NATIONAL Assessment Centre Services. [WHI I JAN'05] MHANDO VIYE Date In: 9/4/2-16:30 Date & Time Completed Done by Jeb description Ref No: SAS e-filing 49 14 (2003 41 48 14 Veh No: E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form D.O.A : 9 4120 17:06 m7 109 2008-001 414/10-10:0 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / (TP)! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ( TP Particulars: Veh No: UN 981VA )/Non-INC ( INC ( Owner / Driver: ( Tcl: Policy No: ( Period: ( Cover Type: ( ) Time: Confirmed by : ( Date: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: \$0-100%] Year of Registration: ( Warranty: YES ( )/NO( Loading: \$1,000 ( Excess: (\$ )/\$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 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection ) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Ant (5) Ant (5) Invoice Preparation Checklist 142002698. Add Bill fit Bill 1) AR : Accident Reporting Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 \* NS: Courtesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination \*N7: Fost Repair Inspection \$25 Auditors' Comments :-55 \*NR: DV / Collect Excess Coordination \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idao Mobile Invoice dated Fee Charged Cat. 2/3: Fee Charged Invoice dated

Farmed the

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 witholding 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

THE MEDICAL PROPERTY OF THE PR	ACCIDENT STATEMENT
Date Of Report	09/04/2020 16:30
Date Of Accident	04/04/2020 10:20
Exact Location Of Accident	SLIP RD CTE (SLE) TWDS AMK AVE 3
Country/State of Loss	SINGAPORE
學的一個的社會工作。在學科學的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP3806S
Insured/Policyholder	
Name Of Registered Owner	MCFINE MARKETING PTE LTD
Co Reg No	2XXXXX632M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91006523
Alternative Phone No	OFFICE-91006523
Vehicle Particulars	
Manufacturer	HINO
Model	XZU710R 14FT WIDE CAB 7T
Exact Purpose for which vehicle was being used at ime of accident	WORKING
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112010675
Cover Note Number	
Oriver Control of the	
lame of Driver	MUHAMMAD HAIRULNIZAM BIN MAHMOOD
IRIC No	SXXXX874I
Date Of Birth	20/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2011

MALE

NOEMAIL

8 YEARS AND 6 MONTHS

(LOCAL) +65-87426574

OFFICE-87426574

Address

**BLK 848 TAMPINES STREET 82** 

#03-203

Postcode

520848

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

. .

GENDER: MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN9862A

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

MUHAMMAD FARHAN BIN SALIM

NRIC/Passport Number

Contact Number

87115799

Address

Postcode

Insurance Company Name

Nature Of Damage

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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.

McFine Marketing Pte Ltd
3 Kaki Bukit Road 2

#01-09 #unos Warehouse Complex Singapore 417837

Policyholder's Signature 0910 Fax: 6844 9870

Driver's signatu

Date & Time:

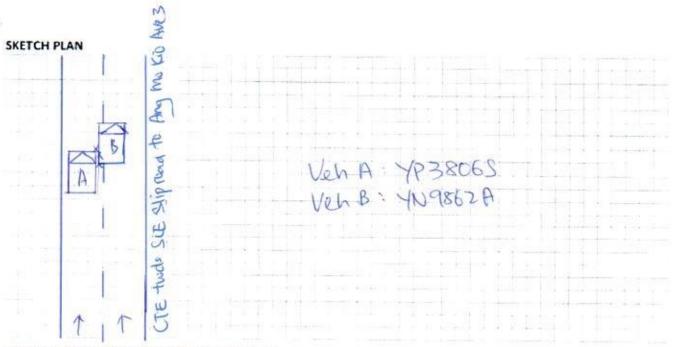
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On above date & time, I was driving my vehicle A (YP3806S) traveling
along CTE twols SLE Slip road to Any Mc Ka Avenue 3 on second lane
of a z-lanes, road. Somewhere before enter to CTE, I awared
vehicle B (YN9862A) from my right wanted to overtake my
vehicle. Out of Sudden, the left portion of vehicle B collided
onto the right portion of my vehicle.

