MNA119081676 NATIONAL Assessment Centre Services. [wel | Jan'03] Done by Date &Time Completed Jeb description Date In: 11:41 2416/19 SAS c-filling Ref No: MA/ INC 1901 \$1056/44. E-mail (within Shrs, AIC 2hrs) Vch No: SJP 575 E MT11050307i-Motor Claim Form 2416/19 DOA 2216 /19 22:15. I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TP ! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksn Fax: Proformal Wksp / INC Assign Wksp / QW: ( )/Non-INC ( INC ( Veh No: IP Particulars: SJR 9669 Z. Tcl: Owner / Driver: ( Cover Type: ( Period: ( Policy No: ( ) Time: Dates Confirmed by : ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: ( Year of Registration: ( Warranty; YBS ( )/NO( Loading: \$1,000 ( )/\$2,000 ( Excess: (\$ Gone all Romarks & Steam of the ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. ) ; Towing Co: ( ) / NO ( ); Invoice: YES ( Drive-In ( )/Towed-In ( Remarks 200 Section in Section 5 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Duty/Fine Middle bill MA190467 1) AR 1 Analdent Reporting (530); Chinomits Particulars (\$40) 2) DA : Dameye Assessment (\$100) \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) IFT ; Follow-Through Survey (Resurvey) 230 Contact No: Por alaiming against INC Only (wof 10 Jan 2003) \$75 6) TR : Re-inspection Daruaged Portion: 2160 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \*NS: Courtery Car / Tpt Allowance 55 510 \*N6: Repair Casardination \$25 \*N7; Post Repair Inspection +Na: DV / Collect Excess Coordination 33 TP (NII) : TP (Kin INC) against INC \$20 351, 1; 9) N12: Idea Mobile Fee Charged Involve dated 11 2/3; Fee Charged

Involce dated

### 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,
- 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.

- 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.

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
Selections of the last form to	ACCIDENT STATEMENT
Date Of Report	24/06/2019 11:41
Date Of Accident	22/06/2019 22:15
Exact Location Of Accident	SIMEI AVE SLIP RD INTO UPPER CHANGI RD EAST
Country/State of Loss	SINGAPORE
The same of the same of the same of the D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP575E
Insured/Policyholder	
Name Of Registered Owner	SHL MOTOR PTE, LTD.
Co Reg No	201611814M
Email Address	NOEMAIL
Mobile Phone No	10 ± 10 ± 10 ± 10 ± 10 ± 10 ± 10 ± 10 ±
Alternative Phone No	OFFICE-96905233
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109792828

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Cover Note Number

Name of Driver MUHAMMAD AZIM BIN SEDIK
NRIC No S8208988H

 Date Of Birth
 21/03/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/12/2004

Driving Experience 14 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96733658

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 211C COMPASSVALE LANE #06-218

Postcode

543211

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

## 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?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

1

## **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BEDOK DIVISION HQ

Police Station Address

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , 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 POLICE REPORT.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FRONT CAMERA

Was there any audio recorded?

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJR9669Z

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

## **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.
- 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:
  - 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.

Solicyholder, Siebathic

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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Ple	ase	Re	fer	to	Pol	lice	Repo	rt		
Ple	as e	Re	fer	to	Pol	/	Repo	rt		
Ple	as e	Re	fer	to	Pol	/	Repo	rt		
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Ple	ase	Re	fer	to	Pol	/	Repo	rt		
Ple	as e	Re	fer	to	Pol	/	Repo	rt		

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

Policyholder's Signature Date & Time: 11 d

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





1 of 2

Report No. G/20190623/7011

# POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 23/06/2019 10:44	Vide Re	port No.		Station Diary No	
Name Of Informant MUHAMMAD AZIM BIN SEDIK	Address APT BLK 211C COMPASSVALE LA SINGAPORE 543211		NE #06-218		
ID Type / ID No. NRIC NO / S8208988H	Contact No. Home/Office: Mobile:		Mobile: 96733658	58	
Nationality SINGAPORE CITIZEN	Email Address azim21@gmail.com				
Occupation GRAB DRIVER	Sex Male	Age 37	Date of Birth	Race Malay	
Institution/School Name	Language English			indiay	
Date/Time Of Incident 22/06/2019 22:15 - 22/06/2019 22:25	Location Of Incident UPPER CHANGI ROAD EAST				
Brief details.					

I was driving my rented car, SJP575E, entering the filter lane from Simei Avenue to go to Upper Changi Road. As I was entering the filter lane, I glanced to my right to look at oncoming traffic before joining Upper Changi Road. The road was clear and there were no cars. However, a car (SJR9669Z) in front of me stopped and I couldn't brake in time and collided into rear of that car.

We moved to the side to exchange particulars, I apologized and asked to see if everyone was alright, they mentioned they are ok. I checked their passenger seats, there were 2 young girls below 1.35m and

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2019 10:44
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

## CONTINUATION OF REPORT

Report No. G/20190623/7011

their helper. I asked the girls if they are ok, I can see they are shocked but otherwise nodded they were fine. I noticed the children were not properly secured with any child seats. The other driver, Mr Yeo Boon Sing (S7426074H), and I mutually agreed to let insurance settle the matter.

Mr Yeo's friend soon came along in another car with a big grin on his face, offering assistance and probably advise for Mr Yeo. They soon left the scene before me by driving off.

The weather was clear, there were no congestion and no obstacles on the road.

Based on my observation, there were no serious injuries to all the other parties as well as myself. I had recorded our conversations just in case.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
23/06/2019 10:44

Classification Of Case:

Authentication Stamp



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8208988H

MUHAMMAD AZIM BIN SEDIK

MALAY

21-03-1982 SINGAPORE

4957864

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 28 McGarcycles =< 200 CC
Class 2A Motorcycles between 201 CC and aim CC
Class 2 Motorcycles > 400 CC
Class 2 Motor cars << 3000 kg with =< ? passengers, exclusive of the driver, and motor tractors/vehicles =< 2500 kg

K/NAC Use Only

NP 428A

S / No. 9000055766

05-04-2013

APT BLK 211C COMPASSVALE LANE #06-218 SINGAPORE 543211



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

Type Description

TAXI VL

Issue Date

28/03/2016

PDVL/TDVL 33 888 88888

For LKK/NAC Use Only





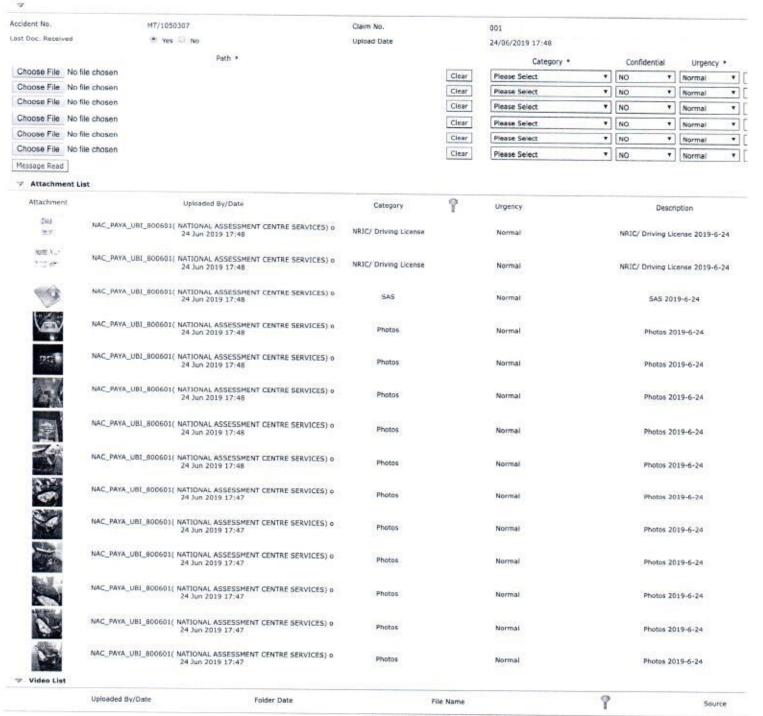
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SS : S\$1,500  SS : N/A  EXCESS : N/A  S PREFERRED WORKSHOP : NO : N/A : NO : N/A : NO : N/A ) : N/A  Wy that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor.	# Limitations rendered inoperative by Section 8 o Act (Chapter 189) and Section 95 of the Road Tr headings.	of the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
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R EXCESS : N/A  C'S PREFERRED WORKSHOP : NO : N/A : NO : N/A : NO : N/A ) : N/A ) : N/A ) : N/A  DMPANY : N/A : N/A : N/A : N/A : N/A : N/A	EXCESS (SECTION 2)	: S\$1,500
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: N/A : NO : N/A	UNNAMED DRIVER EXCESS	: N/A
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: N/A : N/A : N/A : N/A  DMPANY : N/A : N/A : N/A  y that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor		: N/A
: N/A : N/A  DMPANY : N/A : N/A : N/A  y that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor.		: NO
: N/A  DMPANY : N/A  : N/A  Very that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor.		: N/A
OMPANY : N/A : N/A  y that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor.		: N/A
: N/A  y that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor.		: N/A
y that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor		: N/A
y that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor	SUM INSURED	: N/A
ty Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987  : ONE STOP INSURANCE AGENCY (00000571115)	INSURE WITH COE NCD PROTECTION PRIMARY DRIVER NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED  I/We hereby Certify that the Policy to which this Certific Vehicles (Third Party Risks and Compensation) Act (Cha	: N/A
Z Train	Countersigned By:  Authorised Office	er Chief Executive

