

MNA429119138

INVOICE / ESTIMATE / QUOTE		Invoice No.	Invoice Date
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$10)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Re-survey)	\$30		
For claiming against INC Only (w/af 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
ON:			
*N5: Courtesy Car / Tpl Allowance	\$5		
*N6: Repairs Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (NI1): TP (N-in INC) against INC	\$20		
9) NI2: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	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 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.
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.

### ACCIDENT STATEMENT

Date Of Report	09/09/2019 12:16
Date Of Accident	02/09/2019 20:10
Exact Location Of Accident	MARINA BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1611T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KAJAKAMAL KIYATHUL NASAR
NRIC No	S7868323F
Email Address	STSNASAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91698569
Alternative Phone No	OFFICE-91698569

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150N
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5111122041
Cover Note Number	

### Driver

Name of Driver	KAJAKAMAL KIYATHUL NASAR
NRIC No	S7868323F
Date Of Birth	27/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91698569
Fax Number	
Contact Number	OFFICE-91698569
Email Address	STSNASAR@GMAIL.COM

Address	APT BLK 10 JALAN KUKOH #08-59 SINGAPORE
Postcode	162010
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?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	391 NEW BRIDGE ROAD CANTONMENT COMPLEX
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN.

#### 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	SGV8826H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIAW MUI FUE
NRIC/Passport Number	S7572529I
Contact Number	96695367
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	KAJAKAMAL KIYATHUL NASAR
Approximate Age	
Injuries Sustain	LEG AND HAND
Injured person in which vehicle?	FBL1611T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
5. **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:

- (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:
  - (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
- (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:

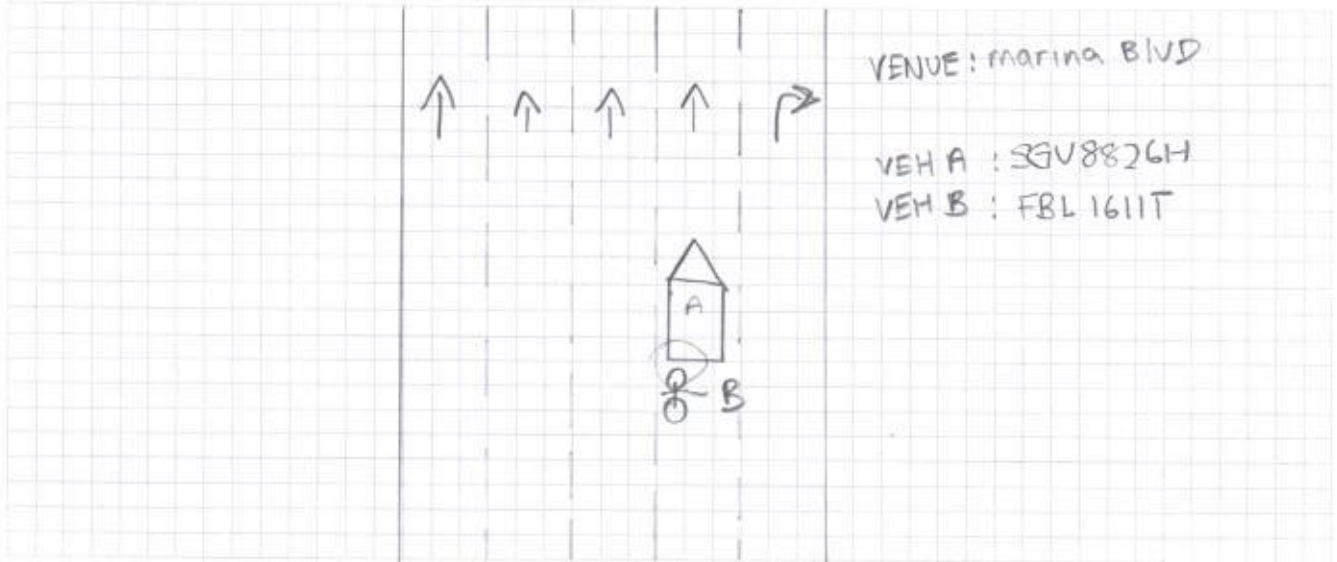


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the mention Road. Suddenly veh A stopped in front of me. I Tried my best to stop on time. but I couldn't and hit into veh A Rear Left portion. I was injured and went to SGH by me myself for consultation. I was given 5 days mc, and made a police report.

## DECLARATION

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

  
 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.:





# SINGAPORE POLICE FORCE



A/20190903/7023

1 of 2

**POLICE REPORT (NP299)**

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Report No. A/20190903/7023

Date/Time Report Made 03/09/2019 15:02	Vide Report No.	Station Diary No.
Name Of Informant KAJAKAMAL KIYATHUL NASAR	Address APT BLK 10 JALAN KUKOH #08-59 SINGAPORE 162010	
ID Type / ID No. NRIC NO / S7868323F	Contact No. Home/Office:	Mobile: 91698569
Nationality INDIAN	Email Address jnasar15@yahoo.co.in	
Occupation Despatch worker	Sex Male	Age 41
Institution/School Name	Date of Birth 27/05/1978	Race Indian
Date/Time Of Incident 02/09/2019 20:05 - 02/09/2019 20:25	Language English	
<b>Brief details.</b>	Location Of Incident marina blvd near by marina link mall	

iam a food delivery rider.when i riding on my way hit the car.the car was damaged rear left side indicator and crashes in side.

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	KAJAKAMAL KIYATHUL NASAR		
ID Type	NRIC NO	ID No	S7868323F
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.	
Signature Of Interpreter: Not applicable		Date/Time: 03/09/2019 15:02	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			



**SINGAPORE  
POLICE FORCE**



A/20190903/7023

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

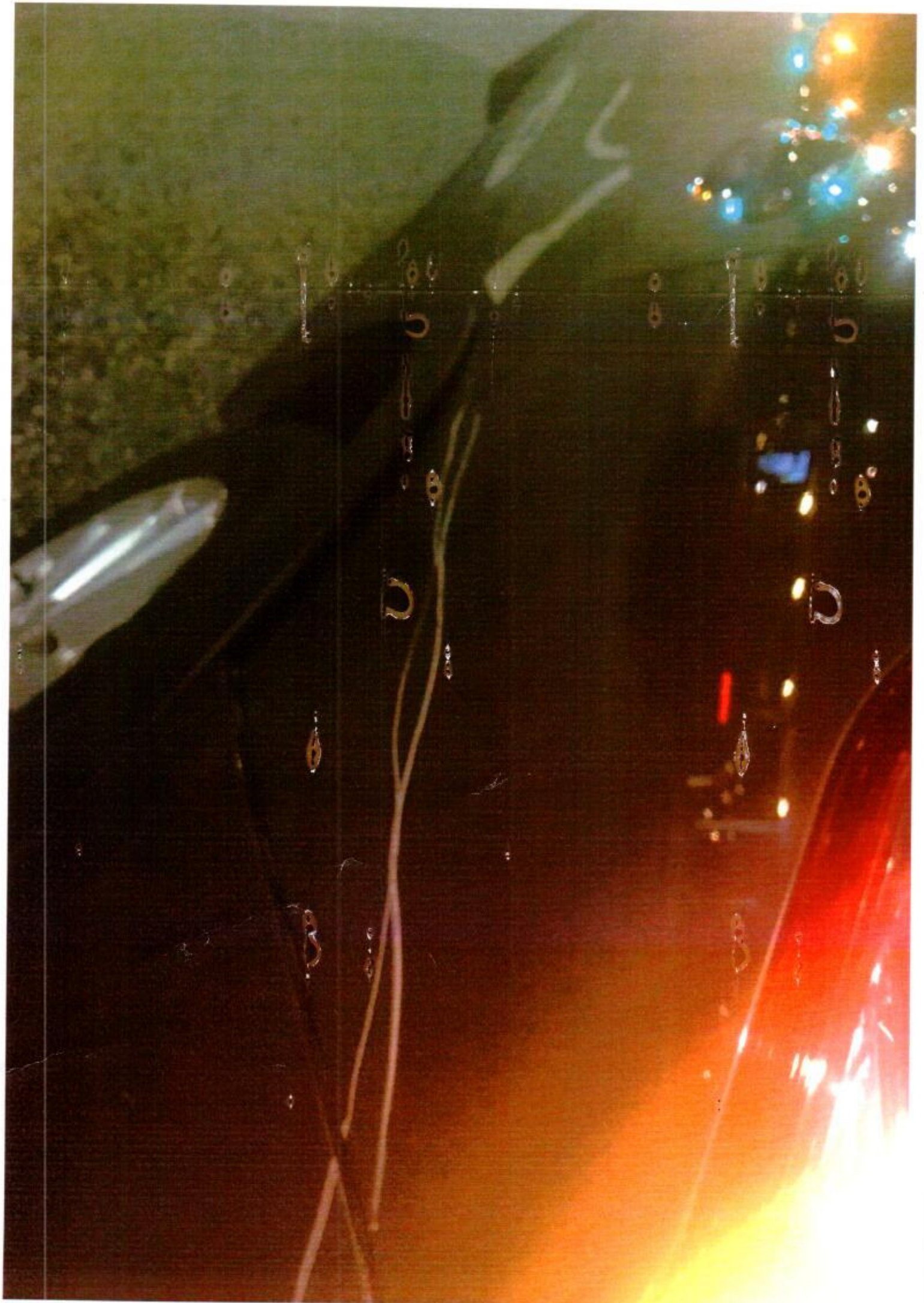
Report No. A/20190903/7023

Gender	Male	Age	41
Race	Indian	Language	English
Occupation	Despatch worker	Address Type	
Address	APT BLK 10 JALAN KUKOH #08-59 SINGAPORE 162010	Mobile No	91698569
Is Informant A Victim?	Yes		
Person Name	KAJAKAMAL KIYATHUL NASAR (Informant)		

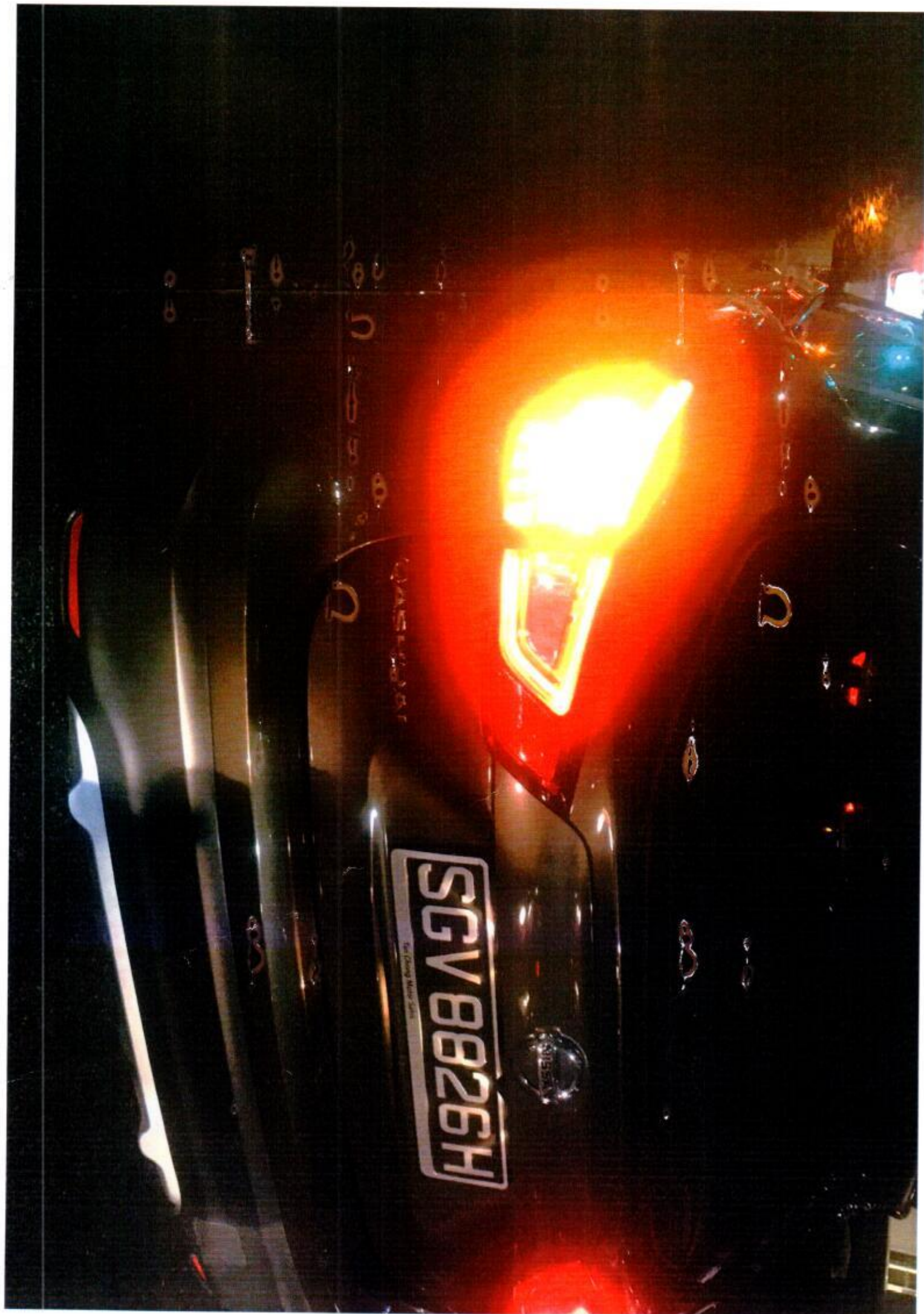
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2019 15:02
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp











## Claim Handling

## Accident MT/1060829

Policy No.	5111122041	Vehicle No.	FBL1611T
Certificate No.			
Policyholder Name	KAJAKAMAL KIYATHUL NASAR		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party
Contact No.(Mobile)	NIL	Contact No.(Office)	
Email Address		Special Remark	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes
NCD Protection	No	NCD Entitlement(%)	20

## ▼ Accident Details

Report Date	03/09/2019 16:09	Accident Report Within 24 hrs	Yes
Date of Accident	02/09/2019	Time of Accident hh:mm	20:00
Reporting Centre		Orange Force	
Accident Location	MARINA BOULEVARD		

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess		YIED TP Excess	
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 10 #08-59	Address 2	JALAN KUKOH
Address 4		Address Type	Singapore address
Unit No.		Related Policy Number	5111122041

## ▼ OI Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	
Contact No.(Mobile)		Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	

Modification History

Claim 002

New

Claim Type *	OD-MX
Contact No.(Mobile)	91698569
Email Address	JNASAR15@Y
Claim Description	FBL1611T / S

9/9/2019

Claim Handling( Claim Task )

Preferred

Workshop

Preferred

Date Registered

Yes

Insured Liability

Fully at Fault

Preferred

Repair

Option

Preferred Workshop, Name unknown

GIA  
report

Received

09/09/2019 1

Report Taken By

PARASURAM

Print AK letter

Save

Submit

## Attachment

Accident No.

MT/1060829

Claim No.

002

Last Doc. Received

☒ Yes ☐ No

Upload Date

09/09/2019 13:

Path \*

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## Attachment List

Attachment

Uploaded By/Date

Category



Urgency



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 13:18

NRIC/ Driving License

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S (BUKIT MERAH)) on 09 Sep 2019 13:16

Photos

Normal

Video List

Uploaded By/Date

Folder Date

File Name

[Display in New Window](#)[Scan and uploading](#)

# ACCIDENT STATEMENT

ACCIDENT DATE: (02/09/2019) (DD/MM/YYYY), TIME: (20:10) (HH:MM)

LOCATION: MARINA BLVD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB L1611T  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5111122041  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: 2016 Y FZ150N  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Food Delivery  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: KAJA KAMAL Kiyathul Nasa (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7868323 F CONTACT: 91698569  
 c) ADDRESS: BLK 10 JALAN KUKOH  
#08-59 (S) 162010.

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: HQ

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGV 8826 H MODEL: NISSAN  
 b) DRIVER'S NAME: LIAN MUL FUE  
 c) NRIC/FIN/PASSPORT: S75725291 CONTACT: 96695367

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SGV 8826 H MODEL: NISSAN  
 e) DRIVER'S NAME: LIAN MUL FUE  
 f) NRIC/FIN/PASSPORT: S75725291 CONTACT: 96695367

Email =

jnasar15@yahoo.com

co.in

stsnasar@gmail.com



**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** : 5111122041

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle

: **FBL1611T**

Chassis Number

: ME1RG1617G2001946

2. Name of Policyholder

: KAJAKAMAL KIYATHUL NASAR

3. Effective Date of Insurance

: 15 Jul 2019

4. Expiry Date of Insurance

: 14 Jul 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: KAJAKAMAL KIYATHUL NASAR
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 15 Jul 2019 10:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive