

NATIONAL Assessment Centre Services		MAY 18/13065	
Date In: 31/08/2018 15:00	Job description	Date & Time Completed	Done by
Ref No: N/A 11009634-001	SAS e-filing		
Veh No: PA 74764	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/08/2018 14:00	i-Motor Claim Form	M 11009634-001	31/08/2018 15:25
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: SUP 2741E	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% P: 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:	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2/3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$50)			
	3) TP: 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: Idao Mobile 30				
Invoice dated		Fee Charged		
Invoice dated		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	31/08/2018 15:00
Date Of Accident	28/08/2018 14:00
Exact Location Of Accident	HONG HENG GARDEN, 33 SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7476U
Insured/Policyholder	
Name Of Registered Owner	ACE TRADE FAIR AND EVENT MANAGEMENT
Co Reg No	53159196D
Email Address	SORANGAJE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81444331
Alternative Phone No	OFFICE-81444331

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	REPORTING ONLY
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	5092270637-01
Cover Note Number	

Driver

Name of Driver	MOHAMED YAZID BIN HASSAN
NRIC No	S6900062B
Date Of Birth	02/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81444331
Fax Number	
Contact Number	OTHERS-81444331
EMail Address	SORANGAJE@GMAIL.COM

Address	BLK 121 BUKIT MERAH VIEW #05-50
Postcode	151121
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	SIDE SWIPE
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)	5
Passenger 1	NAME: : STUDENT GENDER: : MALE
Passenger 2	NAME: : STUDENT GENDER: : MALE
Passenger 3	NAME: : STUDENT GENDER: : MALE
Passenger 4	NAME: : STUDENT 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP2741E
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	CHEW GUOWEI, ALEX
NRIC/Passport Number	S8609508D
Contact Number	93297737
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

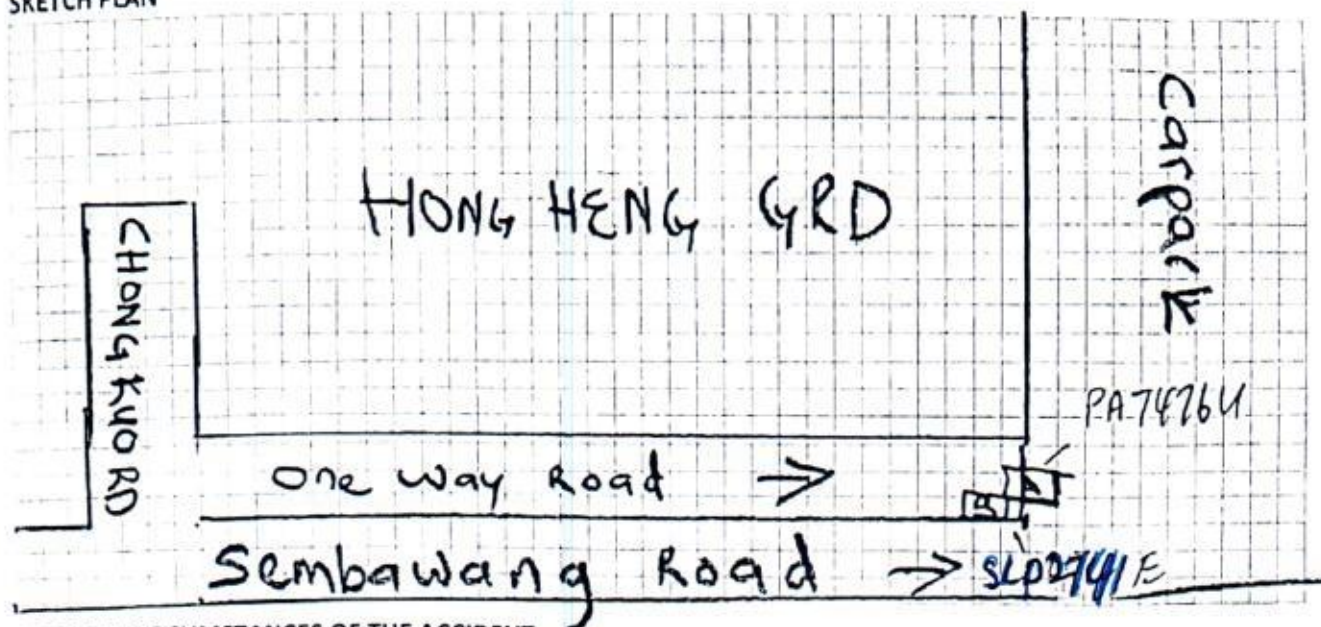


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 21 AUGUST 2018
0945 HRS.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 28 AUGUST 2018, TIME EST 1400HRS, I drive in a one road of 33 Sembawang Rd. That is my daily routine for dropping off one of the student at the coffee shop. When i was about to turn, i graze on the front right bumper, ^{as he park near to the stop line} and was a slight scratch after that i stop my van and the driver of the said car, quickly reverse his car and we start our conversation. We agreed to settle privately but on 30th of August 2018, He whatsapp me saying that he wanted to settle thru insurance. That small road not meant for parking of vehicle only for dropping off or pick up passenger.

