

**NATIONAL Assessment Centre Services** [ver 1 Jan 06] **NA419059421**

Date In: <b>08/05/2019 11:52</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/71/9008026/4</b>	SAS e-filing		
Veh No: <b>8th 1125L</b>	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: <b>07/05/2019 17:00</b>	i-Motor Claim Form		
OD : TP <b>Reporting Only</b>	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: **SLT 7462J** 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

**NA1903284**

Claimant's Particulars:	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N in INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	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 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	08/05/2019 11:52
Date Of Accident	07/05/2019 17:10
Exact Location Of Accident	ALONG ULU PANDAN ROAD TOWARDS HOLLAND ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH1179L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAMALUDIN BIN JAMION
NRIC No	S1532499F
Email Address	JJAMALUDIN1179@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93691151
Alternative Phone No	OTHERS-93691151

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	M497155
Cover Note Number	

### Driver

Name of Driver	JAMALUDIN BIN JAMION
NRIC No	S1532499F
Date Of Birth	20/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93691151
Fax Number	
Contact Number	OTHERS-93691151
Email Address	JJAMALUDIN1179@GMAIL.COM

Address	BLK 3 MARSILING ROAD #06-5095
Postcode	730003
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?	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)	2
Passenger 1	NAME: : FRIEND GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ7462J
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG YAJUN
NRIC/Passport Number	S6985666G
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1



## 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: 4/5/2019

1157 Hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

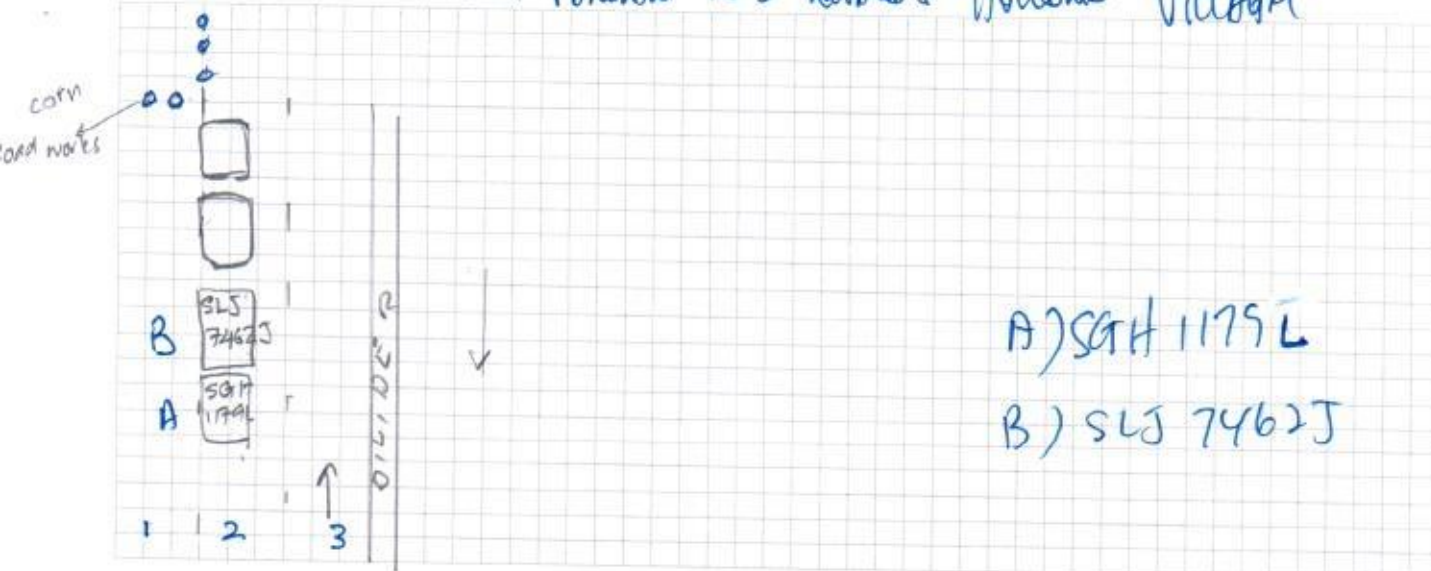
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

Along Ulu Pandan Road towards Holland Village



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while drive along Ulu Pandan Road at about 70 km/h as I was driving suddenly a Toyota Harrier (white) brakes at a centre lane of the road & I could not BRAKE on time & HIT THE CAR SLJ7462J PARK PARKING. THAT ALL

## DECLARATION

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

Policyholder's Signature

Date & Time: 8/5/2019 / 12:10 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Annex D

## NOTICE OF REPORTING

This is to confirm that **JAMALUDIN BIN JAMION**, NRIC/FIN **S1532499F**, has reported to the Police a non-injury traffic accident which occurred along **ULU PANDAN ROAD TOWARDS HOLLAND VILLAGE.**

On **07 MAY 2019** at **1710HRS** involving the following vehicles:

- 1) **SGH 1179 L - GREY TOYOTA WISH CAR**
- 2) **SLJ 7462J J - WHITE TOYOTA HARRIER CAR**

2 If this accident was reported to the Police within 24 hours of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: **W/Sgt(2) Siti Adilah**


Date: **08 MAY 2019** Time: **0727hrs**

Police Post/Unit: **Woodlands West NPC** S/D Ref: **07**

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

x 

WOODLANDS WEST NPC  
NO. 1 WOODLANDS STREET 1  
SINGAPORE 730621  
TEL: 1800 363 999

w/Sgt Adilah 

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 7 / 5 / 19 ) (DD/MM/YYYY), TIME: ( 17 : 10 ) (HH:MM)

LOCATION: ULU DANDAN ROAD TOWARDS HOSDAID ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGH 1179 L  
b) INSURANCE COMPANY: INDIA International Insurance A/L  
c) POLICY NUMBER: M49715  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA WISH  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: private  
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: Jamaludin Bin Jamion (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1582499A CONTACT: 9369 1151  
c) ADDRESS: BLK 3 MARILING ROAD N 06-5095 S(730003)

*Friend Remak*

\* No of passenger  
(Including driver)

(2)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( 20 / 07 / 1962 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16 April 1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: WOOD

## 8. THIRD PARTY VEHICLE

\* No of passenger  
(Including driver)

(1)

- a) VEHICLE NUMBER: SLJ 7462J MODEL: TOYOTA HARRIER  
b) DRIVER'S NAME: ZHANG YAJUN  
c) NRIC/FIN/PASSPORT: S6985666G CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

\* No of passenger  
(Including driver)

( )

- d) VEHICLE NUMBER: As above MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = jjamaludin117a@gmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1532499F



Name

JAMALUDIN BIN JAMION

Race

MALAY

Date of birth

20-07-1962

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1532499F

Name  
JAMALUDIN BIN JAMION

Birth Date: 20 Jul 1962  
Issue Date: 04 Sep 2003

1000801751A



NRIC No. S1532499F



Date of issue

09-05-2018

Address

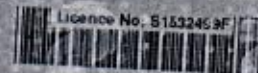
APT BLK 3 MARSILING ROAD  
#06-5095  
SINGAPORE 730003

5932919

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

	PASS DATE
Class 2A. Motorcycles not exceeding 200 cc	29 Oct 1979
Class 2A. Motorcycles between 201 cc and 400 cc	29 Oct 1979
Class 2. Motorcycles exceeding 400 cc	29 Oct 1979
Class 3. Motor Cars and Motor Tractors the weight of which does not exceed 3500 kilograms	16 Apr 1980

NP 428A



## 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)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.  
The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: **90290SE**  
**Third Party Fire & Theft**

Insured/Named Drivers Excess: **Nil**  
Young &/or Inexperience Drivers Excess: **S2500/- All Claims for age < 21 years or >65 years &/or S'pore D.L. < 2 years**

### CERTIFICATE NO.

**M497155**

1. Index Mark and Registration  
Number of Vehicle

**SGH 1179 L**

2. Name of Policy Holder

**Jamaludin Bin Jamion**

3. Effective date of the Commencement of  
Insurance for the purposes of the Act

**30<sup>th</sup> May 2018**

4. Date of Expiry of Insurance

**29<sup>th</sup> May 2019**

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

(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\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

**The Policy does not cover** use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\*Limitations 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).

Date of Issue: **hh/03.05.2018**



陳兄弟保險代理有限公司  
**TAN BROTHERS INSURANCE AGENCIES PTE LTD**  
10 ANSON ROAD, #11-16  
INTERNATIONAL PLAZA SINGAPORE 079903  
TEL: (65) 6220 1822 FAX: (65) 6224 6806  
E-MAIL: tan.brothers@tpagroup.com.sg

India International Insurance Pte. Ltd.  
(APPROVED INSURERS)

M.X. 1 (PRIVATE CAR)  
INDIVIDUAL OWNERSHIP

*Authorised Signatory*

### IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker: **Tan Brothers**

Hire Purchase Co: **Hong Leong Finance Limited**