Continue

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. 5109792828 Date of Accident 22/06/2019 11:38 Vehicle No.(For Motor) SJP575E Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle No. Insured Object Commence Date Product Cover Type Expiry Date 5109792828-SHL MOTOR 5109792828 201611814M GFM Third Party SJP575E SJP575E 23/05/2019 22/05/2020 000017 PTE. LTD.

### Claim Handling The premium on this policy has not been collected Accident MT/1050307 Policy No. 5109792828 Vehicle No. SJPS75E GST Registration No. Certificate No. 5109792828-000017 Policyholder Name SHL MOTOR PTE. LTD. Policyholder NRIC 20161 Product Code FLEET MASTER INSURANCE Cover Type Third Party Loading 0 Contact No.(Mobile) 96905233 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No Y KFK . No Yes TCA \* No Ves eCode Reason NCD Protection No NCD Entitlement(%) Private Hire Yes Accident Details Report Date 24/06/2019 17:44 Accident Report Within 24 hrs Yes Accident Type Collisio Date of Accident 22/06/2019 Time of Accident hhomm 22:15 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location SIMELAVE SLIP RO INTO UPPER CHANGE RD EAST Total Excess Applicable Excess Type Per Accident Windscreen Excess **OD Standard Excess** TP Standard Excess 1,500.00 YIED OD Excess YIED TP Excess 0.00 0.00 Driver is Covered? Covere Additional Excess Ď Total OD Excess Applicable 0.00 Total TP Excess Applicable 1.500.00 ⇒ Benefits **GST** Registered No GST Registration Date GST Registration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 51 UBI AVENUE 1 Address 2 #01-09 PAYA UBI INDUSTRIAL F Address 3 SINGA Address 4 Address Type Singapore address Post Code 40893: Unit No. 01-09 Related Policy Number 5109793423 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name MUHAMMAD AZIM BIN SEDIK Driver NRIC 58208988H Driver DOB 21/03/ Register Date of Driver License 10/12/2004 Driver Age 37 Driving Experience 140 Contact No.(Mobile) 96733658 Contact No.(Office) Contact No.(Home) Address 1 BLK 211C #06-218 Address 2 COMPASSVALE LANE Address 3 Address 4 SINGAPORE 543211 Address Type Singapore address Post Code 54321 Unit No. 06-218 Does he own a Singapore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? 0 ma Any injury? Yes . No Modification History Claim 001 New Claim Type \* OD-MX SHL MOTOR PTE. LTD. Contact No. (Home) Contact No.(Mobile) Email Address 01 Vehicle Number SJP575E Claim Description SJP575E / SJR9669Z ON 22 Jun 2019 Preferred Preference Liability Fully at Fault Workshop Contact No. Yes GIA Received Preferred Workshop, Name unknown Date Registered 24/06/2019 17:47 Report Taken By LIEW SHAN HUI Print AK letter

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