

NATIONAL Assessment Centre Services <small>(ver 1 Jan 2003)</small> <i>19/01/2018</i>			
Date In <i>02/01/2018 15:59</i>	Job description	Date & Time Completed	Done by
Ref No <i>NBA/INC/18017851/4</i>	SAS e-filing		
Veh No <i>SJS 2285 m</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A <i>20/09/2018 19:15</i>	i-Motor Claim Form	<i>mtl104052001</i>	<i>02/01/2018 17:48</i>
OD <input checked="" type="radio"/> (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: <i>4BC 7845U</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

<i>N/A 1806240</i> 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 (\$)
			1st Bill	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 2003)			
	6) TR: Re-inspection \$75			
	7) N1: Idau DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
01)*				
*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 \$0				
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	02/10/2018 15:50
Date Of Accident	30/09/2018 19:15
Exact Location Of Accident	JUNCTION OF EAST COST ROAD AND JALAN BULOH PERINDU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2285M
Insured/Policyholder	
Name Of Registered Owner	REZ-KI.QAH TRADING
Co Reg No	53352957C
Email Address	SALIMMUDI49@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94366671
Alternative Phone No	OFFICE-94366671

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097828197
Cover Note Number	

Driver

Name of Driver	SALIM BIN MUDI
NRIC No	S1093294G
Date Of Birth	14/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94366671
Fax Number	
Contact Number	OFFICE-94366671
Email Address	SALIMMUDI49@GMAIL.COM

Address	BLK 810B CHOA CHU KANG AVENUE 7 #12-531
Postcode	682810
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	COLLISION - MAJOR/MINOR RD
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181001/2154 (TYPE OF COLLISION OS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	COULD NOT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC7345U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	RADIN MOHAMMAD SHAHEEN BIN SAINI
NRIC/Passport Number	S9041717G
Contact Number	87276695
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:

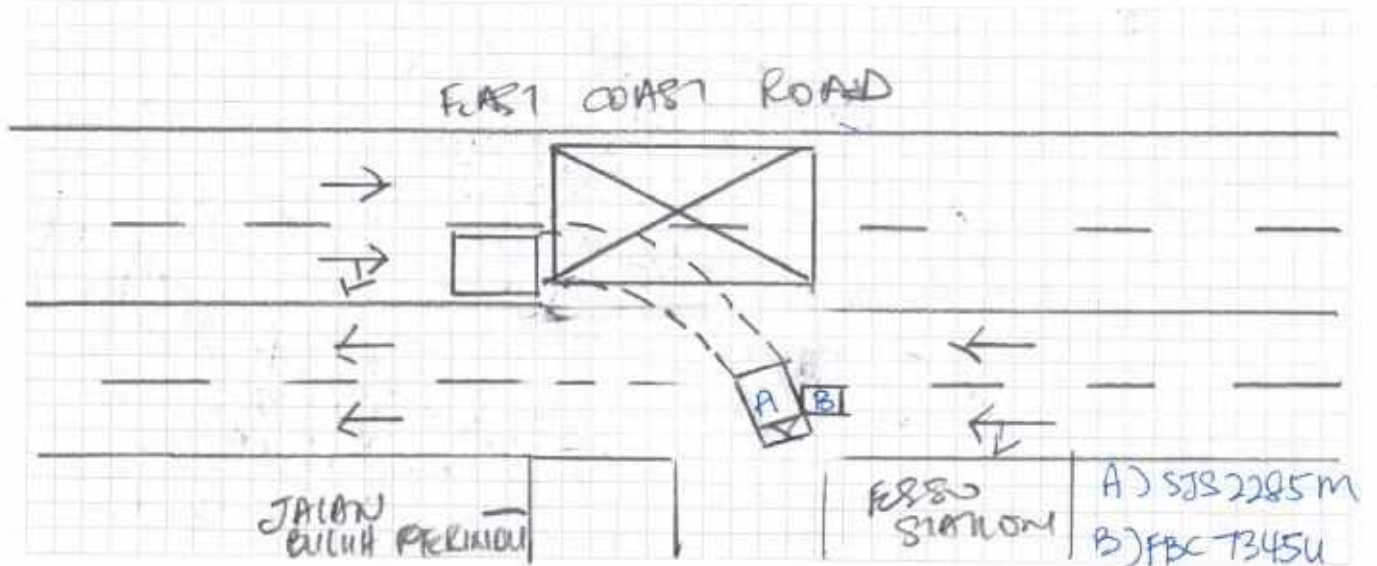
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

MS Referral to Police Report
7/2018/1001/2154

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.:



SINGAPORE POLICE FORCE



T/20181001/2154

1 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20181001/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2018 19:49	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars

Name of Informant: SALIM BIN MUDI			Address: APT BLK 810B CHOA CHU KANG AVENUE 7 #12-531 SINGAPORE 682810		
ID Type / ID No.: NRIC NO / S1093294G			Contact No.: Home/Office: Mobile: 94366671		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 14/06/1949	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Full Time 'GRAB' driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/09/2018 19:15	Type of Location:
Location: Junction of Road 1 and Road 2 EAST COAST ROAD JALAN BULOH PERINDU				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC7345U	Motorcycle				Slightly Damaged	0
SJS2285M	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181001/2154

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

2 of 3

Report No. T/20181001/2154

CONTINUATION OF REPORT

Rider				
Name	RADIN MOHAMMAD SHAHEEN BIN SAINI		ID No.	S9041717G
Related Vehicle	FBC7345U (Motorcycle)		Contact No.	87276695
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	SALIM BIN MUDI		ID No.	S1093294G
Related Vehicle	SJS2285M (Car)		Contact No.	94366671
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 30/09/2018 at about 1915hrs, I was driving my car along East Coast Road (towards Upper East Coast Road) in the right lane as I intended to make a right turn into Jalan Buloh Perindu. On approaching the junction, I slowed my car down. As it was safe for me to proceed on, I accelerated my car to do the right turn. To my surprise, I felt a sudden strong impact coming from the left side which was accompanied by a loud bang.

I alighted and discovered that a motorcycle has hit onto the left side of my car. I helped the rider and brought him to the roadside. I observed that there were dents and scratches stretching from the front left wheel mud guard to the end of the front left passenger door. Ambulance and Traffic Police arrived. At that moment, I did not feel any pain. Prior to leaving, the rider requested for private settlement and I agreed for it.

Earlier in the afternoon, the rider texted me that he wanted to claim against my insurance.



**SINGAPORE
POLICE FORCE**



T/20181001/2154

3 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20181001/2154

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Staff Sgt MUSHAWWIR BIN ADRUS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Signature Of Informant:

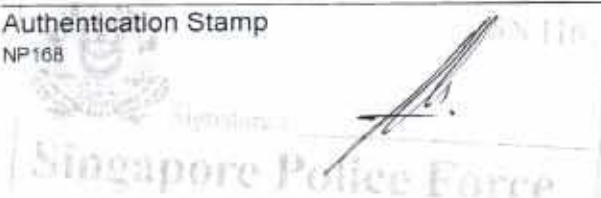
Date/Time:

01/10/2018 19:49

Classification Of Case:

Authentication Stamp

NP168



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of REZ-KI.QAH TRADING (53352957C)

Date: 07/01/2017

The Following Are The Brief Particulars of :

Name of Business	REZ-KI.QAH TRADING
Former Name(s) if any	
Date of Change of Name	
Registration No.	53352957C
Registration Date	26/12/2016
Commencement Date	26/12/2016
Status of Business	Live
Status Date	26/12/2016
Renewal Date	
Expiry Date	26/12/2017
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	810B CHOA CHU KANG AVENUE 7 #12-531 KEAT HONG COLOURS SINGAPORE (682810)
Date of Change of Address	

Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	
Activities (II)	
Description	

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
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INFORMATION RESOURCES

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Business Profile (Business) of REZ-KI.QAH TRADING (53352957C)

Date: 07/01/2017

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
SALIM B MUDI	S1093294G	SINGAPORE CITIZEN	403 PANDAN GARDENS #07-20 SINGAPORE (600403)	OSCARS	26/12/2016 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA170107115710

DATE : 07/01/2017

This is computer generated. Hence no signature required

Claim Handling

Accident MT/1014052

Policy No.	5097828197	Vehicle No.	SJS2285M	GST Registration No.	53352957C
Certificate No.					
Policyholder Name	SEZ-KI QAH TRADING	Driver Type	drive CLASSIC	Policyholder NRIC	53352957C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94366673	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No *
KFK	= No Yes	NCD Endowment(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	02/10/2018 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	30/09/2018	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Form		ICM No.	
Accident Location	JUNCTION OF EAST COST ROAD AND JALAN BULOH PERINGU				

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		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	26/12/2018
GST Registration No.	53352957C	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 810B #12-531	Address 2	CHOA CHU KANG AVENUE 7	Address 3	KEAT HONG COLOURS
Address 4	SINGAPORE 682810	Address Type	Singapore address	Post Code	682810
Unit No.	12-531	Related Policy Number	5097828197		

D1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/06/1949
Unnamed driver Name	SALIM BILLY MUOI	Driver NRIC	S1093294G	Driving Experience	3
Register Date of Driver License	23/05/2015	Driver Age	69	Contact No.(Home)	
Contact No.(Mobile)	94366673	Contact No.(Office)		Address 3	KEAT HONG COLOURS
Address 1	BLK 810B #12-531	Address 2	CHOA CHU KANG AVENUE 7	Post Code	682810
Address 4	SINGAPORE 682810	Address Type	Foreign address		
Unit No.	12-531				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJS2285M	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claims 001

New

Claim Type *	OD-MX	Insured Name	SEZ-KI QAH TRADING	Insured NRIC	53352957C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	951130
Email Address		DI		TP	
Claim Description		Vehicle Number	SJS2285M	Vehicle Number	FBC73
Preferred Workshop		SJS2285M / FBC7345U ON 20 Sept 2018		Name of Preferred Workshop	
Repaired	Yes	Insured Liability	Not at Fault		
Repaired	Repair Option	Preferred Workshop, Name unknown	CIA report	Received	
Date Registered		Claim Close Date	02/10/2018 17:47	Date Received	02/10/2018
Report Taken By			ROSLI WAHAB		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1014052	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	02/10/2018 17:48
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	Description	th
NAC_BUKIT_HERAH_900676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT HERAH)) on 02 Oct 2018 17:48		Photos	Normal	Photos 2018-10-2	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 17:48	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 17:48	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 17:48	Photos	Normal	Photos 2018-10-2
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 17:47	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 17:47	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 17:47	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 17:47	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 17:47	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 17:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 17:47	SAS	Normal	SAS 2018-10-2

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 30/09/2018 (DD/MM/YYYY), TIME: 19:15 (HH:MM)

LOCATION: EAST COAST ROAD (Jalan Buloh Perindu)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 2285M
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5097828197
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA STREAM
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
 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: REZ-KI. QAH TRADING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SALIM BIN MUOI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1093294G CONTACT: 94366671
 c) ADDRESS: BIC B10B #12-531 CHOA CHU KANG
AVE 7 S (682810)

*d) DATE OF BIRTH: 14/06/1949 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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: SJS 2285M MODEL: HONDA STREAM
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: FBCT345U MODEL: GILERA
 e) DRIVER'S NAME: RADIN MOHAMMAD SHAHEEN BIN SAIMI
 f) NRIC/FIN/PASSPORT: S9041717G CONTACT: B7276695

EMAIL: SALIMMUDI49@gmail.com
MOHD FAIRIZ BO@YAHOO.COM

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1093294G



Name

SALIM BIN MUDI

سالم بن مودي

Race

JAVANESE

Date of birth

14-06-1949

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1093294G

Name

SALIM BIN MUDI

Birth Date: 14 Jun 1949

Issue Date: 23 May 2015



602430664E

SG
50



4790555



NRIC No: S1093294G

Date of issue

08-11-2011

APT BLK 810B CHOA CHU KANG AVENUE 7 #12-531
SINGAPORE 882810

NRIC No: S1093294G

Date: 19/01/2017

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 23 May 2015

NP 428A



Licence No: S1093294G

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: 5097828197

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJ52285M
Chassis Number : RN61094695
2. Name of Policyholder : REZ-KI, QAH TRADING
3. Effective Date of Insurance : 02 Feb 2018
4. Expiry Date of Insurance : 01 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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)

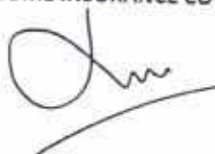
Agency : ALPINE CREDIT PTE LTD (00000610144)
Date of Issue : 31 Jan 2018 15:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive