



## 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 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             | 30/05/2018 11:59                            |
| Date Of Accident           | 28/05/2018 18:00                            |
| Exact Location Of Accident | CLEMENTI AVENUE 2 TOWARDS WEST COAST AVENUE |
| Country/State of Loss      | SINGAPORE                                   |

### DETAILS OF OWN VEHICLE

|  |  |
|--|--|
| Vehicle Registration Number  | SJD9524G                               |
| <b>Insured/Policyholder</b>  |  |
| Name Of Registered Owner   | ROHAIZAD BIN A KADER                   |
| NRIC No  | S1289300J                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-94592767                   |
| Alternative Phone No   | OTHERS-94592767                        |
| <b>Vehicle Particulars</b>   |  |
| Manufacturer   | TOYOTA                                 |
| Model  | VIOS-1.5 E (A)                         |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE 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                            |
| <b>Insurance Company</b>   |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5097947900                             |
| Cover Note Number  |  |
| <b>Driver</b>  |  |
| Name of Driver   | ROHAIZAD BIN A KADER                   |
| NRIC No  | S1289300J                              |
| Date Of Birth  | 07/07/1958                             |
| Occupation   | INDOOR                                 |
| Date Of Driving Pass   | 10/12/1984                             |
| Driving Experience   | 33 YEARS AND 5 MONTHS                  |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-94592767                   |
| Fax Number   |  |
| Contact Number   | OTHERS-94592767                        |
| EEmail Address   | NOEMAIL                                |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 352 CLEMENTI AVENUE 2<br>#02-97 |
| Postcode  | 120352                              |
| Was driver an employee of the Insured's Company     | NO                                  |
| 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 involved in the accident   | 2  |
| Was any body injured in the Accident?   | YES  |
| Was any injured conveyed to hospital by ambulance?  | NO   |
| 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)   | 2  |
| Passenger 1   | NAME: : BADARIAH A,GHAFFAR<br>GENDER: : FEMALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes,Please state which Police Station  |  |
| Police Station Name                       | BUKIT MERAH WEST NPC   |
| Police Station Address                    | ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 ,<br>COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:  |
| Was notice of intended Prosecution given? | NO   |
| If Yes,against whom?                      |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180530/2022

#### 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 | SJS4111T    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              | THERESA TAN |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |

Postcode:  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 5  
 Passenger 1  
 NAME: :  
 GENDER: :  
 Passenger 2  
 NAME: :  
 GENDER: :  
 Passenger 3  
 NAME: :  
 GENDER: :  
 Passenger 4  
 NAME: :  
 GENDER: :

**DETAILS OF INJURED PERSON 1**

Name ROHAIZAD BIN A KADER  
 Approximate Age  
 Injuries Sustain BACK AND NECK  
 Injured person in which vehicle? SJD9524G  
 Were seat belts worn? YES  
 Was this injured conveyed to hospital by ambulance? NO  
 Address  
 Postcode

**DETAILS OF INJURED PERSON 2**

Name BADARIAH A.GHAFFAR  
 Approximate Age  
 Injuries Sustain BACK AND NECK  
 Injured person in which vehicle? SJD9524G  
 Were seat belts worn? YES  
 Was this injured conveyed to hospital by ambulance? NO  
 Address  
 Postcode

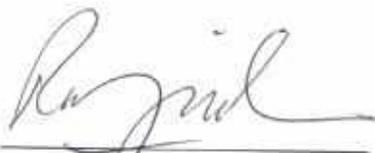
## SKETCH PLAN

### 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 **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:

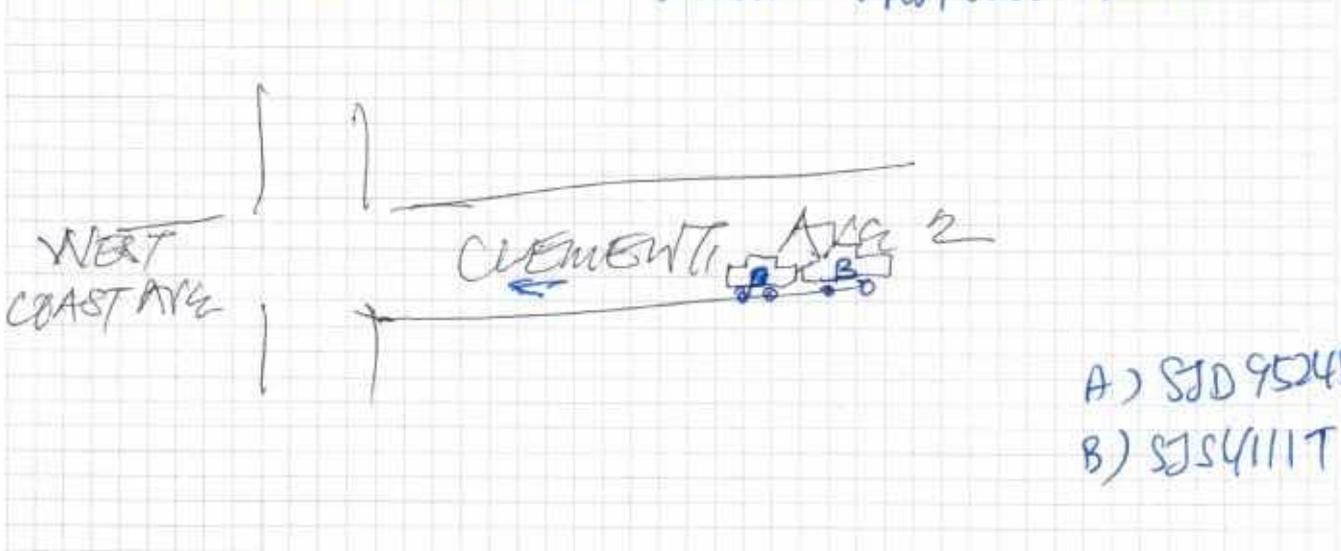


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN CLEMENTI AVE 2 TOWARDS WEST COAST AVE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WIFE: BADARIAH A. GAFFAR

*PLS REFER TO POLICE REPORT  
7/2080530/2022*

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*30/08/2018*  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No. *[Signature]*





Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |  |              |            |             |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No | Effective  | Expiry Date |
| SJD9524G                     | NTUC Income Insurance Co-Operative Limited | 5097947900   | 12/02/2018 | 11/02/2019  |

| Details of Person Involved        |                              |  |                                 |
|-----------------------------------|------------------------------|--|---------------------------------|
| Any Pedestrian Involved: No       |                              |  |                                 |
| No. of Pedestrians Injured: NIL   |                              | Use of Pedestrian Crossing: NA         |                                 |
| Driver                            |                              |  |                                 |
| Name                              | ROHAIZAD BIN A KADER         | ID No.                                 | S1289300J                       |
| Related Vehicle                   | SJD9524G (Car)               | Contact No.                            | 94592767                        |
| Hospital/Clinic                   | TEO CLINIC & SURGERY PTE LTD | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 30/05/2018                   | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | 03                           | Degree of Injury                       | Slight                          |

**Brief Details.**

I was travelling along the middle lane along Clementi Ave 2 towards West Coast driving my vehicle bearing the plate number SJD9524G  
Suddenly a vehicle bearing the plate number SJS4111T collided onto the back of my vehicle from the most extreme right lane.  
I then alight from my vehicle and check for the damaged. We then exchange particulars. Subsequently, the said driver informed me that she was very sleepy.  
On the 30/05/2018 at about 0900hrs, I decided to consult doctor for my accident as I am suffering from whiplash after the accident occurred. 3 days MC was given to me  
I wish to state that my wife and two grandchildren was also in the vehicle when the accident occurred. No government property or pedestrian was involved when the accident occurred.  
Subsequently, my wife also consulted a doctor and received 3 days MC.  
I am lodging this police report for insurance claims



Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20180530/2022

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:<br>D /<br>Sgt 1 TAN TECK CHYE ALAN                  |  |
| Signature Of Interpreter:<br>Not applicable  |   |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SI DZUL HAIRIE BIN RAMLI<br>Contact No.: 65476220 |   |

|                                      |  |
|--------------------------------------|--|
| Signature Of Informant: <sup>7</sup> |  |
| Date/Time:<br>30/05/2018 11:28       |  |
| Classification Of Case:              |  |

Authentication Stamp  
NP168:



# National Clinic

BLK 352 CLEMENTI AVE 2, #01-119, SINGAPORE 120352 TEL: 67760127

## Medical Certificate

Date of Visit: 30-May-2018

MC No. : C1-TUTUEC

This is to certify that

Name: BADARIAH BINTE A GHAFFAR

NRIC: S1375107B

is Unfit for Work

for 3 day(s) from 30-May-2018 to 01-Jun-2018

Remarks:

Doctor: Chia Hiang Kiat  
MCR: M03889Z



\* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

# National Clinic

BLK 352 CLEMENTI AVE 2, #01-119, SINGAPORE 120352 TEL: 67760127

## Payment Receipt

### Payer Info

BADARIAH BINTE A GHAFFAR  
352  
CLEMENTI AVENUE 2  
02 - 97  
120352

Invoice No. : GPC\_110856  
Invoice Date : 30 May 2018  
Account No : RE018465

### Payment Details

Payer Name : BADARIAH BINTE A  
GHAFFAR

Payable Amount: \$12.00

| MODE | AMOUNT  |
|------|---------|
| Cash | \$12.00 |

|                       |         |
|-----------------------|---------|
| Total Paid:           | \$12.00 |
| Cash Rounding:        | \$0.00  |
| *Other Payments:      | \$0.00  |
| *Outstanding Balance: | \$0.00  |

