

NATIONAL Assessment Centre Services

(Ref: J2402)

MMAY18098451

Date In: 30/07/2018 17:30	Job description	Date & Time Completed	Done by
Ref No: N/A/MC/80/8871/4	SAS e-filing		
Veh No: SKP 552J	E-mail (within 8hrs, ADC 2hrs)		
D.O.A: 30/07/2018 15:35	i-Motor Claim Form	MM/1005301-001	31/07/2018 11:14
OD (TP) 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: VN 994/E

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

MMAY1809822

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

1st Bill

Am't (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

On:

*N5: Courtesy Car / Tpl 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: Idnc Mobile 30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

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	30/07/2018 17:30
Date Of Accident	30/07/2018 15:35
Exact Location Of Accident	PSA VISTA BUILDING SIDE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP552J
Insured/Policyholder	
Name Of Registered Owner	PEER MOHAMED
Co Reg No	53332543M
Email Address	MOHAMED7517@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96181404
Alternative Phone No	OFFICE-96181404

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED (WIFE WAS AT THE PASSANGER SIT WAITING FOR INSURED)
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078863238-02
Cover Note Number	

Driver

Name of Driver	PEER MOHAMED S/O LEBBAIKUTTY
NRIC No	S6914129C
Date Of Birth	27/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96181404
Fax Number	
Contact Number	OTHERS-96181404
EMail Address	MOHAMED7517@GMAIL.COM

Address	BLK 74A REDHILL ROAD #03-42
Postcode	151074
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

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	YN9941E
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SELVARASU SATHISKUMAR
NRIC/Passport Number	03673528
Contact Number	66609202/62557355
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

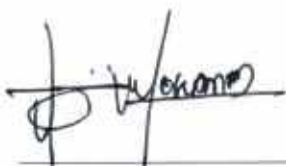
SKETCH PLAN

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: 30/7/2018
1625hrs.

PEER MOHAMED

Driver's Signature

(If driver is not the policyholder)
Date & Time:

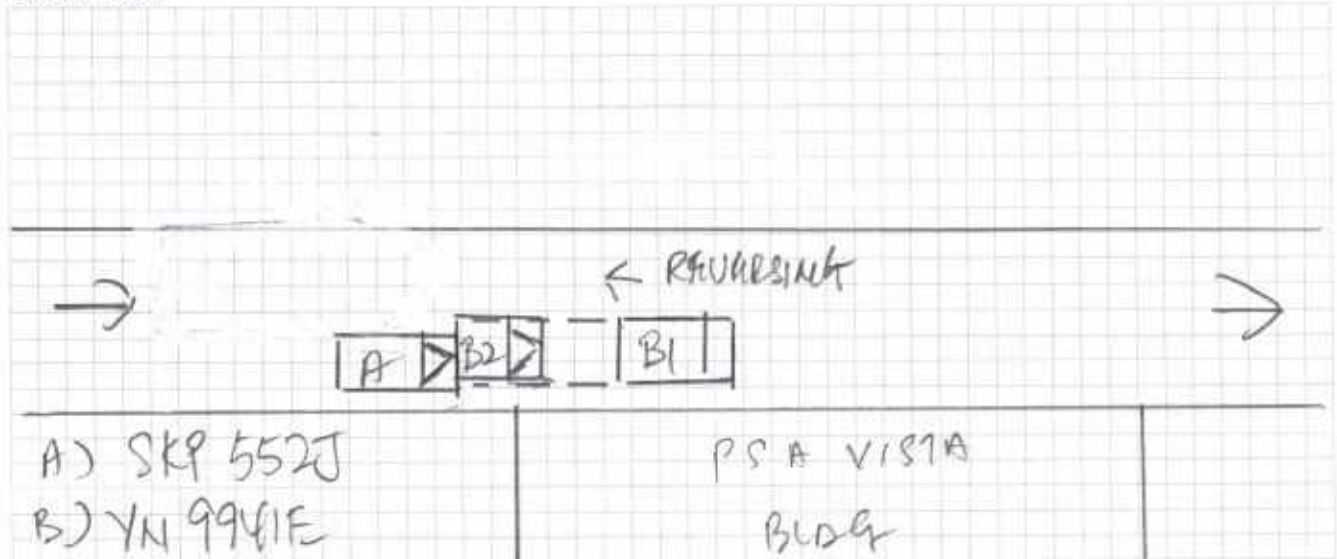


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked with my wife (IYESHA) NRIC 875036530 at the side road while I WENT TO TOILET.

I CAME BACK, I SAW THE BACK PORTION OF THE LORRY (YN 9941E) HAS KNOCKED MY FRONT PORTION OF THE CAR.

CHECKED WITH MY WIFE WHOM WAS INSIDE THE CAR WHILE THE LORRY REVERSED AND HIT THE CAR THAT, MY WIFE HORN AT THE DRIVER AND THE DRIVER DID NOT REALIZE AND KEEP REVERSING UNTILL HIT THE FRONT OF THE CAR.

MY VEHICLE WAS AT STATION POSITION WITH MY WIFE WAS INSIDE THE CAR WAITING FOR ME WHILE I WENT TO TOILET. WEATHER WAS DRY. ROAD WAS DRY. VISION WAS CLEAR AND SUNNY DAY.

DECLARATION

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

[Signature]

PEER MOHAMED

Policyholder's Signature

Date & Time: 30/9/2018
1635hrs.

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

31/07/2018

[Signature]
Roshni Wathani

DATE: 30-7-2018

VEHICLE NO: YN9941E

LOCATION: PSA USTA BUILDING (SIDE ROAD)

I, SELVARASU SATHISHKUMAR, WORK PERMIT

HOLDER NO: 036753528, hereby

declare that on 30/7/2018 @ about

3.35 PM, I REVERSE MY LORRY (YN9941E)

AND HIT THE FRONT OF THE CAR NO:

SKP552J, OWNER OF VEHICLE

PEER MOHAMED S691429-C.

MY EMPLOYER KHIAN HENG CONSTRUCTION
(PRIVATE) ~~THAN~~ LIMITED HAS ASKED
TO CLAIM INSURANCE.

DAMAGE VEHICLE NO:

SKP552J

PEER MOHAMED

HIT BY LORRY

NO: YN9941E

SELVARASU



Claim Handling

Task Transfer Exit

LOC SAL SUB

Accident MT/1005301

Policy No.	5078863238-02	Vehicle No.	SKP5521	GST Registration No.	53332543M
Certificate No.					
Policyholder Name	PEER MOHAMED			Policyholder NRIC	53332543M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96181404	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	31/07/2018 11:07	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	30/07/2018	Time of Accident hh:mm	15:35	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PSA VISTA BUILDING SIDE ROAD				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	Yes	GST Registration Date	24/03/2016
GST Registration No.	53332543M	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 74A #03-42	Address 2	REDHILL ROAD	Address 3	REDHILL RISE
Address 4	SINGAPORE 151074	Address Type	Singapore address	Post Code	151074
Unit No.	03-42	Related Policy Number	5078863238-02		

OI Driver Info

Driver Name	PEER MOHAMED S/O LEBBAIKUTTY	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6914129C	Driver DOB	27/04/1969
Register Date of Driver License	17/04/1998	Driver Age	49	Driving Experience	20
Contact No.(Mobile)	96181404	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKP5521	Driver Insurer Company	NTUC

Declaration

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

Investigation

Claim 001 OD-MX New

Claim Case Officer

Claim Type	OD-MX	Insured Name	PEER MOHAMED	Insured NRIC	533325
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SKP5521	TP Vehicle Number	YN9941
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claim Description	SKP5521 / YN9941E ON 30 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Receive
Date Registered	31/07/2018 11:38	Claim Close Date		Date Received	31/07/
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
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Remarks:

Attachment

[illegible]

Attachment List

[illegible]

<http://gicclaim.income.com.sg/gcs/icm/eclaim/reserveSearch.do?tabCode=Reserve&cas...> 31/7/2018

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 07 / 2018) (DD/MM/YYYY), TIME: (15 : 35) (HH:MM)

LOCATION: PSA VISTA SIDE ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP552J
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5078863238-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA A1723
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARKED.
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: PEER MOHAMED %/ LEBBAKUTU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 3691429-C CONTACT: 96181404
c) ADDRESS: BLD: 74A, #03-42, REDHILL ROAD

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (27 / 04 / 1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/4/1998

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN9941E MODEL: ISUZU
b) DRIVER'S NAME: SELVARASU SATHISH KUMAR
c) NRIC/FIN/PASSPORT: 036753528 CONTACT: 66609200/62557355

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: AS ABOVE MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = Mohamed 7517@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6914129C



Name

PEER MOHAMED S/O
LEBBAIKUTTY

Race

INDIAN

Date of birth

27-04-1969

Sex

M

Country/Place of birth

SINGAPORE



5574321



NRIC No. S6914129C



Date of issue

14-03-2016

Address

APT BLK 74A REDHILL ROAD
#03-42
SINGAPORE 151074

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S6914129C

PEER MOHAMED S/O
LEBBAIKUTTY

Birth Date 27 Apr 1969

Issue Date 10 Mar 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

Class 2/ Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

PASS DATE

25 Jan 1991

17 Apr 1995



NP 426A

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: 5078863238-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKP552J**
Chassis Number : **MR053REH104513790**
2. Name of Policyholder : **PEER MOHAMED**
3. Effective Date of Insurance : **11 Feb 2018**
4. Expiry Date of Insurance : **10 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 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\$2,000
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: PEER MOHAMED S/O LEBBAIKUTTY
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX 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 : INDEX AGENCY PTE LTD (00000572017)
Date of Issue : 07 Feb 2018 11:29 hrs
Reprint : 07 Feb 2018 11:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive