

NATIONAL Assessment Centre Services. [part 1 Jan'03] **MNA 119037317.**

Date In: 21/3/119 11:46	Job description	Date & Time Completed	Done by
Ref No: MAI 0021900 5115164	SAS e-filing		
Veh No: SKK 6410J	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 2013/119 21:30-	I-Motor Claim Form		
OD: (11) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SHB 8096R	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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC Rollup: 67996610)	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

<p>Client's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1:</p> <p>Ref: 2/3:</p>		<p>NA1902092</p> <p>Invoice Itemization Check List</p> <table border="1"> <tr> <th>Item</th> <th>Amount (\$)</th> <th>Remarks</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>30.00</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>100.00</td> <td>INC (\$50)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>540/545</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>530</td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>375</td> <td></td> </tr> <tr> <td>7) NI: Idan DA + SMRT Survey</td> <td>1160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>ON:</td> <td></td> <td></td> </tr> <tr> <td>*N3: Courtesy Car / Tpt Allowance</td> <td>33</td> <td></td> </tr> <tr> <td>*N6: Repale Co-ordination</td> <td>510</td> <td></td> </tr> <tr> <td>*N7: Post Repale Inspection</td> <td>525</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Co-ordination</td> <td>33</td> <td></td> </tr> <tr> <td>TE (N11): TP (2-n INC) against INC</td> <td>520</td> <td></td> </tr> <tr> <td>9) N12: Idan Mobile</td> <td>30</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fax Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fax Charged</td> <td></td> </tr> </table>	Item	Amount (\$)	Remarks	1) AR: Accident Reporting (\$30)	30.00		2) DA: Damage Assessment (\$100)	100.00	INC (\$50)	3) TP: Towing Fee	540/545		4) PT: Follow-Through Survey	120		5) PT: Follow-Through Survey (Resurvey)	530		For claiming against INC Only (wef 10 Jan 2003)			6) TR: Re-inspection	375		7) NI: Idan DA + SMRT Survey	1160		8) NTUC Additional Services:			ON:			*N3: Courtesy Car / Tpt Allowance	33		*N6: Repale Co-ordination	510		*N7: Post Repale Inspection	525		*N8: DV / Collect Excess Co-ordination	33		TE (N11): TP (2-n INC) against INC	520		9) N12: Idan Mobile	30		Invoice dated	Fax Charged		Invoice dated	Fax Charged	
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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 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. 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	21/03/2019 11:46
Date Of Accident	20/03/2019 21:30
Exact Location Of Accident	BLK 545 AMK AVE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK6410J
Insured/Policyholder	
Name Of Registered Owner	SYED OMAR BIN AHMAD ALKAFF
NRIC No	S0079122I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92334306
Alternative Phone No	OFFICE-92334306
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120024711601
Cover Note Number	-
Driver	
Name of Driver	SYED OMAR BIN AHMAD ALKAFF
NRIC No	S0079122I
Date Of Birth	06/06/1952
Occupation	INDOOR
Date Of Driving Pass	16/11/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92334306
Fax Number	
Contact Number	OFFICE-92334306
E-Mail Address	NOEMAIL

Address	BLK 120 BEDOK RESERVOIR RD #04-170
Postcode	470120
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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 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	SHB8096R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SYED OMAR BIN AHMAD ALKAFF
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJK6410J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

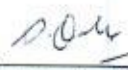
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8. Consent under the Personal Data Protection Act (PDPA)

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:

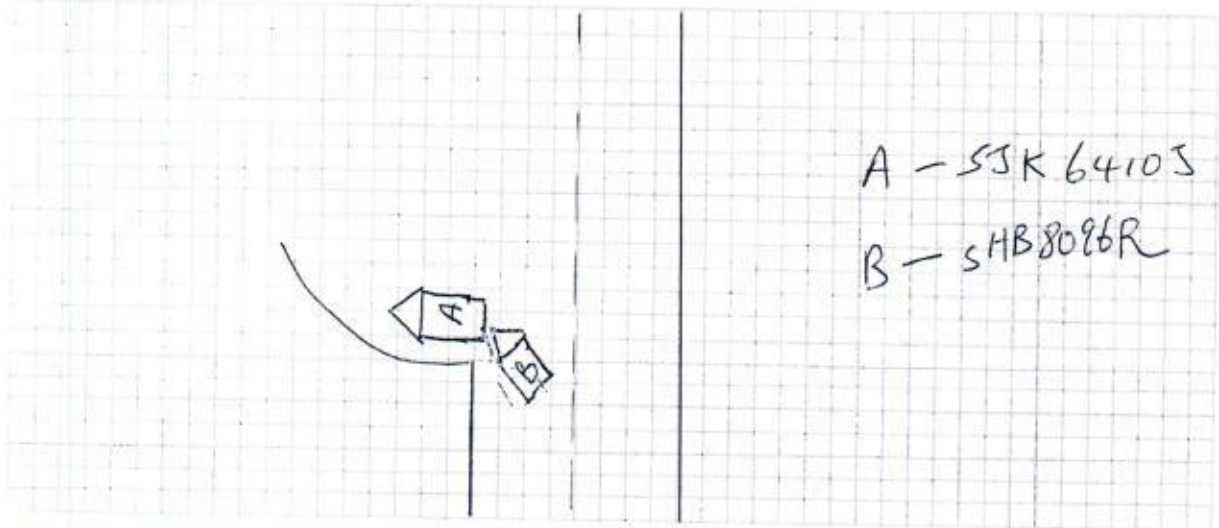


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated time and date, I was dropping my passengers at BLK 545 Ang Mo Kio Ave 10, suddenly a taxi hit on my rear portion.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

Date of Accident : 20/3/19 Accident Time: 9.30pm (24-HR-Format)
Accident Place : 4th BIK 545 Ang Mo Kio Ave 10
Vehicle No. (Car Plate No.) : SSK 6410J Make/Model: Mit Lancer 1.5
Insurance Company : AOI Policy No: DHOM120024711601
Owner or Company Name /IC No. : syed Omar Bin Ahmad Alkaff / 50679122I
Owner or Company Contact No. : _____ Owner's Hp 92324306 Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 6/6/1952 DRIVER'S License Pass Date 16/11/1982
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : B/K 120 Bedok Reservoir Road #04-170
DRIVER'S Contact No./ Alt No. : 1) _____ 2) S 470120
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 3 person
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle No: <u>SHB 8096R (NTUC)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

unknown - F

unknown - M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S00791221**

SYED OMAR BIN AHMAD ALKAFF

Birth Date **06 Jun 1952**
Issue Date **14 Apr 2003**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S00791221**



Name
SYED OMAR BIN AHMAD ALKAFF
سيد عمر بن احمد الكاف

Race
ARAB

Date of birth **06-06-1952** Sex **M**

Country of birth
SINGAPORE



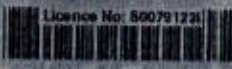
S00791221

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	17 May 1975
Class 2A	Motorcycles between 201 cc and 400 cc	17 May 1975
Class 2	Motorcycles exceeding 400 cc	17 May 1975
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Nov 1982

NP 428A

Licence No: **S00791221**



S00791221



NPIC No. **S00791221**



Date of issue
07-06-2012

APT BLK 120 BEDOK RESERVOIR ROAD #04-170
SINGAPORE 470120

S00791221 **27/05/2013**

Land Transport Authority



VOCATIONAL LICENCE

Licence No : 900791221

Name : SYED OMAR BIN AHMAD
ALKAFF

Card Issue Date : 28/12/2017

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

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	28/12/2017



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)

ORIGINAL

CERTIFICATE NO.	DHOM120024711601	Excess:	\$1500/- OTHERS
Type of Cover	COMPREHENSIVE		\$3000/- APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	SJK6410J		\$100/- WINDSCREEN DAMAGE CLAIM
Name of Insured	SYED OMAR BIN AHMAD ALKAFF		\$500/- NAMED DRIVERS
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 29 October 2018 to 28 October 2019

Engine# 4A910108062
Chassis# JMYSRCY2A9U000257

Hire Purchase UNITED OVERSEAS BANK LIMITED

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]
 AUTHORISED DRIVER

- (1) The Insured
- (2) Any other person who is driving on the Insured's order or with his permission
- (3) In the event of the death of the Insured
 - (a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and
 - (b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business
 THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person 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.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (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 Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

FCTTS Date : 10/10/2018

For the Company