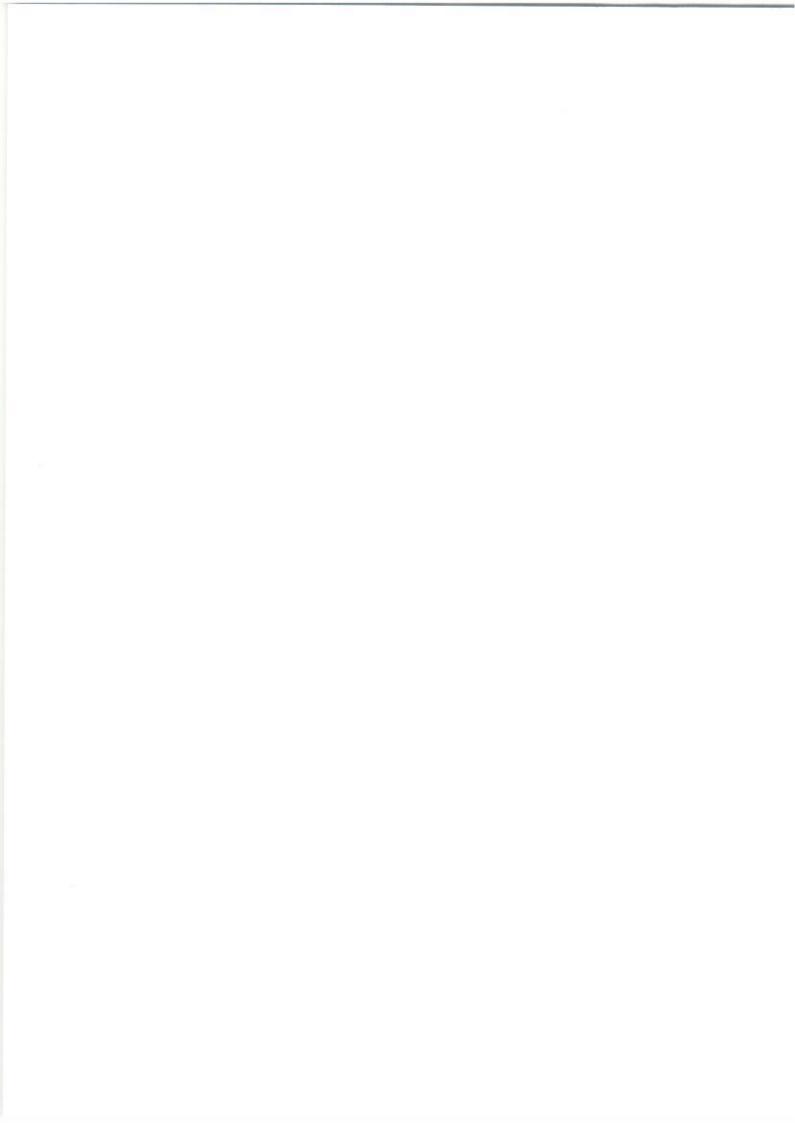
NATIONAL Assessment Centre	Services post land	h)		
Date In: 06/06/2019 15:37	Jeb description	Date & Time Comp	teted	Done by
KEINO: NBA/INC19009992/FY	SAS e-fling			
Veh No SLD 1275D	E-mail (when 8hrs, AfC)	lusj		
D.O.A: 05/06/2019 17:40	i-Motor Claim Form	MT/104	7922-00	7 5 1910
	i-Mator W/O (Within:	DD 2hrs. TP 4hrs)		
OD (TP ) Reporting Only	i-l'hoto Uploaded			
	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax / 1	fand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: [		Tel:	Fax:	
TP Particulars: Veh No: S	JQ2235T.1	NC( )/Non-INC(	)	
Owner / Driver: (		7'el:		)
Policy No: ( ) Peri	od: (	) Cover Type: (		
Constrmed by : (	Date	the second of the	T 40 100041	1
	ote-Est. Status (WO): 1		F: 80-100%]	
, 54, 51, 112, 112	arranty: YES ( )/NO	)( )		
Excess: (\$ ) Londing: \$1,00	0()/\$2,000()	- Committee and the second	-	
General Remarks		was and Modeland	<u></u>	
( ) Walk-In Customer : Customer's inform	mation strictly Confidenti	al & Strictly NO refer of re	spairer.	
( ) Total Loss Case : to e-mail Insure				
		); Towing Co. (	.,	)
	TEST / TOTAL		N 7/2 P 7 Exc	Thereston
Remarks: (INC) harling: 6788 6616)	The second secon	Date&Time Com	bro.out a review	Erone by
	ourtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )			
	The state of the s			
Injury:		OUTER-ALGERICAGE VINCENDA (A.	AND THE PROPERTY.	
Date/Time Actions	TERRESE ENGLISH		Standing of grant	
ANALYSIA ANA				
111111111111111111111111111111111111111				
		at a company of the same of the	Ale Tyle yy 73	Anit (\$)
NA 1904	097 Inve	ice Preparation Checkl	ist	Hi Bill Med Bill
TO JULIE THE STREET, ST. LEWIS CO., LANSING ST., LANSING	AR (1 BYSELF-LANDERS I) AR	: Accident Reporting (\$30);	INC (\$80)	<u> </u>
liumant's Particulars :-		: Dumage Assessment (\$100); : Towing Fee	\$40/\$45	
Oriver/Owner:	4) FT	Fellow-Through Survey	\$120 vev) \$30	
Contact No:	5) I-T	Follow-Through Survey (Resur claiming against INC Only (wel	10 Int 2005)	
	6) TR	: Ite-inspection	575	
Damiiged Portion:	7) NI	: Idao DA + SMRT Survey UC Additional Servines:-	\$160	
200 Charles In Co. T. Charles	(2)			
QC Checked by (Engr-In-Charge):	*N	5: Courtery Cor / Tpt Allowance 6: Repair Co-pediantion	55	
Charles and the property of the contract of	nie (Spanie waż rażus 11 *N	7: Fost Repnir Inspection	525	
Auditors Comments:	C. TELEP CANTON IN	8: DV / Collect Excess Coordina (N11): TP (Non INC) against it	tion \$5 NC \$20	
Zat. At		2: Idne Nobile	30	
Int. 2/3:	Invoi	ce dateil	en Charged	CONFER DESCRIPTION
F, 17.1	1.000	ne dered 1	ine Charged	COLOR IVIII



### SINGAPORE ACCIDENT STATEMENT

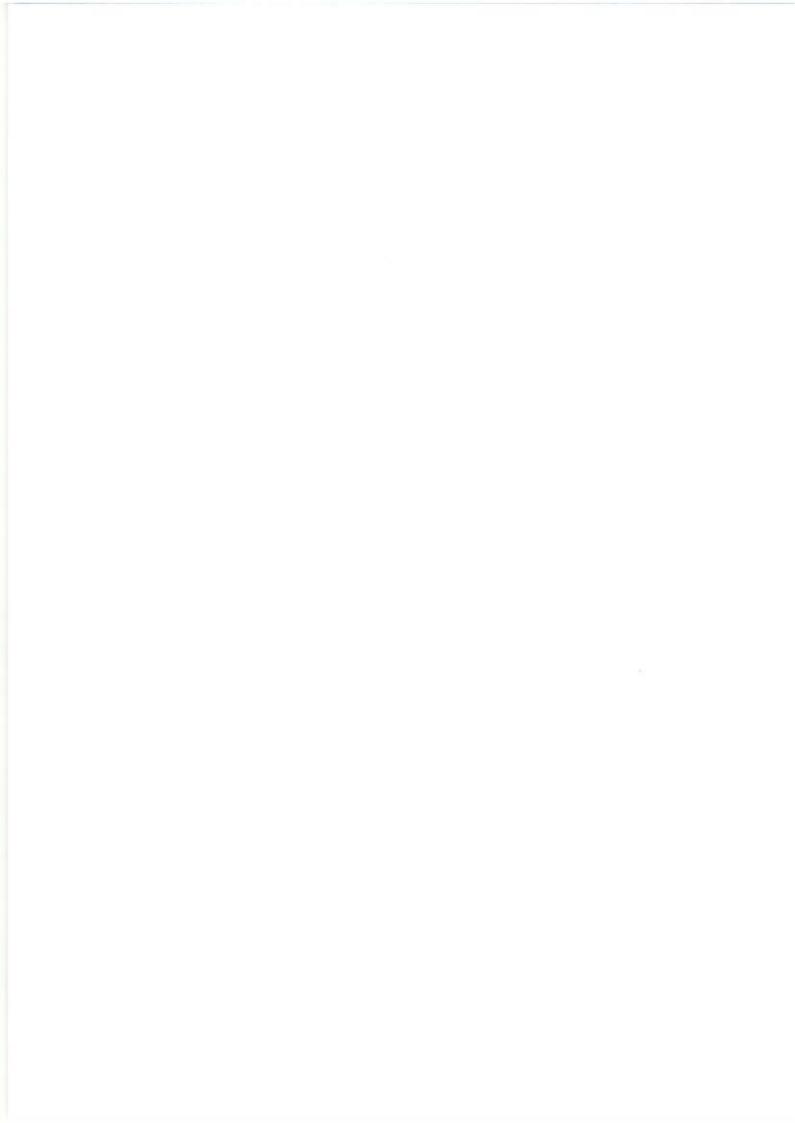
#### IMPORTANT NOTICE

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.
- 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.	
the part of the first of the annual their process of the section of	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
Mare the first of the selection of the selection of 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	
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	
Contact Number	OTHERS-98630143

MUSA.PAIMAN@GMAIL.COM



BLK 9 BEDOK SOUTH AVENUE 2 Address

#04-528

Postcode 460009

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

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

3

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

NO

Was any other material or property damaged?

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

YES NO

Number of Passengers (Including Driver)

1

**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

PLS REFER TO THE 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

SJQ2235T

Vehicle Make/Model/Colour

MAZDA

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR

KOH MAY LENG

NRIC/Passport Number

S1795182C

Contact Number

96530137

Address

Postcode

Insurance Company Name

Nature Of Damage

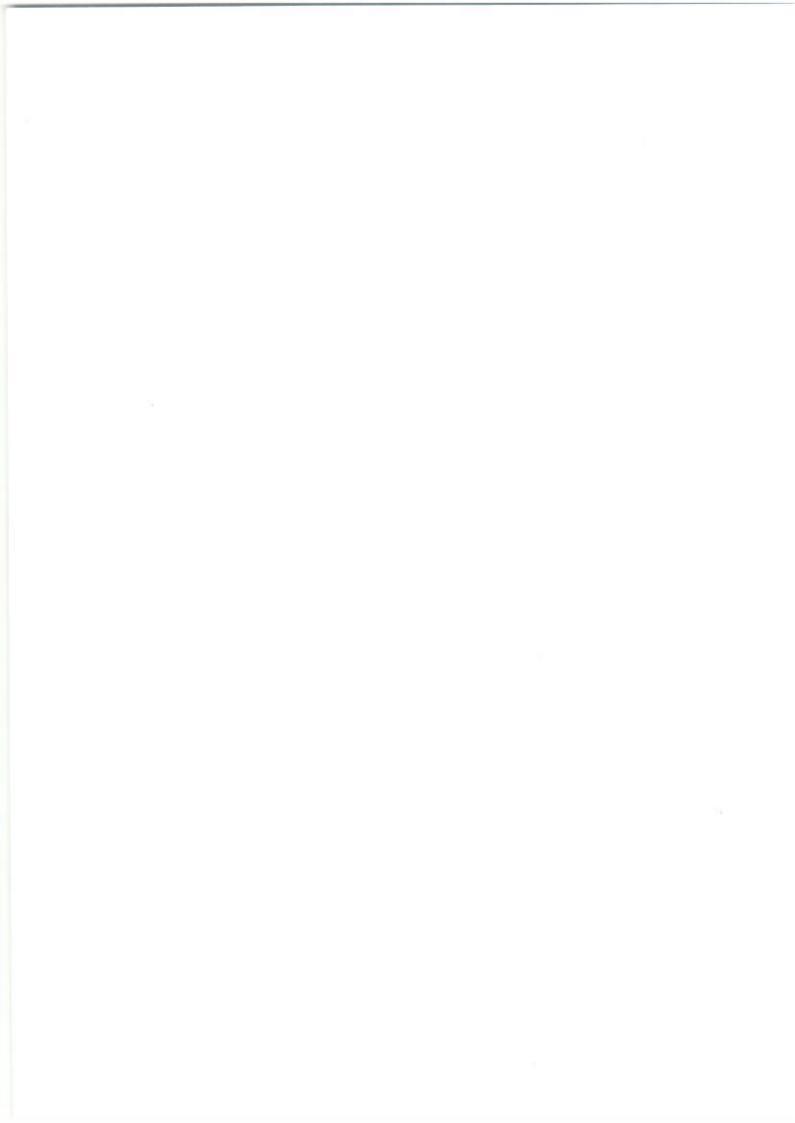
No. Of Passenger (Including Driver)

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.
- 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.
- 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.
- 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:
    - (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

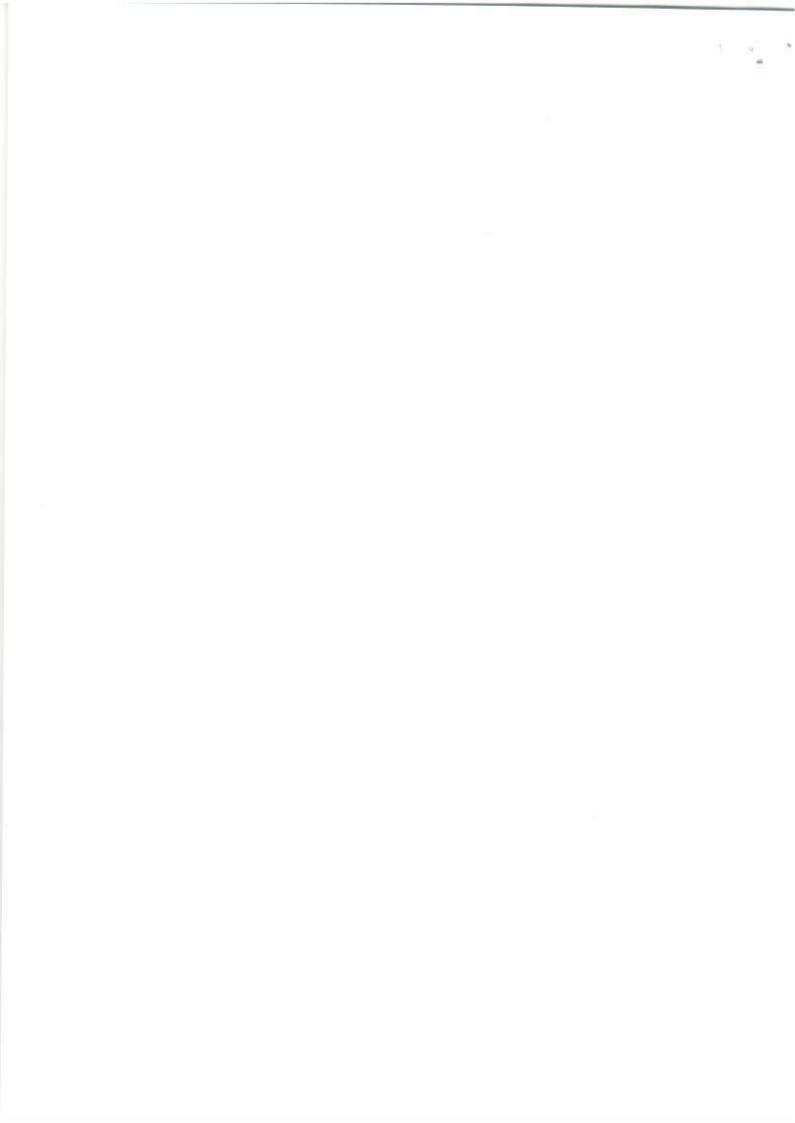
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

