NATIONAL Assessment Centre Services. poet 1 Janos MANANUO 428 Done by Date & Time Completed Job description Date In: NK/20-12:50 SAS e-filing Rel'No: MAJINC Dan 1863/24 E-mail (within Shrs, AIC 2hrs) Veh No: SBQ 18018 2/20 i-Motor Claim Form 13:06 D.O.A: 20/5/20-15:55 M711393008 - 401 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 Fax: Preferred Wksp / INC Assign Wksp / QW: (Veh No: SMay Wot)/Non-INC (TP Particulars: INC (Owner / Driver: (Tel:) Cover Type: () Policy No: (Period: (Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: \$0-100%] Insured/Driver Liability: (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.); Invoice: YES () / NO () ; Towing Co: (Drive-In () / Towed-In (Date&Time Completed Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Ant (S) Amt (1) Invoice Preparation Checklist fit Bill Add Bill MA202975 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection Damaged Portion: 7) N1 : Idno DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Cor / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors' Comments :-* N8: DV / Collect Excess Coordination 35 TP (N11): TP (Non INC) against INC \$20 lat. 1: 9) N12: Idaa Mobile Fee Charges Invoice dated Tat. 2 / 3: Fee Charged Invoice dated

Fire part of the

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 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.

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

"我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	ACCIDENT STATEMENT
Date Of Report	21/05/2020 12:52
Date Of Accident	20/05/2020 15:55
Exact Location Of Accident	AIRPORT RD TWDS KPE
Country/State of Loss	SINGAPORE
Description of the Control of the Co	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SBQ189B
Insured/Policyholder	
Name Of Registered Owner	YAKOB B MAHDAR
NRIC No	SXXXX758G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91299290
Alternative Phone No	OFFICE-91299290
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY ABSOLUTE 2.4X A
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117364310
Cover Note Number	

Driver

YAKOB BIN MAHDAR Name of Driver SXXXX758G NRIC No Date Of Birth 26/04/1966 INDOOR Occupation 26/01/1993 Date Of Driving Pass 27 YEARS AND 3 MONTHS Driving Experience MALE Gender Mobile Number (LOCAL) +65-91299290 Fax Number

OFFICE-91299290 Contact Number

NOEMAIL EMail Address

Address

BLK 741 PASIR RIS STREET 71

#04-47

Postcode

510741

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OWNER

NO

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

() ÷

GENDER:

: FEMALE

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SMQ4450P

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YEO LILY

NRIC/Passport Number

SXXXX142E

Contact Number

Address

Postcode

Insurance Company Name

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.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

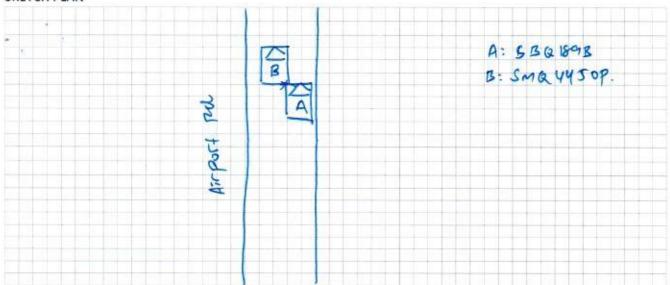
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on stated date and time, I was travelling ulong Airport Rd.	
Enddenly vehicle is stopped infront of my vehide , I saw th	91
the traffic light was amber. I couldn't brule my vehicle in	
tions, my vehicle front less portion intack with vehicle B	
rear right portion.	

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.:

