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	Assessment/Sur	vey Report		,	
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Proformed Wksp / INC Assign Wksp / QW: (TO THE RESERVE TO THE REAL PROPERTY.		Tol:	Fax:)
TP Particulars: Veh No:		. INC(.)/Non-INC(*).	·	
Owner / Driver: (Tel:		
Policy No: () Perio	od: (Cover Type: (
Confirmed by: (Date:	Time:	1.00%7	
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2) QC Check / Post Repair Inspection				1	
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SN092132000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/03/2021 17:45 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (02/03/2021 17:45 (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 02/03/2021 17:45 (SGT) Date of Accident 01/03/2021 12:30 (SGT) Exact Location of Accident 729 Ang Mo Kio Ave 6, Singapore 560729 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ7986S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMMAD TAHA BIN ABDULLAH NRIC No SXXXX772G Email Address MDKAMAL9066@YAHOO.COM Mobile Phone No (Phone) +65-94859593 Alternative Phone No +65-94859593

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Lancer Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Private use

No - Reporting only Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy No Policy Number 5098337891-02 Cover Note Number

DRIVER

Name of Driver MOHAMAD KAMAL BIN ABDULLAH NRIC No SXXXX839I Date Of Birth 23/04/1951 Occupation Outdoor

Date Of Driving Pass 31/07/1974 Driving experience 46 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-91455904 Alt. Phone Number Email Address MDKAMAL9066@YAHOO.COM Address BLK 20 EUNOS CRESCENT #05-2947 Address complement Postcode 400020 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling 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 No Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 1 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? No Number of Passengers (Including Driver) 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? Yes

No

Was there any audio recorded?

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 <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>.
- 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, 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' 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.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

7.29 Amk Ave 6 Carpark

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Declaration

We declare the foregoing particulars are true in every respect

ry respect.

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601) Chang	e Languag	e Chan	ge Password	› Log Ou
My Desktop Notice of Loss	Policy Query									
	Policy No.			Date of Accident				01/03/2021		
	Vehicle No.(For Motor)	SKZ7986S			Certificate Number		er			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5098337891- 02		MOHAMMAD TAHA BIN ABDULLAH	S1437772G	GPC	Third Party	SKZ7986S	SKZ7986S	12/03/2020	11/03/2021
					Continue					

ACCIDENT STATEMENT

ĄCC	CIDENT DATE: 1 3 21	_)(DD/MM/YYYY), T	IME: (12 : 30)	(HH:MM)
3	ATION: 729 AM		Carpark	
. 1	I. DETAILS OF VEHICLE	• • •		
	a) VEHICLE NUMBER: 5	KZ 79865	5 .	
	b) INSURANCE COMPANY:	Ilie		
•	c)POLICY NUMBER:			
	d)POLICY TYPE: (COMPREHEN	ISIVE / THIRD PARTY	/ THIRD PARTY FIRE	&THEET!
	e)MAKE & MODEL: M			WITTER IT
	f)TYPE: (SALOON / COUPE / MI			HERS)
	g) VEHICLE CATEGORY: (PRIVA	TE / COMMERCIAL ,	MOTORCYCLE)	
	h) PURPOSE OF USING AT ACC	IDENT TIME:	tivate Use	
	I) ARE YOU CLAIMING UNDER Y			
2	IF NO, PLEASE STATE (THIRD P. INSURED / POLICY HOLDER	ARIY CLAIM / REP.O		= = •
2.	A)NAME: Mohamma	d Taha Bin	Abdullah.	AALE)
	b)NRIC/FIN/PASSPORT:		CONTACT: 948	59593
	c)ADDRESS:			
				•
411. 0	* CONTINUE TO 3.d IF DRIVER A	LISO POLICY HOLDE	R	
the of passangs		Ab.	duliah	
(Including driver)	DINAME: Mohamad K DINRIC/FIN/PASSPORT:	amai un	(MALE / FEM	
(1)	c)ADDRESS:		ONIACI. III	23 19 1
	*d)DATE OF BIRTH: (/		(YYYY) :	
	e)OCCUPATION: (INDOOR / O			
	f) YEARS OF DRIVING EXPRERIEN		504040000000	'' '' '' '' ''
4.	WAS DRIVER AN EMPLOYEE (IF NO, RELATIONSHIP OF TH			
5.	a) WEATHER CONDITION: (CLEA			9
	b)ROAD SURFACE: (DRY / WET			
	WAS ANYBODY INJURED (YES /		•	
7.				
8.	IF YES, PLEASE STATE WHICH PO	OLICE STATION:		
, 1)	a) VEHICLE NUMBER:	M	ODEL:	1
Including driver)	b) DRIVER'S NAME:			
()	c) NRIC/FIN/PASSPORT:		ONTACT:	
9.	THIRD PARTY VEHICLE			
No of passenger	d) VEHICLE NUMBER:	M	ODEL:	••
Induding driver)	e) DRIVER'S NAME:		ONT A OT	· · · ·
) f) NRIC/FIN/PASSPORT:		ONTACT::	 .
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