NATIONAL Assessment Centre Services. MNA119080348 [wel 1 Jan/05] Date In: 20/06/2019 13:27 Done by Date & Time Completed Jeb description Ref 110: NA/INC19010926/14 SAS c-filling Veh No. SLC 1344T E-mail (white thes, AIC thrs) 11111 19/06/2019 19:05 I-Motor Claim Form I-Motor W/O (Within: OD 2hrs, TP 4hrs) (P) Leporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Proformed Wksp / INC Assign Wksp / OW: (Fax: IP Particuliers: Veh No: INC (SLU9Z)/Non-INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: (Confirmed by : (Dates 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 (Couch Literatures is a Sugar) Walle-In Customar: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-in (); Invoice: YES () ; Towing Co: (Remarks: 4 (INCAMMER 6708 / 616) 1) Apply for Transport Allowance () / Courtesy Car (QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury : DateZFing STEELING Inad bin MA 1904581 Chimails Particulars 1) AR | Academt Reporting (530); INC (230) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT ; Follow-Through Survey 5) PT : Follow-Through Burvey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection Damaged Portion: 7) NI : Idan DA + SMRT Survey 8) NTUC Additional Services:-OD: QC Checked by (Engr-In-Charge): 55 * N5: Courlesy Car / Tpt Allowance 510 * NG: Repair Co-ordination *N7; Post Repair Inspection \$25 Auditors Comments :

*NS: DV / Collect Excess Coordination

TP (NII): TP (Kin INC) against INC

9) N12: Idao Mobile

Invalor dated

Invoice dated

31, 1:

101 2/3:

33

Military

\$20

Fee Charged

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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/06/2019 13:27
Date Of Accident	19/06/2019 19:05
Exact Location Of Accident	BKE EXPRESSWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC1344T
Insured/Policyholder	THE RESERVE OF THE PROPERTY OF THE PARTY OF
Name Of Registered Owner	MUHAMMAD NORIZZAM BIN KAMARUZAMAN
NRIC No	S9133743F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87427424
Alternative Phone No	OFFICE-87427424
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	EXGT
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 5105198780

Cover Note Number

Driver

Name of Driver MUHAMMAD NORIZZAM BIN KAMARUZAMAN

NRIC No S9133743F Date Of Birth 21/09/1991 Occupation OUTDOOR Date Of Driving Pass 10/10/2018

Driving Experience 0 YEAR AND 8 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87427424

Fax Number

Contact Number OFFICE-87427424

EMail Address NOEMAIL Address

APT BLK 615 BUKIT PANJANG RING ROAD #02-844

Postcode

670615

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)

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

REFER TO THE STATEMENT ATTACHED.

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

SLU9Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

MPORTANT NOTICE

- Pieces 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 Aythorised 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 flability.
- 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 Mahagement Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee by 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.
- S. Consent under the Personal Data Protection Act (PDPA)

t 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/jaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (f) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the daims;
 - (ii) investigating the accident and/or my claims;
 - (Ri) 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 low 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.
 4a collectuse, 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.
- (a) 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 dates.
- (a) the information so collected under (a) 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.1

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Policyholder's S Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN NO.

Date of Accident	: 19/06/2019 Accident Time: 19:05 (24-HR-Format)
Accident Place	BEE EXPRESSIONAL
Vehicle Reg. No. (Car Plate No.)	SLC 1344T
Vehicle Make/Model	MITSUBISHI LAWCER FX GT
Insurance Company	Policy No.
Owner or Company Name /IC No.	TEPTERIPE UPWARUSAMAD WASSISON DAMMAHUM:
Owner or Company Contact No.	: 87427424 Owner's HpCompany Tel
DRIVER'S Name / IC No.	- MUHINAD WORISSAM BIN ICAMAPOLAMAN CAMMENTON
DRIVER'S Date Of Birth	: 31 09 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	615 BURIT PALMANG SING SOAD #01-844 2(670613)
DRIVER'S Contact No./ Alt No.	:1) 87427429 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	PLATINUMVERKZ@GMAIL-COM
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Oriver): 03 (141 F
Was there any video Captured by o Exact purpose for which vehicle w	ar camera: YES \No as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No:	SLU 9 7 Vehicle Reg. No:
Vehicle Make Model: MERC	P63 Vehicle Make\Model:
Name Driver: NG YUAN GE	, Benjamin Name Driver:
IC No. Driver: 58836966	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9133743F





For LKK/NAC Use Only

Name

MUHAMMAD NORIZZAM BIN KAMARUZAMAN

MALAY Date of birth 21-09-1991

Date of birth Ser 21-09-1991 M Country of birth SINGAPORE 501337436









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: 5105198780

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SLC1344T

Chassis Number

: JMYSTCY4A9U002000

2. Name of Policyholder

3. Effective Date of Insurance

MUHAMMAD NORIZZAM BIN KAMARUZAMAN

4. Expiry Date of Insurance

: 07 Nov 2018

: 06 Nov 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 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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$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 : MUHAMMAD NORIZZAM BIN KAMARUZAMAN

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

: INDEX CREDIT PTE LTD 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

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 07 Nov 2018 13:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling Accident MT/1049832						
Policy No.	\$105198780	Vehicle No.	SLC1344T		GST Registration No.	
Certificate No.		Tomore Hos	30023441		GST Registration No.	
Policyholder Name	MUHAMMAD NORIZZAM BIN KAMARUZAMAN				Policyholder NRIC	5913
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	87427424	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	No 1
KFK	+ No Yes	TCA	* No 💮 Yes		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	No.
Accident Details						
Report Date	20/06/2019 15:06	Accident Report Within 24 hrs	Yes		Accident Type	Collisi
Date of Accident	19/06/2019	Time of Accident hh:mm	19:05		Country of Accident	Singa
Reporting Centre		Orange Force			ICM No.	
Accident Location	BKE EXPRESSWAY					
♥ Excess						
Own damage Excess	600.00	Additional Excess	0		Windscreen Excess	100.0
Unnamed Driver Excess Third Party Excess	0.00	Outside Singapore OD Excess		600.00		
Benefits	0.00	Outside Singapore TP Excess		0.00		
GST Registered	No		GST Registrat			
GST Registration No.	1115		GST Status V		Var	
Modification History			001 318133 7	C. I. C.	Yes	
	iress					
Address 1	BLK 615 #02-844	Address 2	BUKIT PANJANG RING	ROAD	Address 3	SING
Address 4		Address Type	Singapore address		Post Code	67061
Unit No.		Related Policy Number	5101307569-01			
♥ OI Driver Info						
Driver Name	MUHAMMAD NORIZZAM BIN KAMARUZAMAN	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S9133743F		Driver BOB	21/09
Register Date of Driver License	10/10/2018	Driver Age	27		Driving Experience	0
Contact No.(Mobile)	87427424	Contact No.(Office)			Contact No.(Home)	
Address 1 Address 4	BLK 615 #02-844	Address 2	BUKIT PANJANG RING ROAD		Address 3	SING
Unit No.		Address Type	Singapore address		Post Code	67061
Does he own a Singapore	089-0175007					
Registered car?	Yes a No	Driver Vehicle Np.			Driver Insurer Company	
Declaration	Montos	992010000000				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes a No			
Claim 001 New						
Claim Type *			1	OD-MX	▼ Insured MUHAMMAD NO	RIZZAM BIN K
Contact No.(Mobile)			5	87427424	No. 67113670	
					(Home)	
Email Address			[m.norizam@outlook.com	Vehicle SLC1344T Number	
Claim Description			[SLC1344T / SLU9Z ON 19 Jun 2019		
Preferred Workshop 0 Benset No. Yes	Preferered Not at Fault	▼ GIA Bereite				
Finalisation Yes Date Registered	Preferred Workshop, Nam Option	report Received			Claim	
vate Negistereu			18	20/06/2019 15:15	Close Date	
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Claim No.

MT/1049832

Last Doc. Received

● Yes □ No

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