

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

NA 119146445

|                          |  |                       |               |
|--------------------------|--|-----------------------|---------------|
| Date In: 5/11/19-13:48   | Job description                          | Date & Time Completed | Done by       |
| Ref No: NA/INC1901952724 | SAS e-filing                             |                       |               |
| Veh No: 56X1904          | E-mail (within 3hrs, AIC 2hrs)           |                       |               |
| D.O.A: 4/11/19-12:25     | i-Motor Claim Form                       | 17/10/2020-20         | 5/11/19 14:27 |
| OD: TP Reporting Only    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |               |
|                          | 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: 56278574  | 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 hotline: 6788 6616)                      | 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 | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                          |   |                    |                     |
|--------------------------|---|--------------------|---------------------|
| NA 198333                | Invoice Preparation Checklist                   | Am (\$)<br>In Bill | Am (\$)<br>Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30);               |                    |                     |
| Driver/Owner:            | 2) DA: Damage Assessment (\$100); INC (\$80)    |                    |                     |
| Contact No:              | 3) TF: Towing Fee \$40/\$45                     |                    |                     |
| Damaged Portion:         | 4) FT: Follow-Through Survey \$120              |                    |                     |
|                          | 5) FT: Follow-Through Survey (Resurvey) \$30    |                    |                     |
|                          | For claiming against INC Only (wef 10 Jan 2005) |                    |                     |
|                          | 6) TR: Re-inspection \$75                       |                    |                     |
|                          | 7) N1: Idac DA + SMRT Survey \$160              |                    |                     |
|                          | 8) NTUC Additional Services:-                   |                    |                     |
|                          | QD:   |                    |                     |
|                          | *N5: Courtesy Car / Tpt Allowance \$5           |                    |                     |
|                          | *N6: Repair Co-ordination \$10                  |                    |                     |
|                          | *N7: Post Repair Inspection \$25                |                    |                     |
|                          | *N8: DV / Collect Excess Coordination \$5       |                    |                     |
|                          | TP (N11): TP (Non INC) against INC \$20         |                    |                     |
|                          | 9) N12: Idac Mobile \$0                         |                    |                     |
|                          | Invoice dated                                   | Fee Charged        |                     |
|                          | Invoice dated                                   | Fee Charged        |                     |

Auditors' Comments:-

Ref 1:

Ref 2 / 3:



## 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             | 05/11/2019 13:48              |
| Date Of Accident           | 04/11/2019 22:25              |
| Exact Location Of Accident | BALESTIER RD TWDS MOULMEIN RD |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SCX190Y                     |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | MUHAMMAD SHEQAL BIN SARMANI |
| NRIC No                     | S9010429B                   |
| Email Address               | NOEMAIL                     |
| Mobile Phone No             | (LOCAL) +65-97114903        |
| Alternative Phone No        | OFFICE-97114903             |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | MITSUBISHI  |
| Model  | LANC 1.6MR  |
| 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          | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5097295661-01                          |
| Cover Note Number         |  |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | MUHAMMAD SHEQAL BIN SARMANI |
| NRIC No              | S9010429B                   |
| Date Of Birth        | 24/03/1990                  |
| Occupation           | INDOOR                      |
| Date Of Driving Pass | 09/10/2015                  |
| Driving Experience   | 4 YEARS AND 0 MONTHS        |
| Gender               | MALE                        |
| Mobile Number        | (LOCAL) +65-97114903        |
| Fax Number           |                             |
| Contact Number       | OFFICE-97114903             |
| Email Address        | NOEMAIL                     |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 115B CANBERRA WALK<br>#05-129 |
| Postcode  | 752115                            |
| 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   | CHAIN COLLISION |
| 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                         | 3                                       |
| 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)   | 2                                       |
| Passenger 1   | NAME: : TAN JIAN ZHAU<br>GENDER: : MALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | WOODLANDS DIVISION HQ   |
| Police Station Address                    | ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - L/20191105/7005.

#### 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 | SLZ7857U                         |
| Vehicle Make/Model/Colour   |                                  |
| Details Of Properties       |                                  |
| Vehicle Category            | PRIVATE CAR                      |
| Name of Driver              | MOHAMED YUNUS BIN MOHAMED SULTAN |
| NRIC/Passport Number        |                                  |
| Contact Number              | 91599256                         |

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

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP9933Y  
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)

1

#### DETAILS OF INJURED PERSON 1

Name MUHAMMAD SHEQAL BIN SARMANI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SCX190Y  
Were seat belts worn? YES  
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.
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 (PDPA)**

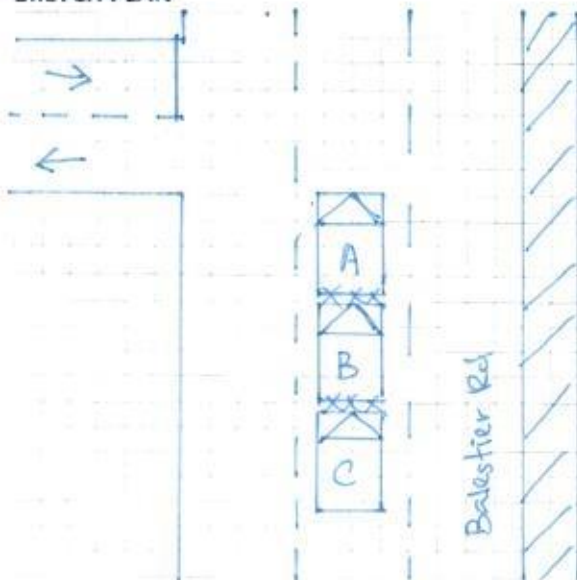
I understand, acknowledge, agree and consent that:

- (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**

Vehicle A : SCX190Y

Vehicle B : SLZ7857U

Vehicle C : SLP9933Y

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the above said date & time, I was driving my vehicle A (SCX190Y) traveling along Balestier Rd towards Moulmein Rd on second lane of a 3-lanes, two carriage way. I was driving slow, out of suddenly, to stopped vehicle B (SLZ7857U) which from rear of my vehicle failed and collided onto my vehicle rear portion. After I alighted then I realised I was involved in chain accident. The third vehicle C (SLP9933Y).

**DECLARATION**

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

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

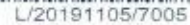
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



|  |   |                                      |                            |
|--|---|--------------------------------------|----------------------------|
| <b>Vehicle No.</b>                       | SCX1904                                   | <b>Model / Make</b>                  | Mitsubishi Lancer C&MR     |
| <b>Date of Accident</b>                  | 4 / 11 / 2019                             |                                      |                            |
| <b>Time of Accident</b>                  | 2225                                      | <b>HRS</b>                           |                            |
| <b>Location of Accident</b>              | Along Balestier Rd twds Moulmein Rd       |                                      |                            |
| <b>Exact purpose use during accident</b> | Private use                               |                                      |                            |
| <b>Name of Owner</b>                     | Muhammad Shegal Bin Sarmani               |                                      |                            |
| <b>Telephone No.</b>                     | H/P : 9711 4903                           | <b>Home :</b>                        | <b>Office :</b>            |
| <b>NRIC</b>                              | S90104298                                 |                                      |                            |
| <b>Address</b>                           | BLK 115B Canberra Walk #05-129 S (752115) |                                      |                            |
| <b>Claim type</b>                        | OD  | THIRD PARTY                          | REPORTING ONLY             |
| <b>Insurance Company</b>                 | NTUC                                      |                                      |                            |
| <b>Type of Coverage</b>                  | Comprehensive                             | Third Party                          | Third Party / Fire / Theft |
| <b>Policy No.</b>                        | 5097295661 - 01                           |                                      |                            |
| <b>Name of Driver</b>                    | As Above If No,                           |                                      |                            |
| <b>NRIC</b>                              | Any Passengers : 1                        |                                      |                            |
| <b>Date of birth</b>                     | 24 / 3 / 1990                             | Tan Jian Zhen (male)                 |                            |
| <b>Occupation</b>                        | Outdoor /                                 | Indoor                               |                            |
| <b>Driving License Pass Date</b>         | 9 / 10 / 2015                             |                                      |                            |
| <b>Gender</b>                            | Male / Female                             |                                      |                            |
| <b>Contact No.</b>                       | H/P :                                     | <b>Home :</b>                        | <b>Office :</b>            |
| <b>Address</b>                           |   |                                      |                            |
| <b>Driver have any own vehicle</b>       | No,                                       | If yes, Reg No.                      |                            |
| <b>Relationship</b>                      | Employee,                                 | If no, state Owner                   |                            |
| <b>Weather condition</b>                 | Clear                                     | Raining                              | Other                      |
| <b>Road Surface</b>                      | Dry                                       | Wet                                  | Other                      |
| <b>Any Injuries</b>                      | No,                                       | If Yes, Who?                         |                            |
| <b>Name And Contact No.</b>              | Muhammad Shegal Bin Sarmani: 9711 4903    |                                      |                            |
| <b>Name And Contact No.</b>              |   |                                      |                            |
| <b>Police Report</b>                     | No,                                       | If Yes, Where? Woodlands Division HQ |                            |
| <b>Vehicle B No.</b>                     | SLZ 7857U                                 | <b>Any Passengers :</b>              | -                          |
| <b>Name of Driver</b>                    | Mohamed Yunus Bin                         | <b>Contact No. :</b>                 | 9159 9256                  |
| <b>Vehicle C No.</b>                     | SLP 9933Y / Mohamed Sultan                | <b>Any Passengers :</b>              | -                          |
| <b>Vehicle D No.</b>                     |   | <b>Any Passengers :</b>              |                            |
| <b>Vehicle E no.</b>                     |   | <b>Any Passengers :</b>              |                            |
| <b>Vehicle F No.</b>                     |   | <b>Any Passengers :</b>              |                            |
| <b>Vehicle G No.</b>                     |   | <b>Any Passengers :</b>              |                            |
| <b>Witness Name</b>                      |   | <b>Witness Contact :</b>             |                            |
| <b>Accident Portion</b>                  | Rear portion                              |                                      |                            |
| <b>Camera Recorder</b>                   | Yes / No                                  |                                      |                            |
| <b>Email Address</b>                     | Sheg-i+@hotmail.com                       |                                      |                            |
| <b>PARTICULAR WORKSHOP</b>               | Twincar 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@n5i.com.sg                          |                                      |                            |





POLICE REPORT (NP299)

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

|  |  |                     |
|--|--|---------------------|
| Date/Time Report Made<br>05/11/2019 03:40                    | Vide Report No.  | Station Diary No.   |
| Name Of Informant<br>MUHAMMAD SHEQAL BIN SARMANI             | Address<br>115B CANBERRA WALK #05-129 SINGAPORE 752115 |                     |
| ID Type / ID No.<br>NRIC NO / S9010429B                      | Contact No.<br>Home/Office:                            | Mobile:<br>97114903 |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>SHEQ IT@HOTMAIL.COM                   |                     |
| Occupation<br>Other teaching associate professionals nec     | Sex<br>Male  | Age<br>29           |
| Institution/School Name                                      | Date of Birth<br>24/03/1990                            | Race<br>Boyanese    |
| Date/Time Of Incident<br>04/11/2019 22:20 - 04/11/2019 22:30 | Location Of Incident<br>BALESTIER ROAD                 |                     |

I was involve in a chain accident around Balestier Road on the 4th November 2019 at around 1020pm to 1030pm . My car number is SCX190Y (Mitsubishi Lancer MR) was hit by another two cars from the back as i was driving on a slow moving traffic upon reaching the traffic lights . The third car is a dark grey BMW plate no. SLP9933Y follow by the second car white KIA plate no. SLZ7857U which i got knock on the rear part of my car . After the accident , all three party decided to move in to the left alley to exchange particulars and photograph all damages . The second car which is the white KIA claim that he has car camera front and back to clarify more on the accident , After the accident , i was injured and went to see the doctor at Mt Alvenia Hospital , received treatment and was given 5 days mc due to lower back injury .

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>05/11/2019 03:40   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



L/20191105/7005

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20191105/7005

| Subjects Involved |   |                           |   |
|-------------------|---|---------------------------|---|
| Victim            |   |                           |   |
| Person Name       | MUHAMMAD SHEQAL BIN SARMANI                   |                           |   |
| ID Type           | NRIC NO                                       | ID No                     | S9010429B                                       |
| Gender            | Male  | Age                       | 29  |
| Race              | Boyanese                                      | Language                  | English   |
| Occupation        | Other teaching associate<br>professionals nec | Address                   | 115B CANBERRA WALK #05-<br>129 SINGAPORE 752115 |
| Mobile No         | 97114903                                      | Is Informant A<br>Victim? | Yes   |
|                   |   |                           |   |
| Person Name       | MUHAMMAD SHEQAL BIN SARMANI (Informant)       |                           |   |
|                   |   |                           |   |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

05/11/2019 03:40

Classification Of Case:

## 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:** 5097295661-01

**Cover :** Third Party, Fire & Theft.

1. Index mark and Registration Number of Vehicle

: SCX190Y

Chassis Number

: JMYSNCK4AXU001887

2. Name of Policyholder

: MUHAMMAD SHEQAL BIN SARMANI

3. Effective Date of Insurance

: 08 Jan 2019

4. Expiry Date of Insurance

: 30 Apr 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 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

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: N/A

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

PRIMARY DRIVER

: MUHAMMAD SHEQAL BIN SARMANI

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: HONG LEONG FINANCE LIMITED

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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 12 Dec 2018 11:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

| Select                | Policy No.    | Certificate Number | Policyholder Name           | Policyholder NRIC | Product | Cover Type                | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-----------------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5097295661-01 |                    | MUHAMMAD SHEQAL BIN SARMANI | S9010429B         | GPC     | Third Party, Fire & Theft | SCX190Y     | SCX190Y        | 08/01/2019    | 30/04/2020  |

## ▼ Policy Information

|                             |   |                             |                          |                   |                                  |
|-----------------------------|---|-----------------------------|--------------------------|-------------------|----------------------------------|
| Policy No.                  | 5097295661-01   | Policyholder Name           | MUHAMMAD SHEQAL BIN SARM | Policyholder NRIC | S9010429B                        |
| Certificate No.             |   |                             |                          |                   |                                  |
| Address                     | BLK 115B #05-129 CANBERRA WALK EASTLACE @ CANBERRA SINGAPORE 752115 |                             |                          |                   |                                  |
| Product Name                | PRIVATE CAR INSURANCE   | Plan                        |                          | Group Policy Flag | N                                |
| Policy Issue Date           | 12/12/2018  | Effective Date              | 08/01/2019 00:00         | Expiry Date       | 30/04/2020 23:59                 |
| Excess Type                 |   | All Claims Excess           |                          |                   |                                  |
| Third Party Excess          | 0   | Own damage Excess           | 0                        | Windscreen Excess | 0                                |
| Additional Excess           | 0   | OS Premium                  | 0                        |                   |                                  |
| Outside Singapore OD Excess | 0   | Outside Singapore TP Excess | 0                        |                   | Young/Inexperience Driver Excess |
| Agent                       | DICKSON INSURANCE AGENCY  | Agent Tel.                  | 63447667                 | GST Flag          | Y                                |
| Co-Insurance Flag           | No  |                             |                          |                   |                                  |
| Open Policy Info            |   |                             |                          |                   |                                  |
| Certificate Info            |   |                             |                          |                   |                                  |

## ▼ Policyholder Mailing Address

|           |                  |                       |                   |           |                     |
|-----------|------------------|-----------------------|-------------------|-----------|---------------------|
| Address 1 | BLK 115B #05-129 | Address 2             | CANBERRA WALK     | Address 3 | EASTLACE @ CANBERRA |
| Address 4 | SINGAPORE 752115 | Address Type          | Singapore address | Post Code | 752115              |
| Unit No.  |                  | Related Policy Number | 5097295661-01     |           |                     |

## ► Insured Object: SCX190Y

## ▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Status         | Endorsement Content   |
|----------|---------------------|-------------------------------|----------------------------|---|
| 1        | 27/03/2019 00:00    | Basic Information Endorsement | Endorsement Take Effective | <p>Thank you for giving us the opportunity to serve you. We confirm that from 27 Mar 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: LIEN CHONG ENTERPRISES PTE LTD CHASSIS NUMBER: JMYSNCK4AXU001887 ENGINE NUMBER: 4G92KC1333 VEHICLE REGISTRATION NUMBER: SCX190Y ORIGINAL REGISTRATION DATE: 17 May 1999</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 28 Mar 2019, the following amendment(s) is/are made to this policy: 1. The cover is amended from Third Party to Third Party Fire and Theft 2. The Endorsement M1 stated in the Policy is not applicable 3. The Policy is subject to Endorsement M2 attached. In view of this amendment, an additional premium of \$293.38 (inclusive of GST) is payable under your policy.</p> |
| 2        | 28/03/2019 00:00    | Basic Information Endorsement | Endorsement Take Effective | <p>Thank you for giving us the opportunity to serve you. We confirm that from 10 Apr 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: LIAN HONG PRIVATE LIMITED CHASSIS NUMBER: JMYSNCK4AXU001887 ENGINE NUMBER: 4G92KC1333 VEHICLE REGISTRATION NUMBER: SCX190Y ORIGINAL REGISTRATION DATE: 17 May 1999</p>   |
| 3        | 10/04/2019 00:00    | Basic Information Endorsement | Endorsement Take Effective | <p>Thank you for giving us the opportunity to serve you. We confirm that from 12 Apr 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HONG LEONG FINANCE LIMITED CHASSIS NUMBER:</p>   |
| 4        | 12/04/2019 00:00    | Basic Information Endorsement | Endorsement Take Effective |   |



### Claim Handling

Accident MT/1070030

|   |   |                               |   |                        |                                   |
|---|---|-------------------------------|---|------------------------|-----------------------------------|
| Policy No.  | 5097295661-01   | Vehicle No.                   | SCK190Y   | GST Registration No.   |                                   |
| Certificate No.                                     |   |                               |   |                        |                                   |
| Policyholder Name                                   | MUHAMMAD SHEQAL BIN SARMANI                                   |                               |   | Policyholder NRIC      | S9010429B                         |
| Product Code  | PRIVATE CAR INSURANCE   | Cover Type                    | Third Party, Fire & Theft                                     | Loading                | 0                                 |
| Contact No.(Mobile)                                 | 97114903  | Contact No.(Office)           | 0   | Contact No.(Home)      | 0                                 |
| Email Address                                       |   | Special Remark                |   | eCode                  | <div><div></div><div></div></div> |
| KfK   | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason           |                                   |
| NCD Protection                                      | No  | NCD Entitlement(%)            | 30  | Private Hire           | No                                |
| <div><div></div> Accident Details</div>             |   |                               |   |                        |                                   |
| Report Date   | 05/11/2019 14:06  | Accident Report Within 24 hrs | Yes   | Accident Type          | Chain Collision                   |
| Date of Accident                                    | 04/11/2019  | Time of Accident hh:mm        | 22:25   | Country of Accident    | Singapore                         |
| Reporting Centre                                    |   | Orange Force                  |   | ICM No.                |                                   |
| Accident Location                                   | BALESTIER RD TWDS MOULMEIN RD                                 |                               |   |                        |                                   |
| <div><div></div> Excess</div>                       |   |                               |   |                        |                                   |
| Own damage Excess                                   | 0.00  | Additional Excess             | 0   | Windscreen Excess      | 0.00                              |
| Unnamed Driver Excess                               | 0.00  | Outside Singapore OD Excess   | 0.00  |                        |                                   |
| Third Party Excess                                  | 0.00  | Outside Singapore TP Excess   | 0.00  |                        |                                   |
| <div><div></div> Benefits</div>                     |   |                               |   |                        |                                   |
| <div><div></div> GST Registered Information</div>   |   |                               |   |                        |                                   |
| GST Registered                                      | No  | GST Registration Date         |   |                        |                                   |
| GST Registration No.                                |   | GST Status Verified           | Yes   |                        |                                   |
| Modification History                                |   |                               |   |                        |                                   |
| <div><div></div> Policyholder Mailing Address</div> |   |                               |   |                        |                                   |
| Address 1   | BLK 115B #05-129  | Address 2                     | CANBERRA WALK   | Address 3              | EASTLACE @ CANBERRA               |
| Address 4   | SINGAPORE 752115  | Address Type                  | Singapore address   | Post Code              | 752115                            |
| Unit No.  |   | Related Policy Number         | 5097295661-01   |                        |                                   |
| <div><div></div> Q1 Driver Info</div>               |   |                               |   |                        |                                   |
| Driver Name   | MUHAMMAD SHEQAL BIN SARMANI                                   | Driver Type                   | Main Driver   |                        |                                   |
| Unnamed driver Name                                 |   | Driver NRIC                   | S9010429B   | Driver DOB             | 24/03/1990                        |
| Register Date of Driver License                     | 09/10/2015  | Driver Age                    | 29  | Driving Experience     | 4                                 |
| Contact No.(Mobile)                                 | 97114903  | Contact No.(Office)           | 0   | Contact No.(Home)      | 0                                 |
| Address 3   | BLK 115B  | Address 2                     | CANBERRA WALK   | Address 3              | EASTLACE @ CANBERRA               |
| Address 4   | SINGAPORE 752115  | Address Type                  | Singapore address   | Post Code              | 752115                            |
| Unit No.  | 05-129  |                               |   |                        |                                   |
| Does he own a Singapore Registered Car?             | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.            |   | Driver Insurer Company |                                   |
| <div><div></div> Declaration</div>                  |   |                               |   |                        |                                   |
| Breathalyser or Blood Test Reading?                 | 0 mg  | Any Injury?                   | <input checked="" type="radio"/> Yes <input type="radio"/> No |                        |                                   |

#### Modification History

Claim 001 **New**

|   |                                  |                         |                                  |                     |                            |
|---|----------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|
| Claim Type *  | CO-MX                            | Insured Name            | MUHAMMAD SHEQAL BIN SARM         | Insured NRIC        | S90104298                  |
| Contact No.(Mobile)                                 | 97114903                         | Contact No.(Home)       |                                  | Contact No.(Office) |                            |
| Email Address                                       | SHEQ_IT@HOTMAIL.COM              | OT Vehicle Number       | SCX190Y                          | TP Vehicle Number   | SLZ7857U                   |
| Claimant Type Claimant Type *                       | Please Select                    | Type of Benefit *       | Please Select                    |                     |                            |
| Claimant Name *                                     |                                  | Claimant NRIC *         |                                  |                     |                            |
| Claimant Address                                    |                                  |                         |                                  |                     |                            |
| Claim Description                                   | SCX190Y / SLZ7857U ON 4 Nov 2019 |                         |                                  |                     | Name of Preferred Workshop |
| Preferred Workshop Contact No.                      |                                  | Insured Liability *     | Not at Fault                     |                     |                            |
| Require Finalisation                                | Yes                              | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report          | Received                   |
| Date Registered                                     | 05/11/2019 14:07                 | Claim Close Date        |                                  | Date Received       | 05/11/2019 00:00           |
| Report Taken By                                     | Jackson                          |                         |                                  |                     |                            |
| <input checked="" type="checkbox"/> Print AK letter |                                  |                         |                                  |                     |                            |

Save Submit

Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1070030  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 05/11/2019 14:08 |

| Path *   | Category *  | Confidential   | Urgency *  | Description *        |
|--|---|--|--|----------------------|
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="v"/> | <input type="text"/> No <input type="button" value="v"/> | <input type="text"/> Normal <input type="button" value="v"/> | <input type="text"/> |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="v"/> | <input type="text"/> No <input type="button" value="v"/> | <input type="text"/> Normal <input type="button" value="v"/> | <input type="text"/> |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="v"/> | <input type="text"/> No <input type="button" value="v"/> | <input type="text"/> Normal <input type="button" value="v"/> | <input type="text"/> |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="v"/> | <input type="text"/> No <input type="button" value="v"/> | <input type="text"/> Normal <input type="button" value="v"/> | <input type="text"/> |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="v"/> | <input type="text"/> No <input type="button" value="v"/> | <input type="text"/> Normal <input type="button" value="v"/> | <input type="text"/> |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="v"/> | <input type="text"/> No <input type="button" value="v"/> | <input type="text"/> Normal <input type="button" value="v"/> | <input type="text"/> |

Msg Sent?

| Attachment  | Uploaded By/Date  | Category              | Urgency            | Description      | (CO)                            |
|---|---|-----------------------|--------------------|------------------|---------------------------------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Nov 2019 14:08 | NRIC/ Driving License | Y                  | Normal           | NRIC/ Driving License 2019-11-5 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Nov 2019 14:07 | SAS                   | Normal             | SAS 2019-11-5    |                                 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Nov 2019 14:07 | Photos                | Normal             | Photos 2019-11-5 |                                 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Nov 2019 14:07 | Photos                | Normal             | Photos 2019-11-5 |                                 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Nov 2019 14:07 | Photos                | Normal             | Photos 2019-11-5 |                                 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Nov 2019 14:07 | Photos                | Normal             | Photos 2019-11-5 |                                 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Nov 2019 14:07 | Photos                | Normal             | Photos 2019-11-5 |                                 |
| <b>Video List</b>   |   |                       |                    |                  |                                 |
| Uploaded By/Date  | Folder Date   | File Name             | Source             | Action           |                                 |
|   |   | Display in New Window | Scan and uploading |                  |                                 |