NATIONAL Assessment Centre Servi	ings	
Date In 11/68/2018 12:50 Jeb de	escription (15 are	
ROLNIN NATTHE PONICE LAND	e-filing Date & Time Completed [Done pi.
VehNo CVALLERI		
DOA 11/00/0 10	all (within 8hrs, AIC 2hrs)	
	otor Claim Form MT/1007261-001	3/8/18 11:
OD (1P.) Reporting Only 1-Pho	otor W/O (Within: OD 2hrs, TP 4hrs) oto Uplonded	
TP Insurer: Asses	ssment/Survey Report	
Preferred When 1100	Report by Fax / Hand to Owner/Wksp	
270 V	Tol: Fax:	Total State
Owner/Driver: (Ven No: SH746	4/4 . INC(.)/Non-INC()	
Policy No. (Tel:	-
) Period: () Cover Type: (
Confirmed by : (Date: Time:	
Insured/Driver Liability: (%) [Note-Est. S	Status (WO): N: 0-20%; P: 21-79%. F: 80-100%])
Warranty:	YES ()/NO()	
Excess: (\$) Loading: \$1,000 ()/	(\$2,000 ()	
General Remarks	いる。ないなどのできたが、これでは、	
	rictly Confidential & Strictly NO	
THOUSE OF THE PARTY OF THE PART	NTLY.	
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (-1100 TV -150 TV
1) Apply for Transport Allowance () / Courtesy Ca	ar ()	
3) Upload Resurvey Photo [Repair Cost > \$3000]	()	
3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()	
3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:		281.
3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:		
Delivery Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury : Actions Actions	Invoice Preparation Checklist Libi	5) . "Amit (5)
De Check / Post Repair Inspection De District Distri	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$50)	5) . "Amit (5)
Upload Resurvey Photo [Repair Cost > \$3000] Injury: afe/Time Actions	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120	5) . "Amit (5)
Deliver Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury : afe/Time Actions Actions	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$50) 3) TF: Towing Fee \$540/\$45 4) FT: Follow-Through Survey (Resurvey) \$320 5) PT: Follow-Through Survey (Resurvey) \$320	5) . "Amit (5)
Upload Resurvey Photo [Repair Cost > \$3000] Injury: afe/Time Actions imant's Particulars:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wcf 10 Jan 2005)	5) . "Amit (5)
Deliver Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury : afe/Time Actions Actions	Invoice Preparation Checklist 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); INC (580) 3) TF: Towing Fee 540/545 4) FT: Follow-Through Survey (Resurvey) 5300 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inepection 575 7) NI: Idae DA + SMRT Survey	5) . "Amit (5)
Dipload Resurvey Photo [Repair Cost > \$3000] Injury: ate/Time Actions wer/Owner naged Portion:	Involves Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fes \$40/545 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming scains: INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:	5) . "Amit (5)
Upload Resurvey Photo [Repair Cost > \$3000] Injury: afe/Time Actions imant's Particulars: ver/Owner stact No: maged Portion:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fes \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Pollow-Through Survey (Resurvey) \$30 For claiming seainst INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services: On'*	5) . "Amit (5)
Dipload Resurvey Photo [Repair Cost > \$3000] Injury: ate/Time Actions wer/Owner stact No: Checked by (Engr-In-Charge):	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) NI: Idae DA + SMRT Survey \$160 8) NTUC Additional Services: OD* *NS: Courtesy Car / Tpt Allowance \$53 *NS: Repair Co-ordination \$10 *N7: Post Repair Inspection \$52	5) . "Amit (5)
Upload Resurvey Photo [Repair Cost > \$3000] Injury: ate/Time Actions ver/Owner- ntact No: naged Portion: Checked by (Engr-In-Charge):	Involve Preparation Checklist Involve Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/545 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming assainst INC Only (wef 10 Jen 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services: On* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$55 TP / N1 \ TP \ T	5) . "Amit (5)
Description: Topics: Company: Checked by (Engr-In-Charge):	Involve Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) NI: Idae DA + SMRT Survey \$160 8) NTUC Additional Services: OD* *NS: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$225	5) . "Amit (5)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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

