NATIONAL Assessment Ce	ntre Services Met 1 Janios A	124 1814 1 F		
Date In: 3/9/18-15:47	Job description	Date &Time Completed	Done by	
Res No: NA / 14c 180/6032 /24	SAS e-filing			
Vch No: JM338TA	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 1/9/18-16-00	i-Motor Claim Form	M71109874-101	3/9/18 16:07	3
70	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		2 3300
OD (TP)! Reporting Only	i-Photo Uploaded			8 3
TD	Assessment/Survey Report			esta o
TP Insurer:	Ass't Report by Fax / Hane	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	
TP Particulars: Veh No: J	k]96166 . INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: (Cover Type: ()	- 350
Confirmed by : (Date:	Time:)	
	6) [Note-Est. Status (WO): N: 0-	20%: P: 21-79%. F: 30-1	100%]	-
Year of Registration: () Warranty: YES ()/NO ()		-
	\$1,000 ()/\$2,000 ()			
		And Strongers Co. Log (1) And Service	N 25 S 17 T 17 S 1	
General Remarks:-				-
() Walk-In Customer: Customer's	information strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY.	in the state of th	9	
Drive-In ()/Towed-In (); Inv	voice: YES() / NO();	Towing Co: (*)
			775037360 "ST	
Remarks:- (INC hotline: 6788 661)		Date&Timb Completed	Ser and laone by	-
1) Apply for Transport Allowance ()/Courtesy Car ()			-
2) QC Check / Post Repair Inspection	()		**	
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ()	and the same of the same of		
-23 P		15 140 Ø		
Injury:				
Date/Time Actions	1,000	7 - C 1 - SE	DIM COUNTY	E P
			Array to read per	
				-
				-
41805596	Inveice Pr	eparation Checklist	Control of the Contro	nt (3
41803346			IN BILL Ad	d Bi
nimant's Particulars :-	1) AR : Accide 2) DA : Dames	e Assessment (\$100); INC (\$8	30)	
iver/Owner:	3) TF : Towing	Fee S40	0/\$45	_
TVCI/OW:ICI.	4) FT : Follow	Through Survey Through Survey (Resurvey)	\$120 \$30	
ntact No:	For claiming	against INC Only (wef 10 Jan 2005		
maged Portion:	6) TR : Re-ius	ection	\$75	
maged Fordon.		T. Division and the	\$160	-
	\$) NTUC Addi	tional Services:-		
Checked by (Engr-In-Charge):		sy Car / Tpt Allowance	\$5	
	•N6: Repair	Co-ordination	510	
iditors' Comments :-		epair Inspection	\$25	
Child to far white he was not been to by the regular to the terms.		ollect Excess Coordination P (Non INC) against INC	\$20	
<u> 1</u> :	9) N12: Idao N		30	
2/3;	Invoice dated	Fee Charged		17
andromentalis	Invoice dated	Fee Charged	SERM	

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 witholding 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 loagement of this report to the insurers, you aforesaid,	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
Supplied the Parking State (SEC)	ACCIDENT STATEMENT
Date Of Report	03/09/2018 15:47
Date Of Accident	01/09/2018 16:00
Exact Location Of Accident	MARINE PARADE RD BEFORE MARINE PARADE CENTRAL
Country/State of Loss	SINGAPORE
the second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM8385A
Insured/Policyholder	
Name Of Registered Owner	ABDUL KADER BIN ALI
NRIC No	S1773534I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94599367
Alternative Phone No	OFFICE-94599367

Vehicle Particulars

Manufacturer HONDA

Model CITY 1.5L I-VTEC AUTO

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

THIRD PARTY If No, Please state action to be taken Vehicle Category PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5077109244-02

Cover Note Number

Driver

Name of Driver MUHAMMAD KHIDHIR BIN MOHAMED SUPI

NRIC No S9138178H Date Of Birth 22/10/1991 **INDOOR** Occupation Date Of Driving Pass 14/02/2017

Driving Experience 1 YEAR AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91828456

Fax Number

Contact Number OFFICE-91828456

EMail Address NOEMAIL Address BLK 314 YISHUN RING ROAD

#02-1188 760314

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured C

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

CHILDREN

-

Insurance Company of Driver's Own Vehicle

•

1

NO

3

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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 SKJ9616G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHONG JOON WOON

NRIC/Passport Number

Contact Number 90914864

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

NAME: GENDER: Passenger 2

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 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)
 - (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
- 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:

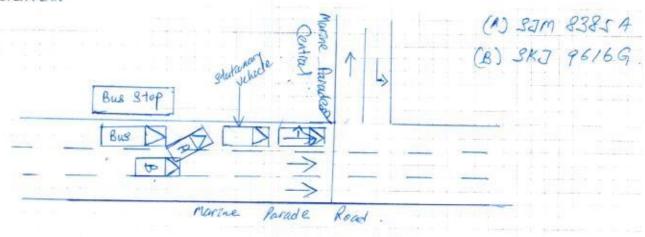
Driver's Signature (If driver is not the policyholder) Date & Time:

lun

NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	01 09 18 at @ 1600 hs, I was travelling in my vehicle (SIM 8385
along Murne A	unde Road before Marine Parade Central on the central lane.
1 saw a bi	us stopped at the bus-stop and after avertabour
the bus, 1	signal left and change that the extreme left lane
and stopped	due to traffec jammed ahead . Suddenly a vehoce
on the cer	signal left and change that the extreme left lane due to truffer jammed ahead: Suddenly, a vehice atre lene tried to squeeze through and as a
result, colla	ded onto the reas right side of my vehicle.
After the c	ollision, the said vehicle did not stop and
	I and make a ellegal turn from the central land
cuto Morane	herade Central. I then chose after him and
he only sta	sped before the carpark grantry to drop off his then offered \$500 for 200 pravate settlement, but
jussenger. He'	then offered \$500 for sett prevate settlement, but
the amount	was too low. He then agreed to report inswance
and admit	at facelt.

DECLARATION

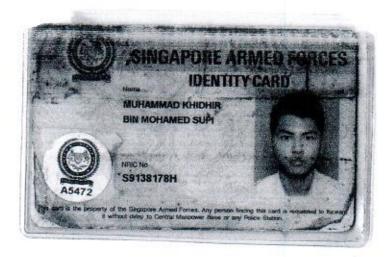
1/We declare the foregoing particulars are true in every respect.

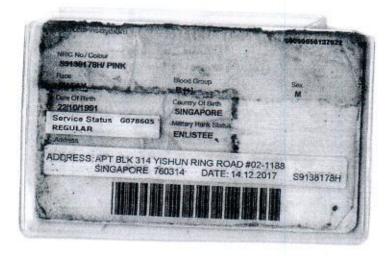
Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

Vehicle No.	SIM 8385 A Model/Make Honda City.
Date of Accident	0, 109/18.
Time of Accident	1600 HRS
Location of Accident	Marine Parade Road before Marine Parade Central
Exact purpose use during a	
Name of Owner	Abdul Kacker Bin Ali
Telephone No.	H/P: 9459 9367 · Home: Office:
NRIC	\$ 17735341.
Address	BLK 209A, Punggol Place #02-1276 (3) 821 209
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NIUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5077109244-02.
Name of Driver	As Above If No, Muhammad Khidhir Bin Mohamed Sup.
NRIC	3 9 138 178 H : Any Passengers : N.A.
Date of birth	22/10/1991
Occupation	Outdoor / Indoor
Driving License Pass Date	14/02/2017.
Gender	Male. Female
Contact No.	H/P: 9/82 8456 Home: Office:
Address	BLK 314, Yeshun Rong Road #62 -1188 (S) 760314.
Driver have any own vehicle	
Relationship	Employee, If no, state & Son
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	(No, If Yes, Where?
Vehicle B No.	SKJ 9616 G Any Passengers: 02 (IM) (IF)
Name of Driver	Chong Joon Woon Contact No.: 90914864.
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear Right Portion.
Camera Recorder	Yes (No).
Email Address	ndkhidhir 1991 @ hotmail . com.
HAVE YOU BEEN APPROACH	H BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIM	1S ASSISTANCE? Yes /(No
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixin
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	s sales @ n51. com. sg





Priver



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

Class 2B Motorcycles =< 280 CC
Class 2A Motorcycles briege 281 CC and 400 CC.
Class 3 Motor cares => 2800 kg with == 7 passengers, exclusive of the driver, and motor transcravitalicles =< 2500 kg

EMPECANE DATE 19 Feb 2014 17 Feb 2017 14 Feb 2017

S / No.9000238481

NP 428A

Literios No. 5013817881

Driver



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS A	AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS A	AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSI,	A)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Ce	ertificate Number: 5077109244-02	Cover : drivo CLASSIC
	Index mark and Registration Number of Vehicle Chassis Number	: SJM8385A
2.	Name of Policyholder	: MRHGM26509P020007 : ABDUL KADER BIN ALI
	Effective Date of Insurance	: 16 Jan 2018
4,	Expiry Date of Insurance	: 15 Jan 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.

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 T

	the state of the state of the Koad It	ansport Act, 1987 (ł
Agency	: TELESALES-DIRECT MARKETING (00000601661)		

Date of Issue : 03 Jan 2018 16:43 hrs Reprint : 03 Jan 2018 16:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	+ Chang	e Password	Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date o	of Accident	0	1/09/2018 1	6:00	
	Vehicle No. (For Motor)	SJM838	15A		Certifi	icate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5077109244- 02		ABDUL KADER BIN ALI	S17735341	GPC	drivo CLASSIC	5JM83854	SJM8385A	16/01/2018	15/01/2019
					Continue					

olicy No.	5077109244-02	Policyholder Name	ABDUL KA	DER BIN ALI	Policyholder NRIC	S1773534I	
ertificate o.		Meddan a					
ddress	BLK 209A #02-1276 PUNGGOL	PLACE SINGAR	ORE 82120	9			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	03/01/2018	Effective Date	16/01/201	18 00:00	Expiry Date	15/01/2019 23	1:59
Excess Type		All Claims Excess					
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			Young	/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETIN	IC Agent Tel.			GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 209A #02-1276	Addre	ess 2	PUNGGOL PLACE		Address 3	SINGAPORE 821209
Address 4		Addre	ess Type	Singapore address		Post Code	821209
Jnit No.		Relati Numb	ed Policy per	5025807671-10			
1 Insure	d Object: SJM8385A						
	sements						
Sequer	nce Date of Endorseme	ent	Endorseme	nt Type	Endorsement	Status	Endorsement Content

		Browse.		V Normal	V
		Browse	Clear Please Select	V Normal	- IMI
	Path +	Browse	Category *	Confidential Urgen	cy * Description *
E DIAC MELENNIS		aposo pace		Confidence	
t Doc. Received	⊕ Yes ○ No	Upload Date	03/09/2018 16:04		
cident No.	MT/1009874	Claim No.	001		
•					
ittachment					
			Save Submit		
Print AK letter					
sport Taken By	Jackson				
ate Registered	03/09/2018 16:03	Claim Close Date		Date Received	03/09/2018 00:00
iqure finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
		Insured Liability *	Not at Fault	2022/03/03	
aim Description eferred Workshop Contact	SJM8385A / SKJ9616G ON 1 Sept 2018			Name of Preferred Workshop	
almant Address					
simant Name +	22	Claimant NR3C *			
aimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
nal Address		Of Vehicle Number	S3M8385A	TP Vehicle Number	SK39616G
mact No.(Mobile)	94599367	Contact No. (Home)	63850477	Contact No.(Office)	
aim Type *	00-MX	Insured Name	ABOUL KADER BIN ALI	Insured NRJC	S1773534I
Claim 001 New					
The state of the s					
odification History					
eading?	85050	object A			
Ireathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
eclaration					
oes ne own a Singapore egistered car?	○ ves ® No	Driver Vehicle No.		Driver Insurer Company	
ne No. ses he own a Singapore	02-1188			AND ADDRESS OF THE PARTY OF THE	
dresa 4	22.1189	Address Type	Singapore address	Post Code	760314
dress I	BUK 314	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760314
intact No.(Mobile)	91828456	Contact No.(Office)	a .	Contact No.(Home)	0
greter Date of Driver License	14/02/2017	Driver Age	26	Driving Expenence	1
named driver Name	MUHAMMAD KHIDHER BIN MOH	Driver NRIC	S9138178H	Driver DOB	22/10/1991
iver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
OI Driver Info					
net No.		Related Policy Number	5025807671-10	20100000	58650.0
Scress 4	North Control of the	Address Type	Singapore address	Post Code	821209
Odvess 1	BUK 209A #02-1276	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE 821209
Policyholder Mailing Ad	dress				
of Registration No.			COST STREET SELLINGS	16	
ST Registered ST Registration No.	No		GST Registration Date GST Status Venfled	Yes	
GST Registered Informa			CONT. Development Transcript		
♥ Benefits	W.C.				
hird Perty Excess	0.00	Outside Singapore TP Excess	0.00		
nnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
wn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Tucess .					
codent Location	MARINE PARADE RO BEFORE MARINE PARA	NOE CENTRAL			
eporting Centre		Orange Force		ICM No.	
ate of Accident	01/09/2018	Time of Acodent hh:mm	16.00	Country of Accident	Singapore
eport Date	03/09/2018 15:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision + Head to Rear
Accident Details					
CD Protection	Yes	NCO Entitlement(%)	50	Private Hire	No
rk	® No ○Yes	TCA	No ○Yes	eCode Reason	
nail Address		Special Remark		eCode	THE V
ontact No.(Mobile)	94599367	Contact No.(Office)	6	Contact No.(Home)	0
	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
reduct Code				Policyholder NR3C	517735341
vicyholder Name	ABDUL KADER BIN ALI				
kicy No. intificate No. kicyholder Name oduct Code	5077109244-02	Vehicle No.	SJM8385A	GST Registration No.	