DECLARATION

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



X Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31 AUGUST 2018

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

Claim Handling

Accident MT/1009634

Policy No.	S092270637-01	Vehicle No.	PA7476U	GST Registration No.	
Certificate No.					
Policyholder Name	ACE TRADE FAIR AND EVENT MANAGEMENT	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	531591960
Product Code	BUS INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81444331	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	31/08/2018 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/08/2018	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HONG HENG GARDEN, 33 SEMBAWANG ROAD				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 537 #12-599	Address 2	BUKIT BATOK STREET 52	Address 3	SINGAPORE 650537
Address 4		Address Type	Singapore address	Post Code	650537
Unit No.	12-599	Related Policy Number	S102810243		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/01/1969
Unnamed driver Name	MOHAMED YAZID BIN HASSAN	Driver NRIC	S6900062B	Driving Experience	14
Register Date of Driver License	29/12/2003	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	81444331	Contact No.(Office)		Address 3	SINGAPORE 151121
Address 1	BLK 121 #05-50	Address 2	BUKIT MERAH VIEW	Post Code	151121
Address 4		Address Type	Foreign address		
Unit No.	05-50				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	PA7476U	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ACE TRADE FAIR AND EVENT M	Insured NRIC	531591
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	PA7476U	TP Vehicle Number	SLP274
Claim Description	PA7476U / SLP2741E ON 28 Aug 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown			
Date Registered	31/08/2018 15:20	Claim Close Date		Date Received	31/08/2018
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1009634	Claim No.	001
Last Doc. Received	Yes No	Upload Date	31/08/2018 15:25
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 15:25		Photos	Normal
		Description	Photos 2018-8-31



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NRIC/ Driving License

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NRIC/ Driving License 2018-8-31

NRIC/ Driving License

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NRIC/ Driving License 2018-8-31

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

sketch with cols stamp

ACCIDENT STATEMENT

ACCIDENT DATE: 28/08/2018 (DD/MM/YYYY), TIME: 14:00 (HH:MM)

LOCATION: HONG HENG GARDEN, 33 SEMBAWANG ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 7476 U
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5092270637-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE COMMUTER
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: ACE TRADE FAIR AND EVENT MANAGEMENT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMMED YAZID BIN HASSAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6900062 B CONTACT: 81444331
c) ADDRESS: BIR 121, BUKIT MERAH VIEW #05-50
SC15121

*d) DATE OF BIRTH: 02/01/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29 DEC 2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLD 2741 E MODEL: RENAULT
b) DRIVER'S NAME: CHEW GUOWEI, ALEX
c) NRIC/FIN/PASSPORT: S8609508D CONTACT: 93297737

9. THIRD PARTY VEHICLE

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

EMAIL = serangaje@gmail.com

VIDEO = WITH OWNER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6900062B



Name

MOHAMED YAZID BIN HASSAN

Race

MALAY

Date of birth

02-01-1969

Sex

M

S6900062B

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S6900062B

Name

MOHAMED YAZID BIN HASSAN

Birth Date 02 Jan 1969

Issue Date 03 Aug 2010



4169925



NRIC No. S6900062B



Date of issue

02-02-2008

APT BLK 11 KIT MERAH VIEW #05-50

SINGAPORE 1121

NRIC No. S6900062B

Date: 26/09/2016

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

EFFECTIVE DATE

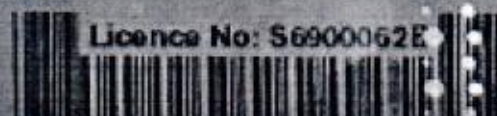
Class 2B Motorcycles =< 200 cc

14 Aug 1992


Class 3 Motor Cars =< 3000kg with =< 7 passengers, excluding the driver; and other motor vehicles =< 2500cc

29 Dec 2003

NP 428A



Licence No: S6900062B

Land Transport  Authority



VOCATIONAL LICENCE

Licence No : S6900062B

Name : MOHAMED YAZID BIN HASSAN

Issue Date : 21/5/2015

Please visit www.lta.gov.sg to check
the status of this vocational licence

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 : 5092270637-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: PA7476U

Chassis Number

: KDH2230002265

2. Name of Policyholder

: ACE TRADE FAIR AND EVENT MANAGEMENT

3. Effective Date of Insurance

: 13 Jul 2018

4. Expiry Date of Insurance

: 04 Jul 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 the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 14 passengers

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 (Other than for reward) 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.

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I) : N/A

EXCESS (SECTION II) : S\$3,000

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : THINK ONE 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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 13 Jul 2018 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive