

# NATIONAL Assessment Centre Services

(ver 1 Jan'05)

MMA 119134019.

Date In: 9/10/19 15:58	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/1MC19017845164	E-mail (within 4hrs, A/C 2hrs)		
Veh No: SJY 8957L	I-Motor Claim Form	MT/1066154-001	9/10/19 17:12.
TPA: 8/10/19 19:25.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SLS 5887H.	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	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 ( )	

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC Non-Inc: 6700 6610)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Action

MA1907586	Invoice Preparation Checklist	Am (\$)	Ass (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30):	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100):	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30	
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	9) NI: Idao Mobile	\$30	
	10) NI: Idao Mobile	\$30	
	11) NI: Idao Mobile	\$30	
	12) NI: Idao Mobile	\$30	
	13) NI: Idao Mobile	\$30	
	14) NI: Idao Mobile	\$30	
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	100) NI: Idao Mobile	\$30	

## 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	09/10/2019 15:58
Date Of Accident	08/10/2019 19:25
Exact Location Of Accident	ALONG UPPER CIRCULAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8957L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAZLY
Co Reg No	53359649A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81982342

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091266380-02
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HAZLY BIN SHAMAD
NRIC No	S9216199D
Date Of Birth	09/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2013
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81982342
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 275A JURONG WEST ST 25 #04-119
Postcode	641275
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 - OPENING DOOR OF VEHICLE
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	SLS5887H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THARMASEELAN S/O N POOVENESPARAN
NRIC/Passport Number	
Contact Number	98806743
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### 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. 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 (POPA)**

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.

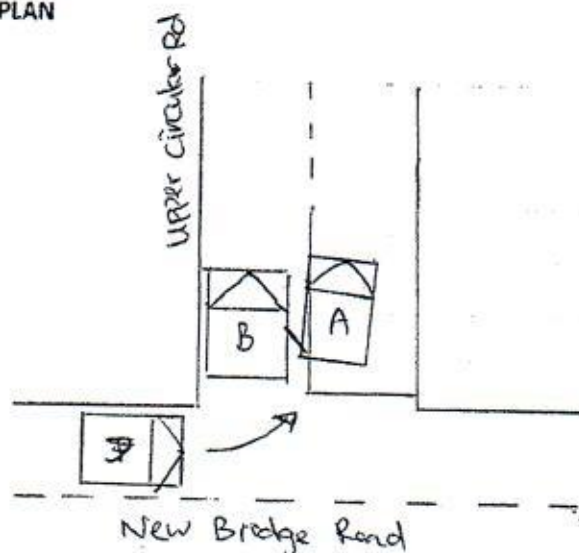
**HAZLY**  
**53359649A**

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



Vehicle A : SJY8957L  
Vehicle B : SLS5887H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (SJY8957L) Along New Bridge Road on most left lane, when I about to made my turn to the left I saw vehicle B (SLS5887H) stationary along Upper Circular Road near the entrance so I had to overtake the vehicle. Out of sudden, the passenger in vehicle B opened the door and hit on my vehicle left portion.

## DECLARATION

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

HAZLY

53359649A

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.:

<b>Vehicle No.</b>	SJY 8957L		Model / Make	Mitsubishi Lancer
Date of Accident	8/10/2019			
Time of Accident	1925	HRS		
Location of Accident	Along Upper Circular Rd			
Exact purpose use during accident	Private use			
<b>Name of Owner</b>	Muhammad Hazly Bin Shamad		S375 9649A	
Telephone No.	H/P : 81982342	Home :	Office :	
NRIC	S9216199D			
Address	BLK 275A Jurong West Street 25 #04-119 S(641275)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5091266380-02			
<b>Name of Driver</b>	As Above If No,			
NRIC	Any Passengers : -			
Date of birth	9/5/1992			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	14/10/2013			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owner		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?		
<b>Vehicle B No.</b>	SL55887H		Any Passengers : 2	
Name of Driver	Tharmaseelan S/O N		Contact No. : 9880 6743	
<b>Vehicle C No.</b>	8Poovenesparan		Any Passengers :	
<b>Vehicle D No.</b>			Any Passengers :	
<b>Vehicle E no.</b>			Any Passengers :	
<b>Vehicle F No.</b>			Any Passengers :	
<b>Vehicle G No.</b>			Any Passengers :	
Witness Name			Witness Contact :	
<b>Accident Portion</b>	Left Portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>	HAZLY SHAMAD @ GMAIL.COM			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Zi Ting			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	Sales @ n51.com.sg			

## 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:** 5091266380-02

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJY8957L**  
 Chassis Number : JMYSRCS3AAU003564
2. Name of Policyholder : HAZLY
3. Effective Date of Insurance : 22 May 2019
4. Expiry Date of Insurance : 21 May 2020
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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
 (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$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	: N/A
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 : META AGENCY PTE. LTD. (00000573430)  
 Date of Issue : 09 Apr 2019 11:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1066154

Policy No.	5091266380-02	Vehicle No.	SJY8957L	GST Registration No.	
Certificate No.					
Policyholder Name	HAZLY				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	53359649A
Contact No.(Mobile)	81982342	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	20	eCode Reason	
				Private Hire	Yes

Report Date	09/10/2019 17:06	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	08/10/2019	Time of Accident hh:mm	19:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG UPPER CIRCULAR RD				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	1,500.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	09/10/2019 17:09:21 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	BLK 275A #04-119	Address 2	JURONG WEST STREET 25	Address 3	SINGAPORE 641275
Address 4		Address Type	Singapore address	Post Code	641275
Unit No.	04-119	Related Policy Number	5091266380-02		

## O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/05/1992
Unnamed driver Name	MUHAMMAD HAZLY BIN SHAMAI	Driver NRIC	S9216199D	Driving Experience	5
Register Date of Driver License	14/10/2013	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	81982342	Contact No.(Office)		Address 3	SINGAPORE 641275
Address 1	BLK 275A #04-119	Address 2	JURONG WEST STREET 25	Post Code	641275
Address 4		Address Type	Singapore address		
Unit No.	04-119				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HAZLY	Insured NRIC	53359649A
Contact No.(Mobile)	81982342	Contact No. (Home)		Contact No. (Office)	
Email Address		O1 Vehicle Number	SJY8957L	TP Vehicle Number	SLS587H
Claim Description	SJY8957L / SLS587H ON 8 Oct 2019				
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Repair Option	Preferred	Preferred Workshop, Name unknown			
Date Registered	09/10/2019 17:11	Claim Close Date		Date Received	09/10/2019
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1066154	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/10/2019 17:12
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

2/2