# DECLARATION

R

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

McFine Marketing Pte Ltd

Policyholder's signature
Date #0:the09 Eunos Warehouse(Contagnature the policyholder)

Singapore 41783 Pate & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Tel: 6844 9910 Fax: 6844 0870

Vehicle No.	YP 38065 Model/Make Hind 300
Date of Accident	4 4 2020
Time of Accident	1020 HRS
Location of Accident	Along CTE tood SLE Slip road to Ang Ma kao Ave
Exact purpose use during acci	
Name of Owner	Mc Fine Marketing Pte Utal
Telephone No.	H/P: 9100 653 Home: Office:
NRIC	201701632M
Address	3 Kaki Bukit Rd 2 #01-09 \$ (417837)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5112010675
oney wo.	5,1120,100,12
Name of Driver	As Above If No, Muhammad Hairulnizan Bin Mahmood
NRIC	S8738874I Any Passengers: \ (m)
Date of birth	2019/1987
Occupation	Outdoor / Indoor
Driving License Pass Date	6/9/2011
Gender	Male / Female
Contact No.	H/P: 8742 6574 Home: Office:
Address	BLK 848 Tampines Street 82 # 03-203 S(520848)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	11 103, 11110.
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	YN9862A Any Passengers: -
Name of Driver	Muhammad Tarkan Bih Contact No.: 87115799
Vehicle C No.	Selim Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Right puritur
Camera Recorder	Yes / No
Email Address	19 Kairulniam 87 Quail com
	The state of the s
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510



	Certificate of	Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AN MOTOR VEHICLES (THIRD PARTY RISKS AN ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RU	D COMPENSATION) RU	JLES, 1960
Certificate Number: 5112010675	The second secon	Cover : Comprehensive
Index mark and Registration Number o	f Vehicle .	YP3806S
Chassis Number	. venicle	JHHUCT3H90K017442
2. Name of Policyholder		MCFINE MARKETING PTE, LTD.
3. Effective Date of Insurance		29 Aug 2019
4. Expiry Date of Insurance		28 Aug 2020
5. Persons or Classes of Persons entitled t		
(a) The Policyholder.		
(b) Any other person who is driving on		
Provided that the person driving is the Motor Vehicle or has been so p enactment or regulation in that be 6. Limitations as to Use#	permitted and is not dis	nce with the licensing or other laws or regulations to drive squalified by order of a Court of Law or by reason of any Motor Vehicle.
(a) Use for social domestic and pleasur	re purposes and in con	nection with the Policyholder's business or profession.
(b) Use for the carriage of passengers		
This Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing, pace-making, reliab	ility trial or speed-testi	ing
		disabled mechanically propelled vehicle.
Act (Chapter 189) and Section 95 o headings.	f the Road Transport A	or Vehicle (Third Party Risks and Compensation) act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1) :	\$\$600	
EXCESS (SECTION 2)	N/A	
WINDSCREEN EXCESS :	\$\$100	
INSURE WITH COE :	YES	
HIRE PURCHASE COMPANY :	DAIMLER FINANCIAL S	SERVICES AFRICA & ASIA PACIFIC LTD
SUM INSURED	MARKET VALUE OF IN:	SURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Compensati	on) Act (Chapter 189) : RANCE AGENCY (00000	rs is issued in accordance with the provisions of the Motor and Part IV of the Road Transport Act, 1987 (Malaysia)  0571869)  For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By: Authoris	ed Officer	Chief Executive
		(1584)(1587)(1587)(1587)

<b>eBao</b> Tech		General									
Hello, NAC_PAYA_UBI_800601						· Change L	anguage	• Chan	ge Password	· Log Out	
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	No.	-			Date	of Accident	04	1/04/2020	10:20	
	Vehicle	No.(For Motor)	YP3806	S	-	Certifi	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112010675		MCFINE MARKETING PTE, LTD.	201701632M	GCV	Comprehensive	YP3806S	YP3806S	29/08/2019	28/08/2020

Policy No.	5112010675	Policyholder Name	MCFINE MA	RKETING PTE, LTD.	Policyholder NRIC	201701632M	
Certificate No.							
Address	3 KAKI BUKIT ROAD 2 #01-09 U	OB EUNOS W	AREHOUSE S	SINGAPORE 417837			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy Issue Date	19/08/2019	Effective Date	29/08/2019	00:00	Expiry Date	28/08/2020 23	::59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65674755		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	3 KAKI BUKIT ROAD 2	Addres	ss 2	#01-09 UOB EUNO	S WAREHOU:	Address 3	SINGAPORE 417837
Address 4		Addres	ss Type	Singapore address	)	Post Code	417837
Unit No.	01-09	Relate Number	d Policy er	5108392673-01			
	d Object: YP38065						
▶ Insure							
▶ Insured ♥ Endors	ements						

Claim Handling												
ccident MT/1091208												
stry No. ertificate No.	\$112010675	Vehicle No.		YP39066		GS	ST Registration N	wa.	2017	701632M		
ricyholder Name	MCFINE MARKETING PTE, LTD.											
		112752040475				Pa	Nicyhalder NRJC		2017	101632M		
oduct Code	COMMERCIAL VEHICLE INSURA	Cover Type		Compreh	insive	Lo	ading		0			
ontact Np. (Mobile)	91006523	Contact No (Office)	E.	0		Co	ontact No.(Home	0	0			
nail Address		Special Remark				40	Code		151.5	9		
FK.	® No ○ Yes	TCA		® No ○	Yes	•0	Ode Reason					
CD Protection	No	NCD Entitlement(%	()	Ö		Pyri	wate Hire		No			
P Accident Details												
eport Date	09/04/2020 17:04	Accident Report Wit	thin 24 hrs	Yes		Acc	cident Type		Side	Swipe		
ate of Accident	04/04/2020	Time of Accident his	h-mm	10:20			untry of Acciden		Sings			
porting Centre	5-12-7-12-13-14	Orange Force		10.60				9	Singa	ipore		
rident Location	SLIP RO CTE (SLE) TWOS AMK AVE 3	Grange Force				10	M No.					
Yotal Excess Applicable												
cess Type	Per Accident	Windson C.			70000							
· · · · · ·	Per Production	Windscreen Excess			100.00							
Standard Excess	600.00	TP Standard Excess			0.00							
ED OD Excess	0.00	YIED TP Excess			0.00	- Paris	6					
Ottonal Excess	9350	7155 77 525533				( De	iver is Covered?					
tal OD Excess Applicable	600.00	Total TP Excess App	ricable									
7 Benefits												
GST Registered Informa	AND THE RESERVE TO THE PARTY OF											
T Registered	Yes				T Registration Date		07/08/20	17				
T Registration No.	201701632M	and the second second second			T Status Verified		Yes					
dification History	09/04/2020 17:05:38 System	n changed GST Status	Verified from	No to Yes								
Balloubelder Menne	et-al-											
Policyholder Mailing Ad												
dress 1	3 KAKI BUKIT ROAD 2	Address 2		#01-09 U	OB BUNDS WAREHOU!	Add	dress 3		SING	APORE 417837		
dress 4		Address Type		Singapore	address	Pes	st Code		4178	37		
it No.	01-09	Related Policy Numb	ber	51003926	73-01							
OI Driver Info												
ver Name	Unnamed Driver	Driver Type		Unnamed	Driver							
named driver Name	MUHAMMAD HAIRUENIZAM BUY	Driver NR3C		SXXXX874	a .	Dry	ver DOB		20/0	9/1987		
gister Date of Driver License	06/09/2011	Driver Age		32		Driv	ving Experience		8			
ntact No.(Mobile)	87426574	Contact No.(Office)		n			ntact No.(Home)		0			
dress 1	BLK 848	Address 2		E reme	FIREFE D.			Si.	1000	Marian Co.		
dress 4	SINGAPORE 520848	Address Type		TAMPINES STREET 82 Singapore address			Address 3 Post Code			TAMPINES VILLE		
		Address Type		aingapore	adoress	Pos	it Code		5208	48		
in No.	03-203											
es he own a Singapore gistered car?	○ Yes ® No.	Driver Vehicle No.				Drie	ver Insurer Com	pany				
claration eathalyser or Blood Test	000000											
ading?	0 mg	Any injury?		○ Yes ®	No							
diffication History												
240000000												
Claim 001 New												
									-			
im Type *	OD-MX	Insured Name		MCFINE M	ARKETING PTE. LTD.	Insi	ured NRIC		2017	01632M		
tact No.(Mobile)		Contact No. (Home)	8			Con	ntact No.(Office)	Ĭ.	*			
all Address		OI Vehicle Number		YP38065		TP	Vehicle Number		YNGB	52A		
mant Type Claimant Type •	Please Select	Type of Benefit •		Please Sei	ect V							
mant Name *	>>	Claimant NRIC +		-								
mant Address												
im Description	YP3806S / YW9862A ON 4 Apr 2020					Nam	ne of Preferred 1	Workshop				
ferred Workshop Contact		Innued (sable) 3		tion or the	127	100		- martine de la				
	Voc.	Insured Liability +		Not at Fau	The state of the s	-						
jure Finalisation	Yes.	Preferered Repair Op	0000	Preferred.	Workshop, Name unknown	50000	report		Recei	Contract Contract		
e Registered	09/04/2020 17:06	Claim Close Date				Date	e Received		09/04	/2020 00:00		
ort Taken By	Jackson											
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			172									
			5	ave Sut	mE							
ttachment												
K.D.												
ident No.	MT/1091208	Claim No	0		001							
Doc. Received	● Yes ○ No	Upload C	Date		09/04/2020 17:06							
	Path *				Category *		Confidential	( See )		Paradore		
			Browse	Perm	CARLO CONTRACTOR OF THE PARTY O		Confidential	Urgen		Description		
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			Browse	Clear	Please Select	V U	· · ·	Normal	V			
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			Browse	Clear	Please Select	V		Normal	V			
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