	ACCIDENT STATEMENT
Date Of Report	11/08/2018 12:50
Date Of Accident	11/08/2018 01:00
Exact Location Of Accident	OPHIR ROAD TWDS VICTORIA STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM6659L
Insured/Policyholder	
Name Of Registered Owner	ABDUL AZIZ BIN JONID
NRIC No	S1052790B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93975936
Alternative Phone No	OTHERS-93975936
Vehicle Particulars	- The No-30373330
Manufacturer	NISSAN
Model	
Exact Purpose for which vehicle was being used at time of accident	ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR CMFT 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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088380782-01
Cover Note Number	55555010201
Driver	
Name of Driver	KADIR BIN A RAHMAN
NRIC No	S0065567H
Date Of Birth	03/01/1952
Occupation	INDOOR
Date Of Driving Pass	02/01/1988
Driving Experience	30 YEARS AND 7 MONTHS
Sender	MALE
Mobile Number	
ax Number	(LOCAL) +65-93975936

OTHERS-93975936

NOEMAIL

Address

BLK 4 BEACH ROAD

#16-4957

Postcode

190004

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

FRIEND

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

2000

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:

: NIL

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

PLS REFER TO THE ATTACHED STATEMENT.

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

SH7441Y

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

CHOO SOONG HENG

NRIC/Passport Number

S6920956D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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

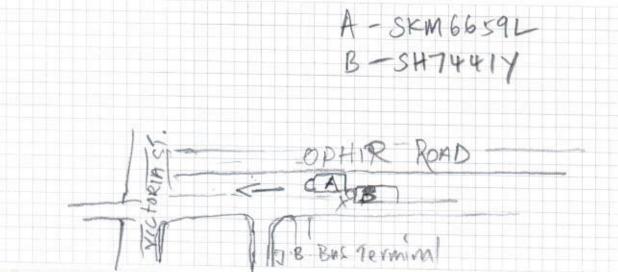
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was driving along opher Rd. forward victoria cti
at also t it a self the self t
acoust aim survenly a comfort tax hit my
left rear portion of my com cum lober 1 Him
at about It a.m. suddenly a comfort taxi hit my left rear portion of my can skm 6659 L. Here I am claiming the damage under 3rd party.
claiming the damage under 3rd party.

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:

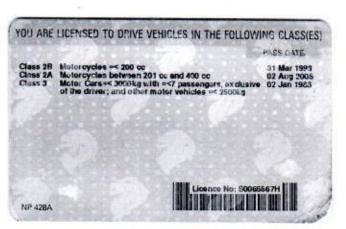
NRIC/FIN No .:

SPARMC Southbeam Form V3











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: 5088380782-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKM6659L

Chassis Number

Chassis Number

Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: MNTBBAN17Z0000944

: ABDUL AZIZ BIN JONID

: 27 Mar 2018

: 26 Mar 2019

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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$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 : ABDUL AZIZ BIN JONID

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : DBS BANK 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 : ELITE (L&G) ASSOCIATES (00000572855)

Date of Issue : 20 Mar 2018 15:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech								Genera	lClaim	
Hello, NAC_PAYA_UBI_80						· Chang	e Languag	· Chang	ge Password	· Log Ou
Ty Desktop Policy Query Notice of Loss Policy No. Vehicle No.(For Motor)		SKM66	59L		Date of Accident 11/08/		11/08/2018 0	08/2018 01:15		
	Select Policy No.	Certificate	Policyholder	Policyholder	Search		Vehicle	************		
	O 5088380782- 01	Number	Name ABDUL AZIZ BIN JONID	NRIC S1052790B	Product GPC	drivo CLASSIC	No.	Insured Object SKM6659L	Date 27/03/2018	26/03/2019

Policy No.	5088380782-01	Policyholder Name	ABDUL AZIZ BIN JONID	Policyholder	\$10527908
Certificate No.				NRIC	
Address	BLK 46 #02 - 40 MARINE CRES	CENT SINGAPO	ORE 440046		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	20/03/2018	Effective Date	27/03/2018 00:00	Expiry Date	26/03/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	ELITE (L&G) ASSOCIATES	Agent Tel.	63496237	GST Flag	Y
Co- insurance Flag	No			i come and	
Open Policy Info Certificate					
Info					
Policyh	older Mailing Address				
Address 1	BLK 46 #02 - 40	Address 2	MARINE CRESCENT	Address 3	SINGAPORE 440046
Address 4		Address Type	Singapore address	Post Code	440046
Unit No.		Related Policy Number	0079733955-15		
) Insure	d Object: SKM6659L				
□ Endors	ements				
Sequenc	e Date of Endorsement	Endorser	ment Type Endor	sement Status	Endorsement Content

