

NATIONAL Assessment Centre Services.

(last 1 Jan 200)

MANA 40030560

Date In: 10/03/2020 13:07	Job description	Date & Time Completed	Done by
Ref No: NBS/INC 200038124	SAS e-filing		
Veh No: SMR 613LS	E-mail (Legal, AIC, etc)		
D.O.A: 08/03/2020 07:00	I-Motor Claims Form	M111087532-002	10/03/2020
OD: TP Reporting Only	I-Motor W/O (W/In: OD 2hrs, TP 4hrs)		13:22
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wicap		

Preferred Wksp / INC Assign Wksp / QW: ( )

TP Particulars: Vch No: PC 667X 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 ( )

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

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

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

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

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

Driver: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2001990	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/40	
Damaged Portion:	4) FT: Follow-Through Survey \$130	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
_____	For claiming against INC Only (last 10 Jan 200)	
_____	6) TR: Re-inspection \$75	
_____	7) NI: Idas DA + SMRT Survey \$160	
_____	8) NI: Idas Mobile	
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_____	100) NI: Idas Mobile	

## 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	10/03/2020 13:07
Date Of Accident	08/03/2020 07:50
Exact Location Of Accident	JURONG TOWN HALL TOWARDS JURONG EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR6131S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR & AZIZAN SERVICES
Co Reg No	5XXXXX99BB
Email Address	NORAZAN18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87548789
Alternative Phone No	OFFICE-87548789
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	VEZEL
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115547580
Cover Note Number	
<b>Driver</b>	
Name of Driver	AZIZAN BIN ABD AZIZ
NRIC No	SXXXX186I
Date Of Birth	11/04/1970
Occupation	INDOOR
Date Of Driving Pass	28/02/2003
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87548789
Fax Number	
Contact Number	OTHERS-87548789
EMail Address	NORAZAN18@GMAIL.COM

Address BLK 773 YISHUN AVENUE 3  
#01-169  
Postcode 760773  
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? YES  
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 PAYA LEBAR NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 ,  
COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2899999 - FAX NO: 62815961  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20200308/2068 & T/20200311/2117

**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 PC667X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category BUS  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLT458R

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)

**DETAILS OF INJURED PERSON 1**

Name

AZIZAN BIN ABD AZIZ

Approximate Age

Injuries Sustain

BODY PAIN

Injured person in which vehicle?

SMR6131S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

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 lodging 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;
  - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (iii) 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

10/03/2020  
Resolving Centre Personnel Signature  
Name:  
NRIC/IN No.

Resolving Centre Personnel Signature

SKETCH PLAN



A = SMR61315

B = PC667X

C = SL745BR

Jurong Town Hall Road  
towards Jurong East

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to Police Report*

Report No: T/20200308/2068  
T/20200311/2117

DECLARATION

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



Policyholder's Signature  
Date & Time:

*Amif*

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

Reporting Centre Personnel's Signature  
No. &  
RIC/FIN No.

*10/03/20*

*Resh W...*

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 08/07/20	Time: 07:50	(hh:mm) 24 hr format
Location: Jurong Town Hall Road towards Jurong East		
Vehicle Number: SAK6131S		
Insured Name: Nur & Azizan Services		
NRIC/FIN: S3406699B	Contact Number:	-
Make: Honda	Model:	VE201
Are you claiming under your own insurance policy for repair to your vehicle?		
<input type="checkbox"/> Yes If No, Pls select: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting		
Insurance Company: NTUC		
Type of Policy: <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only		
Policy Number: S115547580		
Name of Driver: Azizan Bin Abd Aziz <input type="checkbox"/> Same as Insured		
NRIC/FIN: S70601861	Contact Number:	8754 8789
Date of Birth: 11/01/1970		
Driving Pass Date: 28/01/2003		
Occupation: <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
Email Address: norazizan18@gmail.com <input type="checkbox"/> NO EMAIL		
Address of Driver: Blk 773, Jishun Ave - 2 #01-169 Singapore 760773		
Was driver an employee of the Insured's Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, Relationship of the Driver with the Insured: <input checked="" type="checkbox"/> Sole-proprietor		
<input type="checkbox"/> Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Children <input type="checkbox"/> Sibling		
Does the Driver Own Any Other Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle:		
Insurance Company of Driver's Own Vehicle:		
Weather Conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others		
Road Surface: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others		
Was any foreign vehicle involved in this accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was anybody injured in the accident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, injured detail: Azizan Bin Abd Aziz Body Pain		
Was there any video captured by Car Camera? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was the Accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact:		
Veh B:	PC667X	
Veh C:	JL145ER	
Veh D:		
Veh E:		
Veh F:		

Driver Only



**SINGAPORE  
POLICE FORCE**



T/20200308/2058

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

1 of 1  
Report No: T/20200308/2058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/03/2020 16:29	Video Report No.:	Station Diary No.: 27
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**Informant's Particulars**