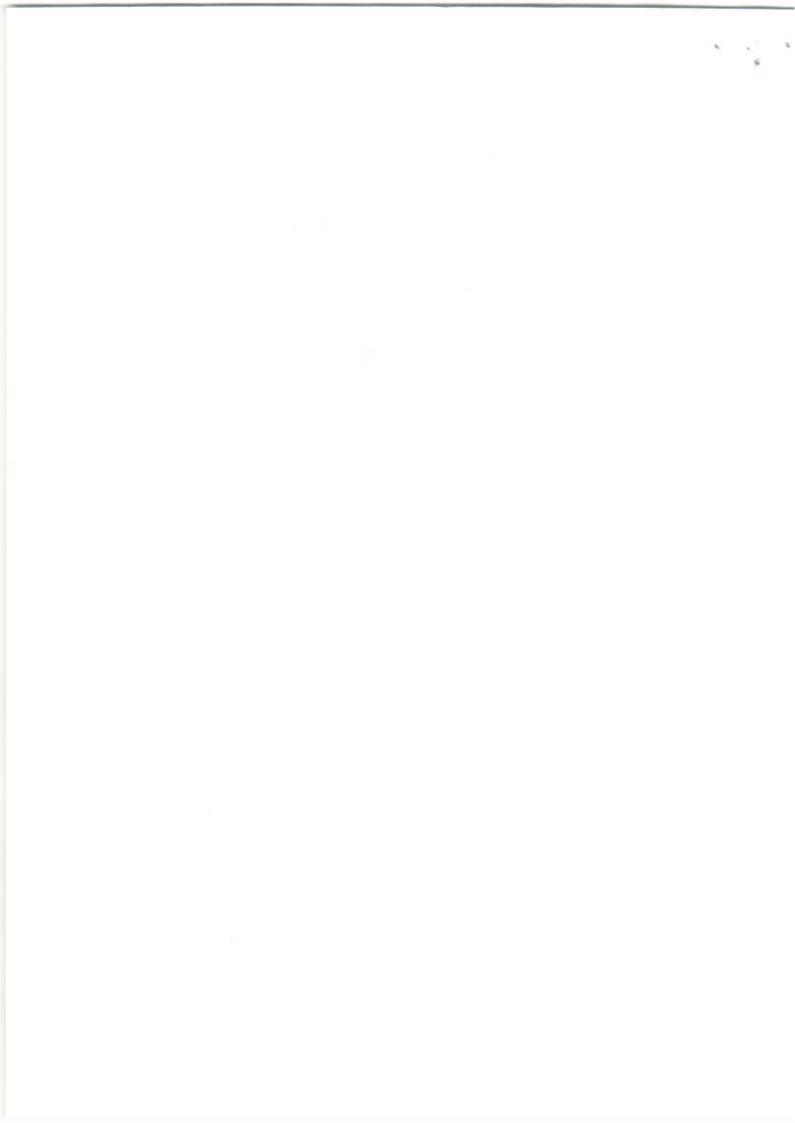
NRIC/FIN No.:



SKETCH PLAN BIK I of Multistorey Carpark) Bedok South Ave 2 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT no one was No one was inside was no where police was present car Owhich hit onto vehicle (B) the multistory carpark. I went outside to take photos of car ere advised by the traffic police to DECLARATION I/We declare the foregoing particulars are true in every respect Policyholder's Signature Driver's Signature Reporting Centre Parsonnel's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No .:

# PERSONAL PARTICULARS

Date of Accident: 05 / 6 /201 9 Time of Accident: 5 : 40	(ZAHITE) PM .
Vehicle No: SLD 1275 D. Vehicle Make/Model: Honda U	
Exact Location of Accident: OA mulfiskray Carpak (Bedok -	South Are 2)
Owner's Name/NRIC: Musa Bin Paiman I/c No: \$158561	
Driver's Name/NRIC: Mousa Bin Paingn 44 No: 5158	5646 G.
Driver's Contact: 98630143 · Insurance Co & Policy No: NTUC	Ins: 5080953167-03
Driver's Email Address:	om,
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify:	- The state of the
What do you wish to claim (Please circle one only)  1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Report	
Exact Purpose for which the vehicle was being used at time of accident? (Pleater Use) Work Purpose	ese circle one only)
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)	(3 460009)
Yes No If Yes, which police station?	
	SJQ 2235 T Mazda
Insurance Company: Driver's Co	ontact: 96530137.
(If more than 2 vehicles involved, please indicate the other party vehicle n	umbers below
Other Vehicle (Vehicle C): SFW 3263 x Hondo. Abdul (	Sadir (97365804)
Independent Witness (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 02 Jun 1984