Claim Handling

Accident MT/1007261						
Policy No.	5088380782-01	Vehicle No.	SKM6659L		GST Registration No.	
Certificate No.					GST Registration No.	
Policyholder Name	ABDUL AZIZ BIN JONID				Notice that a new	1-52.50
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Policyholder NRIC Loading	5105
Contact No.(Mobile)	93975936	Contact No.(Office)	0		Contact No.(Home)	0
Email Address		Special Remark			eCode	0
KFK	₩ No ○ Yes	TCA	® No ○ Yes			No 5
NCD Protection	No	NCD Entitlement(%)	20		eCode Reason	
□ Accident Details		and the second second	20		Private Hire	No
Report Date	15/08/2018 11:11	Accident Report Within 24 hrs	Total			
Date of Accident	11/08/2018	Time of Accident hhimm	Yes		Accident Type	Collis
Reporting Centre		Orange Force	01:00		Country of Accident	Singa
Accident Location	OPHIR ROAD TWDS VICTORIA STREET	Orange Force			ICM No.	
♥ Benefits						
♥ Excess						
Own damage Excess	600.00	OTTO SECURITION IN				
Unnamed Driver Excess	500.00	Additional Excess	0		Windscreen Excess	100.0
Third Party Excess		Outside Singapore OD Excess		600.00		
GST Registered Informa	0.00	Outside Singapore TP Excess		0.00		
SST Registered	100000					
35T Registration No.	No		GST Registration	Date		
Modification History			GST Status Veril	fied	Yes	
DOCUMENT OF THE PARK OF						
Policyholder Mailing Ad	dress					
Address 1	8LK 46 #02 - 40	#14/5/783	SAMPLE SA			
Address 4	001.10.202 10	Address 2	MARINE CRESCENT		Address 3	SING
Unit No.		Address Type	Singapore address		Post Code	4400
♥ OI Driver Info		Related Policy Number	0079733955-15			
Driver Name	Unnamed Driver					
Unnamed driver Name	KADIR BIN A RAHMAN	Driver Type	Unnamed Driver			
Register Date of Driver License		Driver NRIC	50065567H		Driver DOB	03/0
Contact No.(Mobile)	93975936	Driver Age	66		Driving Experience	30
Address 1		Contact No.(Office)	0		Contact No.(Home)	0
Address 4	BLK 4	Address 2	BEACH ROAD		Address 3	
Unit No.	0.000.000.000	Address Type	Singapore address		Post Code	1900
Does he own a Singapore	*16-4957					
Registered car?	○ Yes ■ No	Driver Vehicle No.			Driver Insurer Company	
Declaration Breathalyser or Blood Test						
Reading?	0 mg	Any injury?	○ Yes ® No			
Modification History						
Claim 001 OD-MX New	h					
Claim Type •	ОД-МХ	Insured Name	ABDUL AZIZ BIN JONID		Total Chara	_
Contact No.(Mobile)	94897735	Contact No.(Home)	NIL		Insured NRIC	\$105
mail Address		OI Vehicle Number	SKM6659L		Contact No.(Office)	-
Claim Description	SKM6659L / SH7441Y ON 11 Aug 2018		SKH0039L		TP Vehicle Number	SH74
referred Workshop Contact		March Control of the	_		Name of Preferred Workshop	_
lo.		Insured Liability *	Not at Fault			
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Na	me unknown	GIA report	Rece
Nate Registered	15/08/2018 11:19	Claim Close Date			Date Received	15/0
teport Taken By	KRISHNASAMY	Workshop Repairer			Total Loss but Repaired	-
Print AK letter					35	
			Save Submit			-
Attachment						
9						
Accident No.	MT/1007261		10 <u>20</u> 00000	Q.F.		
			Claim	NO.	001	



https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do