Name of Informant: AZIZAN BIN ABD AZIZ		Address: APT BLK 773 YISHUN AVENUE 3 #01-169 SINGAPORE 760773	
ID Type / ID No.: NRIC NO / S70601861		Contact No.: Home/Office: Mobile: 87548789	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 49	Date of Birth: 11/04/1970	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Chef		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/03/2020 07:50	Type of Location: Straight Road
Location:  JURONG TOWN HALL ROAD  towards Jurong East				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC667X	Bus/Coach/Mi nibus				Slightly Damaged	0
SLT458R	Car				Slightly Damaged	0
SMR6131S	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20200308/2068

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

2 of 3

Report No: T/20200308/2068

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	AZIZAN BIN ABD AZIZ	ID No.	S7060186I
Related Vehicle	SMR6131S (Car)	Contact No.	87548780
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	08/03/2020	Date Discharge	08/03/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On the 08/03/2020 at about 0750hrs, I was driving along Jurong Town Hall Road towards Jurong East. the traffic light turned red and I stopped. Suddenly I felt an impact from the back of my vehicle and my car surge forward knocking into a car in front of me. My vehicle's airbag was deployed. Shortly after, traffic police and ambulance came down to scene.

I was then conveyed by the ambulance to Ng Teng Fong General Hospital and was given 7days MC. I would like to add that I have an in-car camera which captured the incident.

The vehicle who knocked me was a bus (PC667X) and the vehicle that I knocked onto was a car (SLT458R).



SINGAPORE  
POLICE FORCE



T/20200308/2068

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

3 of 3

Report No: T/20200308/2068

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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: F / Sgt 2 GABRIEL LEE BO WENG	
Signature Of interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	

Signature Of Informant	
Date/Time: 08/03/2020 16:29	
Classification Of Case:	

Authentication Stamp  
NP158



**SINGAPORE  
POLICE FORCE**



T/20200311/2117

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

1 of 3

Report No: T/20200311/2117

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/03/2020 17:32	Vide Report No: T/20200308/2068	Station Diary No: 27
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**Informant's Particulars**

Name of Informant: AZIZAN BIN ABD AZIZ		Address: APT BLK 773 YISHUN AVENUE 3 #01-169 SINGAPORE 760773	
ID Type / ID No: NRIC NO / S7060186I		Contact No: Home/Office: Mobile 87548769	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 49	Date of Birth: 11/04/1970	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Chef		Driving Licence Information: Class: 2B.3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/03/2020 07:50	Type of Location: Straight Road
Location: Along Road 1 JURONG TOWN HALL ROAD				
Towards Jurong East				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC667X	Bus/Coach/Minibus				Slightly Damaged	0
SLT459R	Car				Slightly Damaged	0
SMR6131S	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20200311/2117

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

2 of 3

Report No: T/20200311/2117

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AZIZAN BIN ABD AZIZ	ID No.	S7060186I
Related Vehicle	SMR6131S (Car)	Contact No	87548789
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	08/03/2020	Date Discharge	08/03/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

I am lodging this report vide to T/20200308/2068 and for amendment purposes.

I wish to inform that my in-vehicle camera did not capture the incident and this report is also for my insurance company purposes.



SINGAPORE  
POLICE FORCE



T/20200311/2117

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

3 of 3

Report No: T/20200311/2117

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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 65474895 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 LOW KAI TAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2020 17:32
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case: 
Authentication Stamp NP163	

Claim Handling

Accident NT/1287332

Policy No.	3115547300	Vehicle No.	SHR1115	GST Registration No.	
Certificate No.					
Policyholder Name	RJR & AZIZAN SERVICES	Policyholder NRIC		390467988	
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLASSIC	Loading	0
Contact No. (Mobile)	Nil	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remarks		eCode	Nil
KPI	No Yes	TCA	No Yes	Mobile Reason	
NCD Protection	No	NCD Exclusion(%)	0	Private Hire	Not available

Accident Details

Report Date	15/03/2020 09:14	Accident Report within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	05/03/2020	Time of Accident (H:M)	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	ALONG JURONG TOWNS HALL ROAD				

Total Excess Applicable

Excess Type	Per Account	Withdrawn Excess	100.00	Driver is Covered?	Not Applicable
90 Standard Excess	2,000.00	TP Standard Excess	1,500.00		
Yield 90 Excess		Yield TP Excess			
Additional Excess	0				
Total 90 Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

Benefit

GST Registered Information

GST Registered	No	GST Registration Date		GST Status verified	No
GST Registration No.					
Verification History	10/02/2020 09:14 (14) System auto update fail. This format of the QR is incorrect as QR is invalid.				

