

Date In: 27/12/17 16:42	Job description	Date & Time Completed	Done by
Ref No: NAI/INC 17024493/164	SAS e-filing		
Veh Tip: SLT S729 B	E-mail (welds sheet, A/C sheet)		
D.O.A: 27/12/17 01:15	i-Motor Claim Form	MT/0975369	27/12/17 17:25
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (WIRIS) OR INH (TP 4100)		
	i-Photo Uploaded		
	Assessment Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp (QW):	Tel:	Fax:
TP Particulars:	Veh No: GBE S720 Y	INC () / Non-INC ()
Owner / Driver: ()		Tel:
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788.6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1708000	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Inc Bill	Ass Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TF: Towing Fee \$40.945		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey-Resurvey \$120		
	For claimant assist (RPT Only) (Ref: 1/Jan 1/20)		
QC Checked by (Engr-In-Charge):	6) TR: Re-Integration \$75		
	7) NI: (Inc DA - SMRI Survey) \$180		
Auditors' Comments:-	8) NTUC Additional Services		
	QIR:		
	*NS: Courtesy Car / Tpt Allowance \$50		
	*NS: Repair Coordination \$100		
	*NT: Post Repair Inspection \$20		
	*NS: DV: Collect Excess Coordination \$5		
	TP (M1) TP (Non-INC) against INC \$20		
	9) N12: New Mobile \$10		
	Invites noted	Ass Invoiced	
	Invites noted	Ass Invoiced	

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	27/12/2017 16:42
Date Of Accident	27/12/2017 01:15
Exact Location Of Accident	BLK 165 BEDOK SOUTH RD OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT5729B
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5095494111
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD HIDAYAT BIN ABDUL LATIB
NRIC No	S8320007C
Date Of Birth	30/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87300829
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 433A SENGKANG WEST WAY #05-517
Postcode	791433
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5720Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.
- (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.



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.:

SKETCH PLAN

Dik 165 bedak South Road Open Carpark



A = SLT 57 298

B = GBE 5720 Y

C = Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20171227/2083

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171227/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2017 14:56		Vide Report No.: G/20171227/0019		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD HIDAYAT BIN ABDUL LATIB		Address: APT BLK 433A SENGKANG WEST WAY #05-517 SINGAPORE 791433			
ID Type / ID No.: NRIC NO / S8320007C		Contact No.: Home/Office:		Mobile: 87300829	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 34	Date of Birth: 30/06/1983	Type of Informant: Driver		
Race: Malay		Language:		Institution / School Name:	
Occupation: PRIVATE HIRE		Driving Licence Information: Class: 2B,3,4A		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/12/2017 01:15	Type of Location: Car Park
Location: Along Road 1 BEDOK SOUTH ROAD BLK 165 OSCP				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT5729B	Car	TOYOTA	C-HR		Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171227/2083

2 of 3

Report No. T/20171227/2083

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD HIDAYAT BIN ABDUL LATIB	ID No.	S8320007C
Related Vehicle	NIL	Contact No.	87300829
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED TIME, DATE AND PLACE.

MY VEHICLE (SLT5729B) WAS PARKED AT MY MOTHER-IN-LAW'S HOUSE. I PARKED THE CAR AT 2210HRS ON 26/12/17 AND I WENT HOME. THE NEXT DAY AROUND 1100HRS I SAW A NOTE ON MY VEHICLE FROM TRAFFIC POLICE, SAYING THAT I WAS INVOLVED IN AN ACCIDENT WITH A LORRY AND TWO PARKED CARS. ONE OF WHICH WAS MINE. I CHECKED I SAW DAMAGES ON THE LEFT FRONT BUMPER ABOVE THE TYRE AND LEFT FRONT DOOR OF MY VEHICLE. I CALLED THE IO IN CHARGE ZAYID, HE ADVISED ME TO COME DOWN TO TPHQ TO MAKE AN ACCIDENT REPORT. HE ALSO INFORMED ME OF THE VEHICLE THAT HIT AND RUN BASED ON EYE WITNESS. THE VEHICLE NUMBER IS GBE5720Y.



**SINGAPORE
POLICE FORCE**



T/20171227/2083

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20171227/2083

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
TAN KIN WAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Authentication Stamp
NP168

Signature Of Informant:


Date/Time:
27/12/2017 14:56

Classification Of Case:



Signature:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8320007C





Name
MUHAMMAD HIDAYAT BIN ABDUL LATIB
محمد هيداية بن عبدوللاطيب

Race
MALAY

Date of birth
30-06-1983

Sex
M

Country/Place of birth
SINGAPORE

S8320007C


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8320007C
Name

MUHAMMAD HIDAYAT BIN ABDUL LATIB

Birth Date 30 Jun 1983
Issue Date 15 Oct 2003

1000122486J



5187936



NRIC No. S8320007C



Date of issue
01-07-2013

APT BLK 433A SENGKANG WEST WAY #05-517
SINGAPORE 791433

S8320007C 03/02/2014


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles <= 200 CC	15 Oct 2003
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	17 Feb 2006
Class 4A Omnibuses	16 Jul 2010

S / No. 9000118021

S8320007C

Licence No. S8320007C



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095494111

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLT5729B**
Chassis Number : ZYX102066189
2. Name of Policyholder : RELIABLE RIDES PTE LTD
3. Effective Date of Insurance : 01 Nov 2017
4. Expiry Date of Insurance : 31 Oct 2018
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$1,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

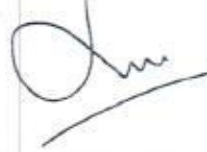
Agency : TAN INSURANCE BROKERS PTE LTD (00000690287)
Date of Issue : 31 Oct 2017 16:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/0975369

Policy No.	5095494111	Vehicle No.	SLT5729B	GST Registration No.	
Policyholder Name	RELIABLE RIDES PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	81669797	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details		Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst
Report Date	27/12/2017 17:18	Time of Accident hh:mm	01:15	Country of Accident	Singapore
Date of Accident	27/12/2017	Orange Force		ICM No.	
Reporting Centre					
Accident Location	BLK 165 BEDOK SOUTH RD OPEN CARPARK				

Benefits					
Excess					
Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		

GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					

Policyholder Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-50	Related Policy Number	5096971591		

OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	MUHAMMAD HIDAYAT BIN ABDL	Driver NRIC	S8320007C	Driving Experience	
Register Date of Driver License	17/02/2006	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	87300829	Contact No.(Office)		Address 3	
Address 1	BLK 433A #05-517	Address 2	SENGKANG WEST WAY	Post Code	
Address 4	SINGAPORE 791433	Address Type	Singapore address		
Unit No.	05-517	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLT5729B	TP Vehicle Number	
Claim Description	SLT5729B / GBE5720Y ON 27 Dec 2017				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	27/12/2017 17:22	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0975369	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/12/2017 17:25
Path *		Category *	Confidential Urgency

Attachment List

Attachment List

[illegible]



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:23

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:23

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:23

Photos

Normal

Photos

Video List

Uploaded By/Date

Folder Date

File Name



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Display in New Window

Scan and uploading