\* Information is accurate as at time of printing  
Printed on 30 May 2018 10:06:22 by Mabel Chang



TEO CLINIC & SURGERY PTE LTD

352 Clementi Avenue 2, #01-111, Singapore 120352

MEDICAL CERTIFICATE

Number : 0000093650

Date : 30-May-18

---

This is to certify that  
ROHAIZAD BIN A KADER  
is Unfit for Duty for 3 days  
from 30-May-18 to 1-Jun-18 inclusive.

---

Dr Teo Tiong Kiat

Signature  
Dr. Teo Tiong Kiat  
MBBS, GDCM, GDMH  
MCF No: 02507E DWD No: 0088

Claim Handling

Exit

Accident NT/0996400

|                     |                       |                     |              |                      |           |
|---------------------|-----------------------|---------------------|--------------|----------------------|-----------|
| Policy No.          | 5057947900            | Vehicle No.         | 5LD9524G     | GST Registration No. |           |
| Policyholder Name   | ROHAIZAD BIN A KADER  |                     |              | Policyholder NRIC    | S12893001 |
| Product Code        | PRIVATE CAR INSURANCE | Cover Type          | 0rvo CLASSIC | Loading              | 0         |
| Contact No.(Mobile) | 94592767              | Contact No.(Office) |              | Contact No.(Home)    |           |
| Email Address       |                       | Special Network     |              | eCode                | No        |
| KFK                 | - No Yes              | TCA                 | - No Yes     | eCode Reason         |           |
| NCD Protection      | No                    | NCD Entitlement(%)  | 90           | Private Hire         | No        |

Accident Details

|                   |  |                               |       |                     |                          |
|-------------------|--|-------------------------------|-------|---------------------|--------------------------|
| Report Date       | 30/05/2018 12:22                         | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Head to Rear |
| Date of Accident  | 28/05/2018                               | Time of Accident hh:mm        | 18:00 | Country of Accident | Singapore                |
| Reporting Centre  |  | Orange Force                  |       | ICM No.             |                          |
| Accident Location | CLEMINTI AVE 2 TOWARDS WEST COAST AVENUE |                               |       |                     |                          |

Benefits

Excess

|                       |        |                             |        |                   |        |
|-----------------------|--------|-----------------------------|--------|-------------------|--------|
| Own damage Excess     | 000.00 | Additional Excess           | 0      | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00   | Outside Singapore OD Excess | 000.00 |                   |        |
| Third Party Excess    | 0.00   | Outside Singapore TP Excess | 0.00   |                   |        |

GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

Policyholder Mailing Address

|           |                |                       |                   |           |                  |
|-----------|----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 352 #02-97 | Address 2             | CLEMINTI AVE 2    | Address 3 | SINGAPORE 120352 |
| Address 4 |                | Address Type          | Singapore address | Post Code | 120352           |
| Unit No.  |                | Related Policy Number | 5057947900        |           |                  |

OT Driver Info

|   |                      |                     |                   |                        |                  |
|---|----------------------|---------------------|-------------------|------------------------|------------------|
| Driver Name                             | ROHAIZAD BIN A KADER | Driver Type         | Main Driver       | Driver DOB             | 07/07/1958       |
| Unnamed driver Name                     |                      | Driver NRIC         | S12893001         | Driving Experience     | 33               |
| Register Date of Driver License         | 10/12/1984           | Driver Age          | 59                | Contact No.(Home)      |                  |
| Contact No.(Mobile)                     | 94592767             | Contact No.(Office) |                   | Address 3              | SINGAPORE 120352 |
| Address 1                               | BLK 352 #02-97       | Address 2           | CLEMINTI AVE 2    | Address 4              |                  |
| Address 4                               |                      | Address Type        | Singapore address | Post Code              | 120352           |
| Unit No.                                |                      |                     |                   |                        |                  |
| Does he own a Singapore Registered car? | Yes - No             | Driver Vehicle No.  | 5LD9524G          | Driver Insurer Company | NTUC             |

Declaration

|                                     |      |             |          |
|-------------------------------------|------|-------------|----------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes - No |
|-------------------------------------|------|-------------|----------|