Policyholder Mailing Address

Address 1	84, 771-011-09	Address 2	YISHUN AVENUE 3	Address 3	SINGAPORE 760772
Address 4		Address Type	Singapore address	Post Code	760772
Unit No.	01-009	Related Policy Number	3115547300		

Q1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered Car?	No - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 001 [View](#)

Claim Type *	QU-MX	Insured Name	RJR & AZIZAN SERVICES	Insured NRIC	390467988
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	Nil
Email Address		Vehicle Number	SHR1115	IF	POSEFX
Claim Description	SHR1115 / POSEFX ON 8 Mar 2020				
Preferred Workshop		Should Liability	Not at Fault	Name of Preferred Workshop	
Exempt No. For Approval	Yes	Preferred Workshop, Name Unknown	CU report	Received	
Date Registered		Claim Date	15/03/2020 13:22	Date Received	10/03/2020 00:00
Report Taken By			ROSLI WAHAB		

Print All Items

[Save](#) [Submit](#)

Attachment

Accident No.	NT/1287332	Claim No.	001
LAH Doc. Received	Yes No	Upload Date	15/03/2020 13:22
Choose File	IMG-20200310-WA0000.jpg	Category *	Confidential
Choose File	IMG-20200310-WA0001.jpg	Confidential	Urgency *
Choose File	No file chosen	Urgency	Description *
Choose File	No file chosen	Normal	Photos 2020-3-10
Choose File	No file chosen	Normal	Photos 2020-3-10
Choose File	No file chosen	Normal	Photos 2020-3-10
Choose File	No file chosen	Normal	Photos 2020-3-10
Choose File	No file chosen	Normal	Photos 2020-3-10
Message Read		Send Message	Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CG)	Action
	NAC_BUNUT_MERAH_8005791 NATIONAL ASSESSMENT CENTRE SERVICE S (BUNUT MERAH) on 10 Mar 2020 13:22	Photos	Normal	Photos 2020-3-10		<a href="#">Edit</a>
	NAC_BUNUT_MERAH_8006791 NATIONAL ASSESSMENT CENTRE SERVICE S (BUNUT MERAH) on 10 Mar 2020 13:22	Photos	Normal	Photos 2020-3-10		<a href="#">Edit</a>
	NAC_BUNUT_MERAH_8006791 NATIONAL ASSESSMENT CENTRE SERVICE S (BUNUT MERAH) on 10 Mar 2020 13:22	Photos	Normal	Photos 2020-3-10		<a href="#">Edit</a>
	NAC_BUNUT_MERAH_8006791 NATIONAL ASSESSMENT CENTRE SERVICE S (BUNUT MERAH) on 10 Mar 2020 13:22	Photos	Normal	Photos 2020-3-10		<a href="#">Edit</a>
	NAC_BUNUT_MERAH_8006791 NATIONAL ASSESSMENT CENTRE SERVICE S (BUNUT MERAH) on 10 Mar 2020 13:22	Photos	Normal	Photos 2020-3-10		<a href="#">Edit</a>



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Mar 2020 13:22	Photos		Normal	Photos 2020-3-10	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Mar 2020 13:22	Photos		Normal	Photos 2020-3-10	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Mar 2020 13:22	Photos		Normal	Photos 2020-3-10	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Mar 2020 13:22	Photos		Normal	Photos 2020-3-10	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Mar 2020 13:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-10	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Mar 2020 13:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-10	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Mar 2020 13:22	SAS		Normal	SAS 2020-3-10	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>				

### 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5115547580

**Cover :** drive CLASSIC

- |   |                         |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle    | : SMR6131S              |
| Chassis Number                                      | : RU11326752            |
| 2. Name of Policyholder                             | : NUR & AZIZAN SERVICES |
| 3. Effective Date of Insurance                      | : 15 Jan 2020           |
| 4. Expiry Date of Insurance                         | : 14 Jan 2021           |
| 5. Persons or Classes of Persons entitled to drive# |                         |
| (a) The Policyholder.                               |                         |
| (b) 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 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 the carriage of passengers for reward purposes.  
(d) Use for any purpose in connection with the Motor Trade.

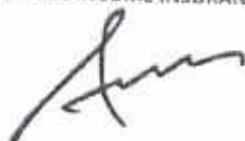
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: 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	: AZIZAN BIN ABD AZIZ
NAMED DRIVER (1)	: NORAINI BTE YUSOFF
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SWEE SENG 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 : VV INSURANCE AGENCY PTE. LTD. (00000614878)  
Date of Issue : 15 Jan 2020 16:35 hrs.

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MNA 420030560 Vehicle Registration No: SMR 6131 S  
 Name (as shown in NRIC): Azizan Bin Abdul Aziz NRIC/FIN/Passport No: S70603861  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: BIR 773 Jishun Avenue 3 #01-169 Singapore (760713)  
 Contact (Tel): - Mobile No.: 8754 8789  
 Email Address: azizanib@gmail.com  
 Date of Accident: 08/03/20 Time of Accident: 07:50  
 Place of Accident: Jurong Town Hall Road towards Jurong East  
 Insurance Company: NINE

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Refer to police report T/20200311/2117  
NO video was captured the incident

*[Handwritten Signature]*

Policyholder / Driver's Signature  
Date:



*[Handwritten Signature]* 12/03/2020  
 Reporting Centre Personnel's Signature  
 Name: Keshu Kumar  
 NRIC/FIN No.:  
 Date: