NATIONAL Assessment Centre 5		() Jadobj			PS	
	Job description		Date & Time Com	preted	Done by	
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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		1
	JQ22357	INC()	95-22-43-23-3 25-17	
Owner / Driver: (7'el:		.)	
Policy No: () Period)	Cover Type: (
Constrmed by : (Date:	Timer		1	
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		5) FT : Follow	w-Through Survey (Rem	nievey) \$30		
Contact No:		6) TR : Re-ias	us against INC Only (w.	sef 10 Jan 2005) 575		
Damaged Portion:	·	7) N1 : Idau D	DA + SMRT Survey	\$160		
OC Charlest by Committee		OIL	ditional Services;		5	10.000,750
QC Checked by (Engr-In-Charge):		* N5: Cours * N6: Repair	riesy Cor / Tpt Allowing	511	0	
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		7) N12: Idne	Mobile			min 7 m
Int. 2/3:		Invoice dated		Fee Charged		
1 7 1 0						

MNA419073697 / National Assessment Centre Services - Bukit Merah ENTRY DATE & TIME: 06/06/2019/15:37 SUBMITTED BY: Krishnasamy s/d Gorindasamy

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT
Date Of Report	06/06/2019 15:37
Date Of Accident	05/06/2019 17:40
Exact Location Of Accident	BLK 10A (MULTISTOREY CARPARK) BEDOK SOUTH AVE 2
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD1275D
Insured/Policyholder	
Name Of Registered Owner	MUSA BIN PAIMAN
NRIC No	S1585646G
Email Address	MUSA.PAIMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98630143
Alternative Phone No	OTHERS-98630143
Vehicle Particulars	
Manufacturer	HONDA
Model	1
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080953167-03
Cover Note Number	
Driver	
Name of Driver	MUSA BIN PAIMAN
NRIC No	S1585646G
Date Of Birth	11/08/1963
Occupation	INDOOR
Date Of Driving Pass	15/12/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98630143
Fax Number	

OTHERS-98630143

MUSA.PAIMAN@GMAIL.COM

Address BLK 9 BEDOK SOUTH AVENUE 2

#04-528 460009

Postcode 460

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

Sinote

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

olved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

3

NO

NO

YES

NO

1

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJQ2235T

Vehicle Make/Model/Colour

MAZDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver KOH MAY LENG

NRIC/Passport Number

S1795182C

Contact Number

96530137

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SFW3263X

Page 2 of 13

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

HONDA

PRIVATE CAR

ABDUL QADIR

97365804

Page 3 of 13

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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.:

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I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personal	
Policyholder's Signature Driver's Signature Reporting Centre Person	
	11
	6/1
Date & Time: (If driver is not the policyholder) Name:	Parsonnel's Signati

PERSONAL PARTICULARS

Date of Accident: 05/6/2019 Time of Accident: 5:40 (24Hrs) Pm .
Vehicle No: SLD 1275 D. Vehicle Make/Model: Honda Vezel.
Exact Location of Accident: (OA) multisking carpak (Bedok South Ave 2)
Owner's Name/NRIC: Musa Bin Paiman I/c No: 315856466.
Driver's Name/NRIC: Masa Bin Paingn 7/4 No: 515856466.
Driver's Contact: 98630143 · Insurance Co & Policy No: NTUC Ins.: 5080953167-03
Driver's Email Address:
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify:
What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)
Private Use / Work Purpose
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation
Indoor / Outdoor
Any Injuries? (MC of 3 Days or more, police report is required)
Yes No If Yes, which police station?
The Other Party (Vehicle B) Details Driver's Name (IC: Koh Mour Jeon 1/C 1795182/C+ Vehicle No: SJQ 2235 T Mozdo
Driver s Name / C. 1997 1. Co.
Insurance Company: Driver's Contact: 96530137.
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle (): SFW 3263 x Hands. Abdul Oadir (97365804)
Independent Witness (If Any): Contact:
Preferred Workshop (If Any): Contact:
Preferred Workshop (If Any): Contact: * If no proper document are produced, IDAC should not file the report. * Information will be discarded after one week.







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

PASS DATE Class 2B Motorcycles not exceeding 200 cc 02 Jun 1984 Class 2A Motorcycles between 201 cc and 400 cc 04 Sep 1991 Motor Cars and Motor Tractors the weight of Class 3 15 Dec 1983 which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the Class 4 26 Oct 1988 weight of which unladen exceeds 2500 kilograms Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight 24 Nov 1988

of which unladen exceeds 7250 kilograms

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 (MALAYS(A)

Certificate Number: 5080953167-03

SLD1275D

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

Chassis Number

: RU11117110

2. Name of Policyholder

: MUSA BIN PAIMAN

: 02 Jun 2019

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 01 Jun 2020

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.

EXCESS (SECTION 1) EXCESS (SECTION 2) : \$\$600 1 N/A

WINDSCREEN EXCESS ADDITIONAL EXCESS

\$5100

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: YES YES

INSURE WITH COE NCD PROTECTION

: YES (FREE) : YES

TRANSPORT ALLOWANCE EXCESS WAIVER

: NO

PRIMARY DRIVER

: MUSA BIN PAIMAN : MUHAMMAD ZIKRI BIN MUSA

NAMED DRIVER (1) NAMED DRIVER (2)

: SOKMAWATI BTE SULAIMAN

HIRE PURCHASE COMPANY

: MAYBANK SINGAPORE LIMITED

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)

: CAR TIMES INSURANCE AGENCY PTE, LTD. (00000571584)

Date of issue

: 06 May 2019 12:42 hrs

Reprint

: 06 May 2019 12:42 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech								建		Genera	lClaim
Hello, NAC_BUKIT_MERAH	_800676						• Chang	e Languag	e Char	ige Password	, Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	Na.				Date	of Accident		05/06/2019	17:40	
	Vehicle	No.(Far Motor)	SLD127	75D		Certif	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5080953167- 03		MUSA BIN PAIMAN	S1585646G	GPC	drivo PREMIUM	SLD12750	SLD1275D	02/06/2019	01/06/2020
						Continue					

Sequen	ce Date of Endorsement	E	ndorsement	Туре	Endorsement	Status	Endorsement Content
○ Endorse	ements						
1nsure	d Object: SLD1275D	100,000/2001					
Jnit No.		Relate Number	d Policy er	5080953167-03			
Address 4		Addre	ss Type	Singapore address		Post Code	460009
Address 1	BLK 9 #04-528	Addre	ss 2	BEDOK SOUTH AVE	NUE 2	Address 3	SINGAPORE 460009
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	CAR TIMES INSURANCE AGENC	Agent Tel.	68415111		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy Issue Date	06/05/2019	Effective Date	02/06/2019	00:00	Expiry Date	01/06/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 9 #04-528 BEDOK SOUTH A	VENUE 2 SIN	GAPORE 460	009			
Certificate		reame			NRIC	223030100	
Policy No.	5080953167-03	Policyholder Name	MUSA BIN F	PAIMAN	Policyholder	S1585646G	

Continue Cancel