04 Sep 1991 15 Dec 1983

Class 2B Motorcycles not exceeding 200 cc Motorcycles between 201 cc and 400 cc Motor Cars and Motor Tractors the weight of Class 2A Class 3

which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

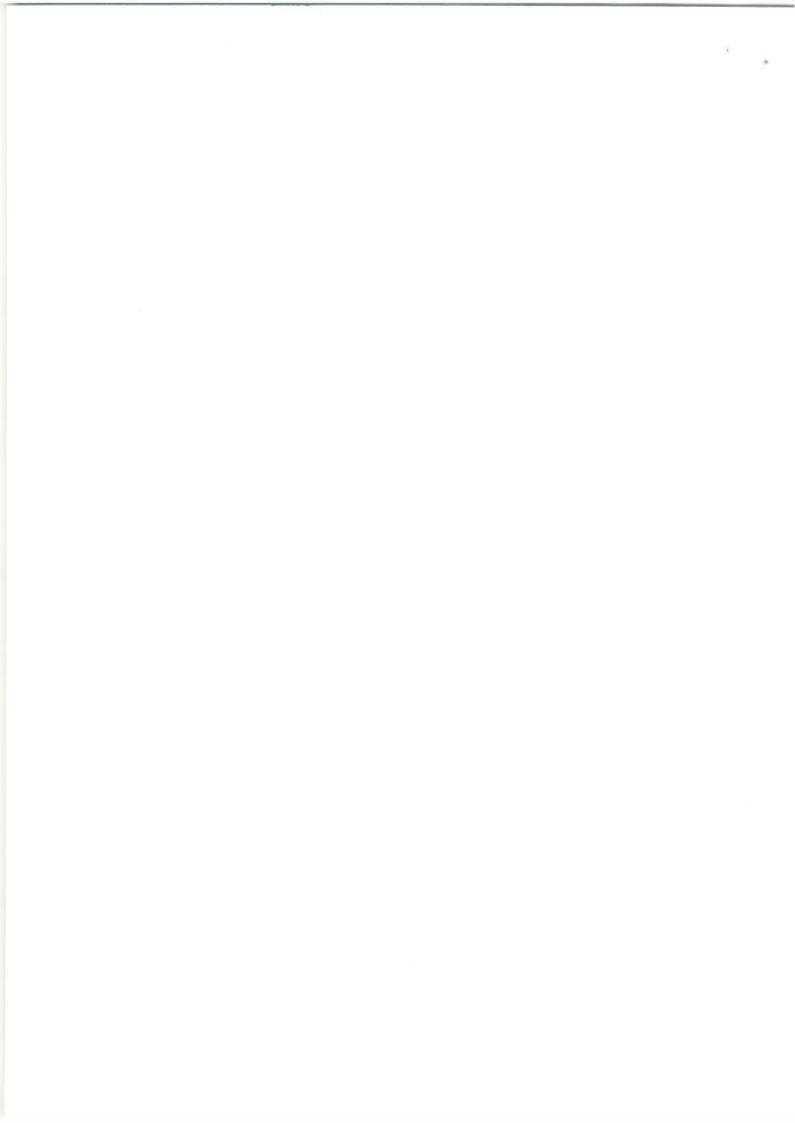
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight

26 Oct 1988 24 Nov 1988

of which unladen exceeds 7250 kilograms

NP 428A

Class 4





### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAY	SIA)
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION	) RULES, 1960
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION	ACI (LHAPIER 189)
	THE PARTY OF THE PARTY

Certificate Number: 5080953167-03

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

SLD1275D

Chassis Number

: RU11117110

2. Name of Policyholder

: MUSA BIN PAIMAN

: 02 Jun 2019

3. Effective Date of Insurance

4. Expiry Date of insurance

5. Persons or Classes of Persons entitled to drive#

: 01 Jun 2020

(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) WINDSCREEN EXCESS : \$\$600 : N/A : \$5100

ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : N/A : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: YES : YES : YES (FREE)

NCD PROTECTION TRANSPORT ALLOWANCE

: YES : NO

EXCESS WAIVER PRIMARY DRIVER

INSURE WITH COE

: MUSA BIN PAIMAN

NAMED DRIVER (1)

: MUHAMMAD ZIKRI BIN MUSA : SOKMAWATI BTE SULAIMAN

NAMED DRIVER (2) 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)

Agency

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

Date of Issue

: 06 May 2019 12:42 hrs

Reprint

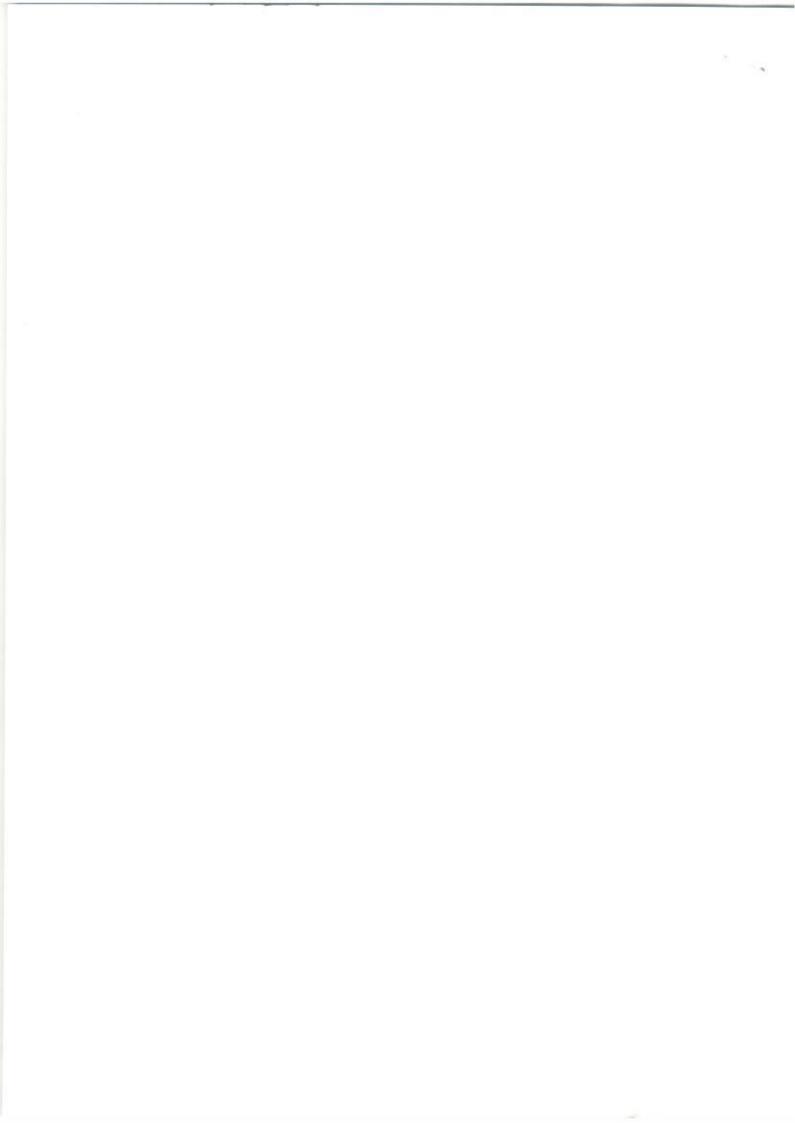
: 06 May 2019 12:42 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

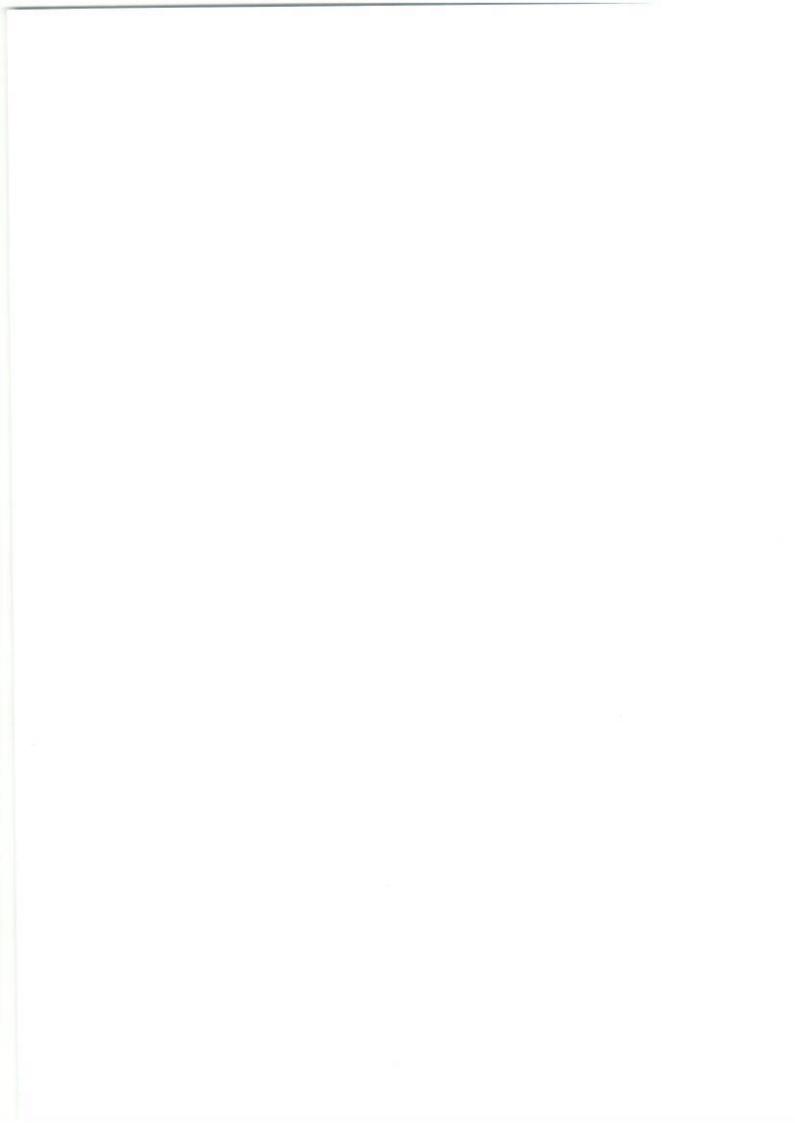
Countersigned By:

Authorised Officer

Chief Exacutive



Hello, NAC_BUKIT_MERAF	_800676						· Chang	e Languag	c · Chan	ge Password	Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy	No,				Date	of Accident		05/06/2019	19 17:40	
	Vehicle	No.(For Motor)	SLD12	750 Certificate Number							
					Ī	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	drive PREMIUM	SLD12750	ESSECTION.	02/06/2019	01/06/2020



Sequent	e Date of Endorsement	E	ndorsemen	Type	Endorsement	Status	Endorsement Content
⇒ Endorse							
	Object: SLD1275D						
nit No.		Related Numbe		5080953167-03			
ddress 4		Addres		Singapore address	F	Post Code	460009
ddress 1	BLK 9 #04-528	Addres	s 2	BEDOK SOUTH AVE	NUE 2	Address 3	SINGAPORE 460009
Policyh	older Mailing Address						
ertificate nfo							
pen olicy Info							
nsurance lag	No						
lgent Co-	CAR TIMES INSURANCE AGENC	Agent Tel.	68415111		GST Flag	X	
Ingapore DD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
xcess Outside	*	Premium Outside	0				
Additional	0	Excess OS	0		Excess	1927,500	
Third Party Excess	0	Own damage	600		Windscreen	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	06/05/2019	Effective Date	02/06/201	9 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	AVENUE 2 SIN	GAPORE 40	00009			
Certificate No.		Marrie			NRIC	313030100	
Policy No.	5080953167-03	Policyholder Name	MUSA BIN	PAIMAN	Policyholder	51585646G	

