

**NATIONAL Assessment Centre Services** (Part 1 Jan 2005) **MA 1200 35754**

Date In: <b>23/3/20 16:26</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1332 2000 4380164</b>	SAS e-filing		
Veh No: <b>STD 8650 G</b>	E-mail (within 2hrs, AIC 2hrs)		
DTA: <b>21/3/20 04:55</b>	I-Motor Claim Form		
QD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Professional Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SHB 8333 G** 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 repolar.

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

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

Remarks: (INC 400000 6700 0016)	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

<b>MA 2002163</b> Claimants Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Tel: 1: Tel: 2:	<b>Invoice/Repairation Checklist</b>		Am (\$)	PAID (\$)
	1) AL: Accident Reporting (\$30)		32.00	
	2) DA: Damage Assessment (\$100)	INC (\$30)		
	3) TP: Towing Fee	\$40/\$45		
	4) PT: Follow-Through Survey	\$120		
	5) PT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection	\$75		
	7) NI: Idea 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		
*N11: TP (Non INC) against INC		\$20		
*N12: Idea Mobile		\$0		
Invoice dated	Fee Charged			
Invoice dated	Fee Charged			



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	23/03/2020 16:26
Date Of Accident	21/03/2020 04:55
Exact Location Of Accident	YISHUN AVE 1 OUTSIDE SINOPEC YISHUN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD8650G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD AL-NAJIB BIN SALLEH
NRIC No	SXXXX377C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87520870
Alternative Phone No	OFFICE-87520870

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MPC0001742
Cover Note Number	

### Driver

Name of Driver	NORSAINI BIN ABU
NRIC No	SXXXX857H
Date Of Birth	09/07/1981
Occupation	INDOOR
Date Of Driving Pass	14/07/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87520870
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 2 EUNOS CRES #05-2551
Postcode	400002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200321/7005

#### 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	SHB8333G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 SFN791E  
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 NORSAINI BIN ABU  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJD8650G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name LYZAWATEE BINTE ADNAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJD8650G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
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 - SJD 865DG  
B - SHB8333G  
C - SFN 791E

**Legend**

Vehicle

Motorcycle

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary along Yishun Avenue 1 outside the Sinopec Yishun. Out of sudden, vehicle B came from behind hit onto my vehicle and the vehicle in front of me. The impact was so big and caused my vehicle to thrust forward and hit onto vehicle C. I wish to state that when the accident happened, I was standing in between my vehicle and vehicle C. My passenger was standing beside my vehicle also. We both sustained injuries due to the accident.

## DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature  
Date & Time:

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

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





# SINGAPORE POLICE FORCE



T/20200321/7005

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200321/7005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/03/2020 11:56	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

<b>Informant's Particulars</b>			
Name of Informant: NORSAINI BIN ABU		Address: APT BLK 2 EUNOS CRESCENT #05-2551 SINGAPORE 400002	
ID Type / ID No.: NRIC NO / S8119857H		Contact No.: Home/Office: Mobile: 85438521	
Nationality: SINGAPORE CITIZEN		Email: abunorsaini@gmail.com	
Sex: Male	Age: 38	Date of Birth: 09/07/1981	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/03/2020 04:55	Type of Location:
Location: YISHUN AVENUE 1 (OUTSIDE SINOPEC YISHUN)				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFN791E	Car					0
SHB8333G	Car					0
SJD8650G	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200321/7005

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200321/7005

**CONTINUATION OF REPORT**

<b>Passenger</b>				
Name	LYZAWATEE BINTE ADNAN		ID No.	S8520259F
Related Vehicle	SJD8650G (Car)		Contact No.	87520870
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
<b>Driver</b>				
Name	NORSAINI BIN ABU		ID No.	S8119857H
Related Vehicle	SJD8650G (Car)		Contact No.	85438521
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight

**Brief Details.**

On the stated date and time, my vehicle (SJD8650G) was stationary along Yishun Ave 1 outside Sinopec Yishun. Out of sudden, vehicle (SHB8333G) came from behind and hit onto my vehicle (SJD8650G) and the vehicle (SFN791E) in front of me. The impact was so big and caused my vehicle to thrust forward and hit onto vehicle (SFN791E). I wish to state that when the accident happened, I was standing in between my vehicle (SJD8650G) and vehicle (SFN791E). My passenger was standing beside my vehicle (SJD8650G) also. Both of us sustained injuries due to the accident.





**SINGAPORE  
POLICE FORCE**



T/20200321/7005

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200321/7005

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp

NP168

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

Date/Time:  
21/03/2020 11:56

Classification Of Case:

Date of Accident : 21/3/2020 Accident Time: 04:55hrs (24-HR-Format)  
 Accident Place : Along Vishnu Ave 1 outside shoppee Vishnu  
 Vehicle No. (Car Plate No.) : SSD 8650 G Make/Model: Honda stream  
 Insurance Company : India Policy No: DM MP L0001742  
 Owner or Company Name / IC No. : muhammad Al-Najib Bin Shalleh (S9302377C)  
 Owner or Company Contact No. : — Owner's Hp — Company Tel —  
 DRIVER'S Name / IC No. : Norsaini Bin Abu (S8119857H)  
 DRIVER'S Date Of Birth : 09/07/1981 DRIVER'S License Pass Date 14 Jul 2014  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Friend  
 DRIVER'S Address : Blok 2 Eunos Crescent #05-2551 (S) 400002  
 DRIVER'S Contact No / Alt No. : 1) 8752 0870 2) —  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : —  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 02  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Driver & Passenger

**Other Party Driver's Particular (if any)**

Vehicle No: SHB 8333G (B)	Vehicle No: SFN 791E (C)
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**


① Lyza Watee Binte Adnan (F)



## 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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D19MPC0001742</b>		<b>COVER: Third Party Fire &amp; Theft</b>
1. Index Mark and Registration Number of Vehicle	:	SJD8650G
Chassis No	:	RN61059961
2. Name of Policyholder	:	MUHAMMAD AL-NAJIB BIN SALLEH
3. Effective date of Insurance	:	07 Apr 2019
4. Expiry date of Insurance	:	06 Apr 2020
5. Persons or Classes of Persons entitled to drive*		<p>Any person other than the Policyholder 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</p>
6. Limitations as to use*		<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial, 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.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.</p>
Hire Purchase Company		Kenso Leasing Pte Ltd
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON ALL CLAIMS WILL BE APPLICABLE.		
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).		
Agent/Broker	:	Customer/CUSTOMER
Date of Issue	:	28/03/2019 10:14:17
MX12 - Private Car (Insured Not Driving)		<p>For India International Insurance Pte Ltd</p>  <p>Authorized Signatory</p>