Modification History

Claim 001 OD-MX New

|                                |                                    |                         |                                  |                            |                  |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                   | OD-MX                              | Insured Name            | ROHAIZAD BIN A KADER             | Insured NRIC               | S12893001        |
| Contact No.(Mobile)            | 94592767                           | Contact No.(Home)       | 87791404                         | Contact No.(Office)        | 82681010         |
| Email Address                  |                                    | OT Vehicle Number       | 5LD9524G                         | TP Vehicle Number          | 81561117         |
| Claim Description              | 5LD9524G / S1561117 ON 28 May 2018 |                         |                                  |                            |                  |
| Preferred Workshop Contact No. |                                    | Insured Liability *     | Not at Fault                     | Name of Preferred Workshop |                  |
| Require Finalisation           | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Received         |
| Date Registered                | 30/05/2018 12:50                   | Claim Close Date        |                                  | Date Received              | 30/05/2018 00:00 |
| Report Taken By                | BOSLI WAHAB                        | Workshop Repairer       |                                  | Total Loss but Repaired    |                  |

Print AK letter

Save Submit

Attachment

|                    |            |             |                   |
|--------------------|------------|-------------|-------------------|
| Accident No.       | MT/0996400 | Claim No.   | 001               |
| Last Doc. Received | Yes No     | Upload Date | 30/05/2018 (2:53) |

| Path *                     | Category *          | Confidential | Urgency * | Description * |
|----------------------------|---------------------|--------------|-----------|---------------|
| Choose File No file chosen | Clear Please Select | NO           | Normal    |               |
| Choose File No file chosen | Clear Please Select | NO           | Normal    |               |
| Choose File No file chosen | Clear Please Select | NO           | Normal    |               |
| Choose File No file chosen | Clear Please Select | NO           | Normal    |               |
| Choose File No file chosen | Clear Please Select | NO           | Normal    |               |
| Choose File No file chosen | Clear Please Select | NO           | Normal    |               |
| Message Read               |                     |              |           |               |

Send Message Upload

Attachment List

| Attachment | Uploaded By/Date  | Category              | Urgency | Description                     | Msg Sent (CO) | Action |
|------------|---|-----------------------|---------|---------------------------------|---------------|--------|
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 May 2018 12:51 | SAS                   | Normal  | SAS 2018-5-30                   |               | Edit   |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 May 2018 12:51 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2018-5-30 |               | Edit   |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 30 May 2018 12:51 | Photos                | Normal  | Photos 2018-5-30                |               | Edit   |



|  |        |        |                  |      |
|--|--------|--------|------------------|------|
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:25 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:25 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:25 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:25 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:25 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:25 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:25 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:25 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:25 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:25 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:24 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:24 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:24 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:24 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:24 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:24 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:24 | Photos | Normal | Photos 2018-5-30 | Edit |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 30 May 2018 12:24 | Photos | Normal | Photos 2018-5-30 | Edit |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|-----------|--------|--------|
|------------------|-------------|-----------|--------|--------|

Display in New Window    Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: 28, 05, 2018 (DD/MM/YYYY), TIME: 1800 (HH:MM)

LOCATION: CLEMENTI AVE 2

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 95249  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY): \_\_\_\_\_

## 2. INSURED / POLICY HOLDER

- a) NAME: KOTIRAJU B M A. KADER (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 1289300T CONTACT: 94592767  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER.

## 3. DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 07/07/1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10-12-1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: BUKIT MERAH WEST

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJ3411T MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: THERESA TAN  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER  
( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

1) EMAIL :

2) VIDEO :

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1289300J



Name  
**ROHAIZAD BIN A KADER**

Race  
**MALAY**

Date of birth  
**07-07-1958**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S1289300J**  
Name

**ROHAIZAD BIN A KADER**

Birth Date **07 Jul 1958**

Issue Date **02 Mar 2004**



5881755



NRIC No. **S1289300J**



Date of issue  
**01-03-2018**

Address

**APT BLK 352 CLEMENTI AVENUE 2  
#02-97  
SINGAPORE 120352**

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

PASS PATH

**Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 10 Dec-1984**



NP 428A

## 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:** 5097947900

**Cover :** drivo CLASSIC

- |   |                        |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJD9524G</b>      |
| Chassis Number  | : MR053ZEE106101834    |
| 2. Name of Policyholder   | : ROHAIZAD BIN A KADER |
| 3. Effective Date of Insurance  | : 12 Feb 2018          |
| 4. Expiry Date of insurance   | : 11 Feb 2019          |
| 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 business or profession.   |                        |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600  |
| EXCESS (SECTION 2)                   | : N/A   |
| 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                       | : ROHAIZAD BIN A KADER                            |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : GV 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)

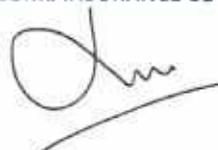
Agency : LQ INSURANCE AGENCY PTE LTD (00000613125)  
 Date of Issue : 12 Feb 2018 16:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorized Officer



\_\_\_\_\_  
 Chief Executive