ACCIDENT STATEMENT

LOC		Airport	rd	twds	1c PE		55°)(HH:MN
7.5-0.753	ATION:_	AllFort	100	JWW	1-1-2		
1	. DETAI	S OF VEHICL	B 64	10	₩.	19	
	a)VEH	ICLE NUMBE	R: SB	180B.			
	b)INSU	IRANCE COM	PANY:_	NTUC	*		
155	CIPOL	ICY NUMBER:	5103	64312	4		
	d)POL	ICY TYPE: (CO	OMPREH	ENSIVE /	THIRD PART	Y / THÍRD PAR	TY FIRE &THEF
	e)MAI	E & MODEL:		•			
	f)TYPE	(SALOON / C	OUPE /	MPV /VA	N/LORRY	/ MOTORCYC	CLE / OTHERS)
	g)VEH	ICLE CATEGO	DRY: (PRI	A)E/CO	OMMERCIA	L/MOTORCY	(CLE)
	h)PUR	POSE OF USIN	IG AT A	CCIDENT .	TIME:	private	
						ANCE (YES/N	
				PARTY C	CLAIM / REP	ORTING ONL	Y)
2	. INSUR	D / POLICY H	OLDER	a al-da c		(2)	- /
	A)NAM	ME: Yakob	15	Managi			129929 9129929
	100000000000000000000000000000000000000	C/FIN/PASSPC	ORT:		- S SELLICIPALITY	_CONTACT:_	1129901
	C)ADL	RESS:					43
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		CUPATION: (IN			OR)		75 16 Sect
	f)YEAR	S OF DRIVING	EXPRE	RIENCE:	-		
4.	. WAS	DRIVER AN E	MPLOY	E OF TH	E INSURE	D'S COMPAN	Y? (YES / NO
120						INSURED:_	
5.						THERS	
7		D SURFACE: NYBODY INJU			EK9		70
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nduding driver)	(b) D	RIVER'S NAME	- \	led lik	٨		
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to of passenger neturling driver ()	f) N	RIC/FIN/PASSI	PORT:			_CONTACT:	

email = n3y-yna yahoo.com.eq



SBQ189B.pdf



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: 5117364310 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SBQ1898
 Chassis Number : RC11117609
 Name of Policyholder : YAKOB B MAHDAR
 Effective Date of Insurance : 15 May 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder

4. Expiry Date of Insurance

(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.

14 May 2021

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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES (FREE)
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : YAKOB BIN MAHDAR
NAMED DRIVER (1) : NUR SARAH FINA BINTE YAKOB
NAMED DRIVER (2) : NOR ASIKIN BINTE OMAR

HIRE PURCHASE COMPANY : N/A

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 : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue : 30 Apr 2020 14:28 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech	GeneralClaim									
Hello, NAC_PAYA_UBI_80	0601	THE RESERVE OF THE PARTY.	Light 20 countries			• Change	Language	+ Chan	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date o	f Accident	2	0/05/2020	15:55	
	Vehicle No.(Far Motor)	SBQ189	В		Certific	cate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5117364310		YAKOB B MAHDAR	51769758G	GPC	drivo CLASSIC	SBQ189B	S8Q1898	15/05/2020	14/05/2021
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□ Endors	sements						
F-500 11 (40,400							
) Insure	d Object: SBQ1898						
Jnit No.		Relat Numi	ed Policy per	5117364310			
Address 4			ss Type	Singapore address		Post Code	510741
Address 1	BLK 741 #04-47	Addre	ess 2	PASIR RIS STREET	71	Address 3	SINGAPORE 510741
→ Policyl	holder Mailing Address						
Certificate Info							
Open Policy Info							
nsurance lag	No .						
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duct Code	YAKOS S MAHDAR			Policyholder NRIC	51769758G	
	PRIVATE CAR INSURANCE	Cover Type	crivo CLASSIC	Loading	0	
ntact No.(Mobile)	91299290	Contact No.(Office)	0	Contact No.(Home)	0	
all Address		Special Remark		eCode	No. V	
£	® No ○ Yes	TCA	® No ○Yes	eCode Reason		
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No	
Accident Details	6000	V10204 NEWSTREETS				
	21/05/2020 13:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
port Date				Country of Academ	Singapore	
se of Accident	20/05/2020	Time of Accident hhimm	15:55		airgapore	
parting Centre		Orange Force		ICM No.		
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Standard Excess	600.00	TP Standard Excess	0.00	D2000000000000000000000000000000000000	40000	
D OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered	
ditional Excess	0.00					
al OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
Benefits						
GST Registered Informa	tion					
Registered	No		GST Registration Date			
F Registration No.			GST Status Venfield	Yes		
dification History						
Policyholder Hailing Ad		70.475.000 PERO	200000000000000000	Taking W	PRINCIPLE PRINCIPLE	
dress 1	BLK 741 #04-47	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE \$10741	
Idress 4		Address Type	Singapore address	Post Code	510741	
it No		Related Policy Number	5117364310			
P OI Driver Info						
iver Name	YAKOB BIN MAHDAR	Driver Type	Main Driver			
named driver Name		Driver NR3C	S1769758G	Driver DOB	26/04/1966	
gister Date of Driver License	26/01/1993	Oriver Age	54	Driving Experience	27	
ntact No.(Mobile)	91299290	Contact No. (Office)	0	Contact No.(Home)	0	
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intact No.(Mobile)	91299290	Contact No.(Home)	65816729	Contact No.(Office)		
nail Address		OI venicle Number	seques	TP Vehicle Number	SMQ4450P	
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