NATIONAL Assessment Centre Serv	ices per Darret	MNA419105	277	CONTRACTOR OF THE CONTRACTOR	
Date 10: 13/08/200 19:32 Job do	scription	Date & Time Compl	utricl	Done by	
REINO: NBATULCYO 17053/4 SAS	e-filing				
Veh No. SJL 4657 E.m.	till (wison 8hrs, AIC 2hrs				
D.O.A: 109/01/2009 13:05 1-Ma	otor Claim Form	MILIOTA	CH20	12/00/	30
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TP Insurer: Asse	ssment/Survey Repor				
	Report by Fax / Han	id to Owner/Wkap			* ***
Prefetted Wksp (HNC Assign Wksp / QW: (Service III.	Tel:	Fax:		1
Tr Particulars: Veh No: SG 55	C INC	()/Non-INC ()		
Owner / Driver: (7'cl;)	
Policy No: () Period: () Cover Type; ()	
Confirmed by : (Dater	Timer)	
)-20%; P: 21-79%. P	: 80-100%)		
Year of Registration: () Wattanty)			
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() Total Loss Case : to e-mail Insurer URGI					
Drive-In ()/ Towed-In (); Involce: YES ()/NO()	; Towing Co: (
Remarks - 7 (18); harling: 6788[6616]		Date&Tune Compl	erod Principle	Donothy	
1) Apply for Transport Allowance () / Courtesy	Cor ()				
2) QC Check / Post Repair Inspection	()				-0
3) Upload Resurvey Photo [Repair Cost > \$3000]	()				
Injury:					
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Page the Carlot and the Mark South Charles and Charles	CHEN COCHES EL SPEINE	CONTRACTOR STATE OF THE AUGUST	HISC 2843 1 25 11+40	A-1-11-1	-
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Driver/Owner:	3) TF: Tov	moge Assessment (\$100);	1NC (\$80) \$40/\$45		
	4) FT : Fall	ow-Through Survey (Bu-Through Survey (Remirve	\$120 v) \$30		
Contact No:	Engeloin	plus analyst INC Daly (well)	Jan 2005)		
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	8) NTUC /	Additional Servines:			
QC Checked by (Engr-In-Charge):		unlesy Car / Tpt Allowance			
NOT A LOWER WAY TO BE STOLEN AND AND A MARKET WHILE THE		pair Co-ordination at Repair Inspection	\$10 \$25		
Addition Comments :	Terraphic 'NE D	/ Cullytt Excess Coordination	5.5		
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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.
- 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 aforesald.

2006年1月1日中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国	ACCIDENT STATEMENT
Date Of Report	13/08/2019 19:32
Date Of Accident	09/08/2019 13:05
Exact Location Of Accident	ALONG CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL4657Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAFIZ BIN MOHAMED NASIR
NRIC No	S9106238J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91996804
Alternative Phone No	OTHERS-91996804
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1,3 IMA CVT (A)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105895033
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HAFIZ BIN MOHAMED NASIR
NRIC No	S9106238J
Date Of Birth	26/02/1991
Occupation	INDOOR
Date Of Driving Pass	21/12/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91996804
Fax Number	

OTHERS-91996804

NOEMAIL

Address

BLK 253 SIMEI STREET 1

#08-541

Postcode

520253

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

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)

NO

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

YES

Police Station Name

CHANGI NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5872999 - FAX NO: 65872900

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2019809/2114

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

SG5596C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 16

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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:
 - 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
 - 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

& Time:

Driver's Signature

(If driver is not the policyholder) Date

& Time:

Reporting Centre Pers

Name:

NRIC/FIN No.:

	Choa	Chu	kang	Drive		
		<u></u>	(A)	, ,		
BE CIRCUMSTAN	CES OF THE ACCIDE	NT		8)86	559£C	-
As a poi	lce fepo	rt 1	1201900	509/2	114	

DECLARATION

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

Policyholder Signature Date

& Time:

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

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



T/20190809/2114

Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

1 of 3

Report No. T/20190809/2114

REPORT	OF	Δ	TRAFFIC	ACCI	DENT

	e Report N 19 19:06	lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partice	ulars	DECEMBER AND AND SECTION	136 THE THE THE THE THE TO
	Informant: MAD HAFI	Z BIN MOHAMED	Address: APT BLK 253 SIMEI STREET	1 #08-541 SINGAPORE 520253
ID Type	/ ID No.: D / S91062	38J	Contact No.: Home/Office:	Mobile: 91996804
National	ity: ORE CITIZ	ŒN.	Email:	
Sex: Male	Age: 28	Date of Birth: 26/02/1991	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupa			Driving Licence Information: Class: 3A	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2019 13:05	Type of Location Straight Road
Location: CHOA CHU I Near Masjid /	KANG DRIVE			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:	7	Traffic Volume:
	sion:			Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SG5596C	Bus/Coach/Mi nibus				Slightly Damaged	0
SJL4657Y	Car	HONDA	CIVIC IMA 1.3L CVT	Grey	Seriously Damaged	2550

	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	madiance No	The distribution of the last	The state of the s
SJL4657Y	NTUC Income Insurance Co-Operative Limited	5105895033	30/11/2018	29/11/2019





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 2 of 3 Report No. T/20190809/2114

CONTINUATION OF REPORT

Details of Perso	n Involved		17-16	III JALLEY	A STATE OF	- William	
Any Pedestrian I							
No. of Pedestrian	ns Injured: NIL		Us	e of Peo	destriar	Cross	sing: NA
Driver		We 19	- NE		Melina I		
Name	MUHAMMAD HAFI NASIR	Z BIN MOH	HAMED		ID No	Le Transition	S9106238J
Related Vehicle	SJL4657Y (Car)				Contact No.		91996804
Hospital/Clinic	NIL	NIL			Class Drivin Licend Expir	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Da	te Disc	narge	NIL	
No. of Days gran	ted Medical Leave	NIL		gree of		NIL	

Brief Details.

On the above date, about 1.08pm at Choa Chu Kang Drive, I was driving on the 3rd lane when a SMRT BUS which was on the 2nd lane was near to my car as such I make a stop nearer to the end of the merging lane, in order to give way to the bus. However the bus filtered more to the left and the exit of the bus door caught my front bumper causing it to drop and I mounted to the curb due to the impact. Both me and the bus driver exchange particulars and took photos of the damage. I called tow truck service to tow my car.





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 3 of 3 Report No. T/20190809/2114

CONTINUATION OF REPORT

Sketch Plan

Informant	s not	able	to	provide	sketch	plan
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IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sr Staff Sgt MUHAMMAD JMRAN BIN RAMLI	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	09/08/2019 19:06
Officer In Charge Of Case: //	Classification Of Case:
TP / GIA /	
Staff Sgt WONG SIEU LUI	
Contact No.: 65476157	
Authentication Stamp	

dent MT/1057438		Transport No.	\$5,46574		GET Registration No.		
y fin	27/2401033	Vehicle No.	Angelon		1-21-22-1-27-27-2-1-1-1-1-1-1-1-1-1-1-1-		
noste No.	535554152				Policyholder NRIC	\$91062301	
stroppier Martin	HUNAMHAD HAFTZ BIN MONAMED HASIN	DOTTHERAN	HINN CLASSIC		Loadwig	*	
nuct Carde	PENNIE CAN INSURANCE	Cover Type	IIII CANSIII		Contact foli, (Hertist)		
act no.(Hotele)	91996904	Committee (Tittle)			eCode	No T	
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	- No 946	TOA.			Private Here:	No	
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Policyholder Halling Adr		Address 2	SIMEL STREET (Address T	SINGAPORE \$30393	
dress 1	BLK 253 #06-541		Singapore andress		Pust Code	520353	
dress 4		Address Type:					
t No	18:541	Retetad Police Number	115599003				
Ot Oriver Info			PTOCCYCRATE				
ver Name	HUNAMHAD HEFTZ BIN HONOMED WASHI	Driver Type	Main Driver		Prince Prink	25/02/1991	
memory driver Name		Driver WILL	884003301		Great DOB		
yate: Date of Driver License	21/02/2009	Dervier Age:	26		Driving Expensions	130	
	A1304A04	Contract No. (DMAN)			Contact NAL (Horter)		
mact No. (Mydrae)		Appress 7	SINKS STREET 1		Address 3	SONGAPORE NOSES	
sdrees 1	M.X 253 #00-593	Address Type	Simpation address		Poet Code	921293	
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8/13/2019

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Claim Handling(accident reporting Claim Task)

13/2019		0-1-11		
	NAC BURST PERAM BODOFO MATIONAL ASSESSMENT CONTRESERVICE E(BURST MERAM)) on 13 Aug 2018 (9:54	Problem	Normal	Physics 3919-6-13
1	NNC_BURIT_MERAN_BODY TO NATIONAL ACCESSMENT CENTRE SERVICE 5 (BURIT MERAN) in [3] Aug 2019 19:53	Prode	Normal	Program 2019-8-13
1	NAC_BURIT_MERAH, 810655/ NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 13 Aug 2019 19:53	Photos	Harriera	Physics 2014-8-23
	NAC_BURIT_MERAN_BOOKTO, NATIONAL ASSESSMENT CENTRO SERVICE S (SURIT MERAN)) UN 13 AUG 2019 18-53	PTIDAMA	Normal	France 2019-4-13
	NAC_BURIT_MERAH_BODATKI NATIONAL ASSESSMENT CENTRE SERVICE S. (BURIT MIRAH) in 13 Aug 2019-19-53	Photos	Normal	Phintos 2019-9-13
19	NAC_BURLT_MERIAN_BOSCITS; NATIONAL ASSESSMENT CENTRE BERVICE 5 (BURLT MERIAN) on 17 Aug 2019 19:53	SAS	Normal	SAS 71119 + 13
48	NAC_BUKIT_MERAH_BID676) NATIONAL ASSESSMENT CHNISE SERVICE IS (REALT MERAH)) on 13 Aug 2019 19-51	NRIC/ Drivery Lineau	hormal	NRIC/ Driving Leanue 2019-9-13
or Widow Lie	*			

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*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09 / 08 /2019 (dd/mm/yy)	Time of Accident: 3 : 03 (24-HR-FORMAT)
Vehicle No.: SS L 4657Y Vehicle N	fake & Model:
Exact location of Accident: Choa C	hu Kong Drive
Policyholder's Name / IC No. : Muhamm	hy Kong Drive ad Hofiz Bin Mohaned Nasir 59106238
Driver's Name / IC No. :	(As Above)
	Company Contact No (Company Veh Only):
Driver's Address:	
Email address :	Insurance Company: NTUC
Relationship between Owner & Driver: (Ple Owner / Spouse / Children / Friend / Parents / S	ase <u>CIRCLE</u> one only) Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK	one only)
Own Insurance / Other Vehicle (The	one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	*No. of Passengers (Including Driver): 0
*Passanger Name:	Gender: Male / Female Gender: Male / Female
Weather condition & Road conditions? (On	the day of accident)
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car	
Any Injuries: Yes / No (If YES	S) Injured Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No	(If YES) Which Police Station:
	The Other Party(s) Details:
Driver's Name / IC No:	Vehicle No: SG SS96C
Driver's Contact No:	Insurance Company :
	Vehicle No:
Driver's Contact No:	Insurance Company :
	Contact No:

HERUBLIC DE SHIGAROFE

DENTITY CARD NO. \$9106238J





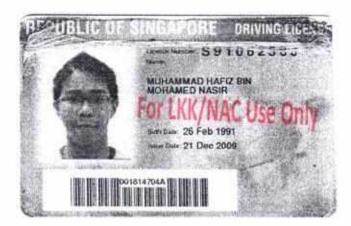
MUHAMMAD HAFIZ BIN MOHAMED NASIR

NAC Use Only

MALAY

26-02-1991

SINGAPORE



2442111



For LKK/NAC Use Only

28-02-2006

APT BLK 253 SIME STREET 1 #08-541 SINGAPORE 520253

YOU ARE LICENSED TO CRIVE VEHICLES IN THE CLOWING CLASSIES

Class 2A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 persongers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

For LKK/NAC Use Only

NP 428A



THE SCHEDULE

Private Car Insurance Policy

In a Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Palicyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. Are (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- 2 the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Palicy Number

5105895033

The Policyholder

: MUHAMMAD HAFIZ BIN MOHAMED NASIR

BLX 253 #08-541 SIME! STREET 1 SINGAPORE 520253

Period of Insurance

: 30 Nov 2018 To 29 Nov 2019

Sum insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: 551,916.20

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver

: MUHAMMAD HAFIZ BIN MOHAMED NASIR

Named Driver (1)

: N/A

Named Driver (2)

: N/A

Capacity

1300cc

Make/Model Registration Number HONDA/CIVIC HYBRID : SJL4657Y

Registration Year 2008

Chassis Number

: 3HMFD36209S202070

Off-peak Car

: No

Repair at Owner's Preferred Workshop: No

: \$\$600

Insure with COE : Yes

Excess (Section 1)

NCD Entitlement : 0%

Excess (Section 2)

a N/A

NCD Protection

: No

Windscreen Excess

: \$\$100

Additional Excess

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Optional Cover

Transport Allowance

: No

Excess Waiver

: No

Memo A: N/A

Endorsement Operative : N/A

: IMOTOR INSURE (00000573595)

Date of Issue

: 30 Nov 2018 17:13 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors