

NATIONAL Assessment Centre Services (Ref: Jan 2005) <i>MAHARAJA</i>			
Date In: <i>18/06/2018 19:32</i>	Job description:	Date & Time Completed	Done by:
Ref No: <i>NA1803850</i>	SAS e-filing		
Veh No: <i>GU 3446 J</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>14/06/2018 18:25</i>	i-Motor Claim Form	<i>NA1803850-001</i>	<i>18/06/2018 19:54</i>
OD: <i>TP</i> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: <i>FBG 6860 E</i>	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

NA1803850

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Cat. II

Cat. 2 & 3:

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	18/06/2018 19:32
Date Of Accident	14/06/2018 18:25
Exact Location Of Accident	PIE CHANGI KPE (PIE)ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU3446J
Insured/Policyholder	
Name Of Registered Owner	IZ FOODS ENTERPRISE
Co Reg No	52945357J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92446865
Alternative Phone No	OFFICE-92446865

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5095231883
Cover Note Number	

Driver

Name of Driver	MOHAMED HASSAN BIN MOHD SALLEH
NRIC No	S1695611B
Date Of Birth	08/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92446865
Fax Number	
Contact Number	OTHERS-92446865
Email Address	NOEMAIL

Address	BLK 182 RIVERVALE CRESCENT #08-275
Postcode	540182
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
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: : MUHAMMAD A'LIFF BIN MOHAMED JURAIMI GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

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	FBG6460E
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MARZWAN BIN PAGIRA
NRIC/Passport Number	
Contact Number	87140659
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

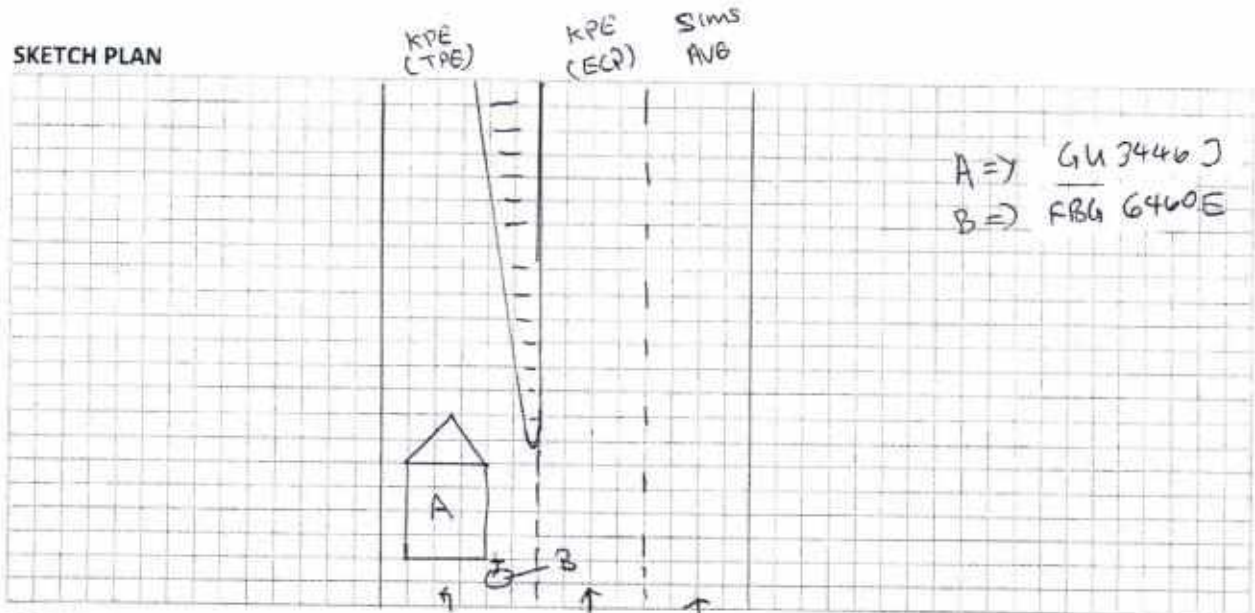
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling along the stated venue. Suddenly I felt an impact from the rear of my vehicle.

DECLARATION

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

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.:

Claim Handling

Accident MT/0999048

Policy No.	S095231863	Vehicle No.	GU3446J	GST Registration No.	
Policyholder Name	IZ FOODS ENTERPRISE			Policyholder NRIC	329453571
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	92446865	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
EFK	+ No - Yes	TCA	+ No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	18/06/2018 19:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/06/2018	Time of Accident hh:mm	19:05	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	PIE CHANGE KPE (PIE) ENTRANCE				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	111 NORTH BRIDGE ROAD	Address 2	#27-01 PENINSULA PLAZA	Address 3	SINGAPORE 179008
Address 4		Address Type	Singapore address	Post Code	179008
Unit No.		Related Policy Number	S098056220		

▼ Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED KASSAN BIN MOHD I	Driver NRIC	316956118	Driver DOB	08/09/1965
Register Date of Driver License	26/04/2017	Driver Age	52	Driving Experience	1
Contact No.(Mobile)	92446865	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 182 #08-275	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 540182
Address 4		Address Type	Foreign address	Post Code	540182
Unit No.	08-275				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GU3446J	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 New

Claim Type *	OD-MX *	Insured Name	IZ FOODS ENTERPRISE	Insured NRIC	329453571
Contact No.(Mobile)		Contact No.(Home)	83639472	Contact No.(Office)	83891717
Email Address	iz_foods@hotmail.com	Q1 Vehicle Number	GU3446J	TP Vehicle Number	PBG6460E
Claim Description	GU3446J / PBG6460E ON 14 Jun 2018				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes *	Insured Liability *	Not at Fault *		
Date Registered	18/06/2018 19:53	Preferred Repair Option	Preferred Workshop, Name unknown *	GIA report	Received *
Report Taken By	MOSLI WAHAS	Claim Close Date		Date Received	18/06/2018 00:00

Print AX letter

Save Submit

Attachment

Accident No.	MT/0999048	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	18/06/2018 19:54
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Send Message Upload

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg. Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 18 Jun 2018 19:54	Photos	Normal	Photos 2018-6-18		Edit
	NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 18 Jun 2018 19:54	Photos	Normal	Photos 2018-6-18		Edit
	NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 18 Jun 2018 19:54	Photos	Normal	Photos 2018-6-18		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 19:54	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 19:54	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 19:54	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 19:54	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 19:54	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 19:54	SAS	Normal	SAS 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 19:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 19:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-18	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window Scan and uploading				

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14 / 06 / 2018 (dd/mm/yy) Time of Accident: 18 : 25 (24-HR-FORMAT)
Vehicle No.: GU3446J Vehicle Make & Model: Toyota
Exact location of Accident: PIE Changi, KPE (TPE) entrance
Policyholder's Name / IC No.: IZ Foods Enterprise (52945357J)
Driver's Name / IC No.: Mohamed Hassan Bin Mohd Salleh (As Above) ☐
Driver's Contact No.: 9244 6865 Company Contact No.: _____
Driver's Address: Bik 182 Rivervale Crescent #08-275 S(540182)
Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name: MUHAMMAD A'LIF BIN MUHAMMAD JURA'IM

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions: (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: Morzwani Bin Pagira Vehicle No.: FBG6460E
Driver's Contact No.: 8714 0654 Insurance Company (If any): MSIG

2. Driver's Name / IC No.: _____ Vehicle No.: _____
Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1695611B



NAME
MOHAMED HASSAN BIN MOHD
SALLEN
محمد حسن بن محمد سallen

Race
INDIAN


Date of Birth
08-09-1965

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

ICARD NO. S1695611B



MOHAMED HASSAN BIN MOHD
SALLEN

Birth Date: 08 Sep 1965

Issue Date: 26 Apr 2017

002678643E

4659880



NRIC No: S1695611B



APT BLK 182 RIVERVALE CRESCENT #08-275
SINGAPORE 540182
NRIC No: S1695611B

Date: 15/12/2012 No: 7260288

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 26 Apr 2017



Licence No: S1695611B

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 : 5095231883

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: GU134461

Chassis Number

: LHS621000517

2. Name of Policyholder

: IZ FOODS ENTERPRISE

3. Effective Date of Insurance

: 01 Dec 2017

4. Expiry Date of Insurance

: 30 Nov 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.

(b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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)

: N/A

EXCESS (SECTION 2)

: S\$1,500

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: LIAN HONG PRIVATE LIMITED

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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

: LIAN HONG PTE LTD (00000611606)

Date of Issue

: 20 Oct 2017 16:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive