608-01
Cover Note Number	

#### DRIVER

Name of Driver	MOHAMMAD SYARIFFUDDEEN BIN MOHAMED ZAIN
NRIC No	SXXXX317I
Date Of Birth	03/10/1983
Occupation	Outdoor

Date Of Driving Pass Driving experience 12 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-86936296 Alt. Phone Number Email Address claims@teamworkgarage.com Address BLK 472A FERNVALE ST #05-29 Address complement Postcode 791472 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident ..... Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No 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 Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number **SLN2095Y** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement

Insurance Company Name

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

#### **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.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

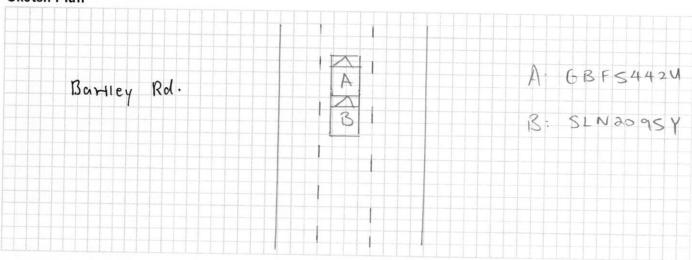
A SHATION ON THE MAN A SHATION

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Describe Circumstances of the Accident

	I	W	as	trau	Rlling	alone	3	Bartle	Da	d o	n th	e
Middle	L la	12.	As	コ	traff	ic	light	was	red	, my	vehi	ch
					uith							
α.	few	Seco	1	of	stoffing	, al	1 01	^	sudden	2	teil	an
mpace	ı fr	0 M	my	vı	hick	(UNT	posti	on.				
								*				
			Ť.									

#### Declaration

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

TID. \* ONE

Policyholder's Signature / Date & Time

When

Driver's Signature (If driver is not the policyholder) / Date & Time

the

Witnessed by Reporting Centre Personnel eBao Tech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop Notice of Loss

Poli	cy Query									
Policy I	No.				Da	te of Accident		22/01/2021 1	1:41	
Vehicle	No.(For Motor)	GBF54	42U		Ce	rtificate Number	- 1			
					Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5108639608- 01	5108639608- 01-000007	ONE2RENT CARS PTE. LTD.	201306179N	GFM	Comprehensive	GBF5442	U GBF5442U	03/04/2020	02/04/202

Continue

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

assistantial tradition	ACCIDENT DETAILS	
Date of accident	22/01/2021	(DD/MM/YY)
Time of accident	1530	(HH:MM)
Exact location of accident		(1111.141141)
	Along Bartley Road	

PERSONAL PROPERTY OF THE PROPE		DETAILS O	VEHICLE					
Vehicle registration number			GBF 54424					
Vehicle make and model		7040th Hiace						
Type of vehicle	Saloon  Lorry	MPV =	CRV □ Van 🗹					
Vehicle category	Private	Comm	ercial Motorcycle					
Purpose of using at said time			Wiotorcycle					
Are you claiming under your own insurance company?	Yes □ Third part of	No 🗷	if no, please select: Reporting only □					

REPORT OF STREET	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number		1	
Type of policy	Comprehensive	Third party fire & theft	TP only □

	INSURED / POLICY HOLDER
Name	One 2 Rent (ars PTE LTD Male - Female)
NRIC / Fin / Passport number	2013 06179N
Contact	10 0 0 1 1 1 1
Address	70 ubi (rescent 401-12 51 408570)

DRIVER	SAME AS INSURED ABOVE - (SKIP TO D.O.B)  Muhammah syarif Fudhern an mahamed zain Male Female			
Name				
NRIC / Fin / Passport number	S&329717 I			
Contact	8693 6296			
Address	Bllc 472A Fernvale street \$05-29 5(791472)			
Email address	mayaho310@gma?l.com			
Date of birth	03/10/1987			
Occupation	Indoor □ Outdoor ₽			
Driving date pass	27/11/2008			

	GENERA	L INFORMA	TION OF THE ACCID	NT
Was driver an employee of	Yes 🗆	No 🗹		
the insured's company?	If no, re	elationship o	of the driver and insu	red:
Accident captured by camera	? Yes 🗆	No 🗗		
Weather condition	Clear 🗆	Rainin	g 🗹 Others:	
Road surface	Dry 🗆	Wet 🗹		
No of passenger		(		(Inclusive of driver
		V		(inclusive of driver
		PASS	ENGER 1	
Name				
Gender	Male 🗆	Female	П	
		PASS	ENGER 2	
Name			-mo-m Z	
Gender	Male 🗆	Female	П	
		DASSE	ENGER 3	
Name		UADO.	INGER 5	
Gender	Male 🗆	Female		
	TVICE D	Terriale		
PENNS NEW YORK WITH THE PENNS		DACCE	NCERA	
Name		PASSE	NGER 4	
Gender	Male 🗆	Female 1		
	Iviale 🗆	remale		
		DACCE		
Name		PASSE	NGER 5	
Gender	Male	Famala -		
<u>Gender</u>	Iviale	Female [		2
Name		PASSE	NGER 6	
Gender	Mala =	FI		
Cinci	Male 🗆	Female [	]	
Mark State of the				
Was anybody injured?	Vec -		ORMATION	er en
Was other vehicle damaged?	Yes 🗆	No 🗷		
vus other vehicle damaged:	Yes	No 🗆		
				His post of the second
Reported to police?			STATION ACTION	
Police station name	Yes 🗆	No 🗸	If yes, please state w	hich police station.
. Once station hame				
Name		WITN	ESS 1	
valile				
		WITN	ESS 2	
Name				

	THIRD PARTY VEHICLE 1
Vehicle registration number	5LN 2095 Y
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
COMMENTERS	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	<del></del>
	THIRD PARTY VEHICLE 5
Vehicle registration number	The second secon
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
/objets was into the	THIRD PARTY VEHICLE 7
/ehicle registration number	
/ehicle make model	
500 S. C.	
IRIC / Fin / Passport number	

Contact

是一个人,但是一个人的人,但是一个人的人,但是一个人的人,但是一个人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一个人的人,也是一		INJURED PERSON 1
Name		LISON I
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		8
	St. 18. 18. 19.	INITIDED DEDCOM S
Name	DESCRIPTION OF THE PARTY.	INJURED PERSON 2
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No □
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		110 -
		INILIDED DEDCOM 2
Name		INJURED PERSON 3
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	163	NO 🗆
		INILIDED DEDCOM 4
Name	ALC: NO.	INJURED PERSON 4
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	103	NO L
	O KOMPAN	INTURED DEDCOM F
Name	THE REAL PROPERTY.	INJURED PERSON 5
Injuries sustained		
Injuries sustained Which vehicle person in?	Ves 🗆	No n
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No :
Injuries sustained Which vehicle person in? Were seat belts worn?		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗆	No  INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes □	No  INJURED PERSON 6  No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗆	No  INJURED PERSON 6