

NATIONAL Assessment Centre Services

part 1 Jan 2003

MNA 120051427

| | | | |
|---------------------------|--|---------------------------|---------------|
| Date Inc: 15/6/20 10:22 | Job description | Date & Time Completed | Done by |
| Ref No: MA1INC20006171164 | SAS e-filing | | |
| Veh No: GBE 55318 | E-mail (within 3hrs, AIC 2hrs) | | |
| IP: 13/6/20 07:20 | I-Motor Claim Form | MT/1094561 ⁰⁰¹ | 16/6/20 15:32 |
| | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whan | | |

IP: Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: Kerb / traffic light 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: (INC Ref No: 6700 6616)

() 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 Ref No: 6700 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

MA2003256

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bug-In-Charge):

Auditors Comments:

File:

File:

| Invoice/Preparation Checklist | Amount (\$) | Amount (\$) |
|---|-------------|-------------|
| 1) AR: Accident Reporting (\$30) | 30.00 | |
| 2) DA: Damage Assessment (\$100); INC (\$30) | 80.00 | |
| 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 2003) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) N1: Idno DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services: | | |
| Q1: | | |
| • N5: Courtesy Car / Tpl Allowance \$5 | | |
| • N6: Repair Coordination \$10 | 10.00 | |
| • N7: Post Repair Inspection \$25 | | |
| • N8: DV / Collect Excess Coordination \$5 | | |
| • TP (N11): TP (Non INC) against INC \$20 | | |
| 9) N12: Idno 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 | 15/06/2020 10:02 |
| Date Of Accident | 13/06/2020 07:20 |
| Exact Location Of Accident | PIE TWDS CHANGI EXIT TAMPINES 3B |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | GBE5531B |
| Insured/Policyholder | |
| Name Of Registered Owner | AFGHANISTAN FAMILY RESTAURANT |
| Co Reg No | 5XXXX362J |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-97401754 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | NV200 1.5 |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5076519095-04 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | MUHAMMAD BIN HASSAN |
| NRIC No | SXXXX830B |
| Date Of Birth | 06/07/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/10/2011 |
| Driving Experience | 8 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90367102 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 874A TAMPINES STREET 84 #04-135 |
| Postcode | 521874 |
| 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 | COLLIDED INTO PROPERTY |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 1 |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 112 LENGKONG TIGA #01-215 , POSTCODE: 410112 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7489999 - FAX NO: 67454676 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT T/20200613/2077

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 | |
| Vehicle Make/Model/Colour | KERB & TRAFFIC LIGHT POLE |
| Details Of Properties | |
| Vehicle Category | GOVERNMENT |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

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.

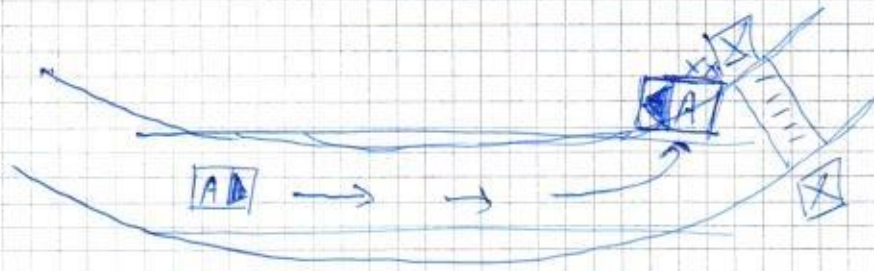
AFGHANISTAN FAMILY RESTAURANT
BLK 201E #01-56, TAMPINES ST 23
SINGAPORE 527201

FAX: 6747 2082
GST/BUSINESS REG NO.: 52828382J
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 15-06-2020


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

SKETCH PLAN



A = GBE5531B

PIE towards Changi Exit Tampines 3B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200613/2077

DECLARATION

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

AFGHANISTAN FAMILY RESTAURANT
 BLK 201E #01-56, TAMPINES ST 23
 SINGAPORE 527201
 POLICYHOLDER'S SIGNATURE
 GST BUSINESS REG NO.: 52828362J

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

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



SINGAPORE POLICE FORCE



T/20200613/2077

1 of 3

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

Report No. T/20200613/2077

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 13/06/2020 21:58 | | Vide Report No.: T/20200613/2073 | | Station Diary No.: 36 | |
| Informant's Particulars | | | | | |
| Name of Informant: MUHAMMAD BIN HASSAN | | | Address: APT BLK 874A TAMPINES STREET 84 #04-135 SINGAPORE 521874 | | |
| ID Type / ID No.: NRIC NO / S7519830B | | | Contact No.: Home/Office: Mobile: 90367102 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 44 | Date of Birth: 06/07/1975 | Type of Informant: Driver | | |
| Race: Indian | | | Language: | | Institution / School Name: |
| Occupation: ASSISTANCE SUPERVISOR | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|-----------------------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Government Property | Drink Drive: No | Date/Time of Accident: 13/06/2020 07:20 | Type of Location: Bend |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY Toward Changi (Exit Tampines 3B) | | | | |
| Weather: Raining | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: Moving Vehicle Against - Others | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| GBE5531B | Van | | | | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20200613/2077

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

2 of 3

Report No. T/20200613/2077

CONTINUATION OF REPORT

Brief Details.

On 13/06/2020 at about 0720hrs, I (GBE5531B) was traveling along PIE toward Changi when i was approaching the exit 3B , i descended till the speed of 35 kph when i took the bend when it suddenly skidded which i suspected that it skidded as the road was wet and slippery .The vehicle then subsequently went up the kerb on the left side and my right back side hit the traffic light pole. I felt that the position of my vehicle was in a very dangerous position so i am worried for the safely of myself and the oncoming traffic so i decided to move my vehicle further down to stop the vehicle but at the side of road, there is signal stating there is ongoing construction. I decided to go forward and park my vehicle at the nearest car park. I wish to state that i didn't know it was wrong of me to move off till i was told by my supervisor. I was told by traffic police to go back to the scene and was given a case card to lodge a traffic report.



**SINGAPORE
POLICE FORCE**



T/20200613/2077

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

3 of 3

Report No. T/20200613/2077

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:
G /
Sgt 2 TAN XIN XUE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No. 65476436

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
13/06/2020 21:58

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

Certificate Number : 5076519095-04

Cover : Comprehensive

- | | |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE55318 |
| Chassis Number | : VM20083463 |
| 2. Name of Policyholder | : AFGHANISTAN FAMILY RESTAURANT |
| 3. Effective Date of Insurance | : 06 Jan 2020 |
| 4. Expiry Date of Insurance | : 30 Dec 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| INSURE WITH COE | : YES |
| HIRE PURCHASE COMPANY | : UNITED OVERSEAS BANK 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 : ASOKA INVESTMENT PTE LTD (00000613895)
 Date of Issue : 06 Jan 2020 12:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: 13/06/2020 (DD/MM/YYYY), TIME: 07:20 (HH:MM)

LOCATION: Tampines PIE + wds chng; Exit Tampines 3B

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8E 5531B
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: AFGANISTAN FAMILY RESTAURANT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97401754
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD BIN HASSAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 575198805 CONTACT: 90367102
c) ADDRESS: BLK 874A, TAMPINES ST. 84, #04-135

*d) DATE OF BIRTH: 06/07/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) ROAD SURFACE: (DRY / WET / OTHERS SLIPPERY)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Kampong Kembangan NPP

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Kerb. / traffic light pole MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = odenz@hotmail.com

fax =

VIDEO = No.

Claim Handling

Accident MT/1094561

| | | | | |
|---------------------|---|---------------------|---|-----------------|
| Policy No. | 5076519095-04 | Vehicle No. | GBE5531B | GST Registrati |
| Certificate No. | | | | |
| Policyholder Name | AFGHANISTAN FAMILY RESTAURANT | | | Policyholder NI |
| Product Code | COMMERCIAL VEHICLE INSURA | Cover Type | Comprehensive | Loading |
| Contact No.(Mobile) | 97401754 | Contact No.(Office) | | Contact No.(Hi |
| Email Address | | Special Remark | | eCode |
| 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(%) | 10 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|----------------------------------|-------------------------------|-------|----------------|
| Report Date | 16/06/2020 15:28 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 13/06/2020 | Time of Accident hh:mm | 07:20 | Country of Acc |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | PIE TWDS CHANGI EXIT TAMPINES 3B | | | |

▼ Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|--------|-----------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Cover |
| Additional Excess | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|--|-----------------------|------|
| GST Registered | Yes | GST Registration Date | 01/1 |
| GST Registration No. | 52828362J | GST Status Verified | Yes |
| Modification History | 16/06/2020 15:29:58 System changed GST Registered from No to Yes 16/06/2020 15:29:58 System changed GST Registration No. from null to 52828362J 16/06/2020 15:29:58 System changed GST Registration Date from null to 01/01/2003 | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|-----------------|-----------------------|--------------------|-----------|
| Address 1 | BLK 201E #01-56 | Address 2 | TAMPINES STREET 23 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 01-56 | Related Policy Number | 5076519095-04 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|--------------------|----------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | MUHAMMAD BIN HASSAN | Driver NRIC | SXXXX830B | Driver DOB |
| Register Date of Driver License | 15/10/2011 | Driver Age | 44 | Driving Experi |
| Contact No.(Mobile) | 90367102 | Contact No.(Office) | | Contact No.(Hi |
| Address 1 | BLK 874A #04-135 | Address 2 | TAMPINES STREET 84 | Address 3 |
| Address 4 | SINGAPORE 521874 | Address Type | Singapore address | Post Code |
| Unit No. | 04-135 | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

| | | | | | | | |
|--------------------|-----|---------------------------|--------------------|------------|----------|------------------|------------------|
| Preferred Workshop | | Insured Liability | Partially at Fault | GIA report | Received | 16/06/2020 15:31 | Claim Close Date |
| Repair Option | Yes | Income to assign workshop | | | | | |
| Date Registered | | | | | | | |
| Report Taken By | | | | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1094561 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 16/06/2020 15:32 |

| | | |
|--|---|----------|
| Path * | Category * | Confider |
| Choose File No file chosen | Clear Please Select ▼ | NO |
| Choose File No file chosen | Clear Please Select ▼ | NO |
| Choose File No file chosen | Clear Please Select ▼ | NO |
| Choose File No file chosen | Clear Please Select ▼ | NO |
| Choose File No file chosen | Clear Please Select ▼ | NO |
| Choose File No file chosen | Clear Please Select ▼ | NO |
| Message Read | Clear Please Select ▼ | NO |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | |
|---|-------------------|-----------------------|---------|-----------|
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:32 | SAS | Normal | S |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:32 | NRIC/ Driving License | Normal | NRIC/ Drn |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:32 | Photos | Normal | Ph |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:32 | Photos | Normal | Ph |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:32 | Photos | Normal | Ph |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:32 | Photos | Normal | Ph |
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|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:31 | Photos | Normal | Ph |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:31 | Photos | Normal | Ph |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:31 | Photos | Normal | Ph |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:31 | Photos | Normal | Ph |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:31 | Photos | Normal | Ph |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 16 Jun 2020 15:31 | Photos | Normal | Ph |

Video List

| Uploaded By/Date | Folder Date | File Name | |
|------------------|-------------|---------------------------------------|------------------------------------|
| | | Display in New Window | Scan and uploading |

ASSIGNMENT (IDAC)**By CSO- Nature of Accident:**

- 1) Vehicle hit Vehicle: ☐ 2) Vehicle hit ?? ☐
- a) Motorcar ☐ a) Pedestrian ☐
- b) M/cycle ☐ b) Animal ☐
- c) Bicycle ☐
- 3) Vehicle hit Road Side Objects: ☐
- a) Govn. Property ☐ b) Road Work Object ☐
- (Eg: signboard, barrier, tree etc) c) Private Property ☐
- 4) Vehicle drop into drain ☐
- 5) Damage due to Act of God: ☐
- a) Fallen Object ☐ b) Flood ☐
- c) Other, ☐
- 6) Parked & Found Damaged: ☐
- a) Vandalism ☐ b) Hit by Moving Object ☐
- 7) Theft Case ☐
- a) Stolen ☐ b) Damage found ☐
- when recovered.
- 8) Fire ☐
- a) Whilst driving ☐ b) Parked ☐
- 9) Accident date more than 24hrs ☐

Remarks for internal information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ☐
- 2) SRS Light on ☐
- 3) ABS Light on ☐

By Assessor- 1) Vehicle Information

Veh No: GBF 5531B Yr Regn: Dec 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV

/ Truck / Trailer or ☐

Make & Model: Nissan NV200 c.c. 1597

Colour Gray Transmission Type: Auto / Manual

Eng/No: HR1604115D Sp. Reading: 41918

C/No: VM20083463

Gen. Cond: Good / Fair / Poor / Burnt or ☐

Steering: In order / Jammed / Leaked / Burnt or ☐

Brake: In order / Jammed / Leaked / Burnt or ☐

Modi: Nil / S/Rim / STD A/Rim or ☐

Tyre Size: F: 175/70 R14

R: 165/60 R14

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Toyo

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmParallel Import: Yes / NoTowed-In: Yes / NoRepair Type: LS / I.B.ITowing Required: Yes / NoNo of Repair Days: 8Vehicle in Idac: Yes / NoD.O.I. 16/06/2020Time: 1100hrs.**By Assessor- 2) Comments**

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle ☐ b. Motorcycle ☐ c. Bicycle ☐ d. Pedestrian ☐
- e. Animal ☐ f. Govn Object ☐ g. Road Work Object ☐
- h. Private Property ☐ i. Drain ☐ j. Road Kerb/Grass Verge ☐

3) Vehicle does not seem damaged as a result of:

- a. Fallen Object ☐ b. Flood ☐ c. Vandalism ☐ d. Fire ☐
- e. Moving Object ☐ f. Stolen ☐ g. Stolen & Recovered ☐

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

- ✓ 1.) Front right tyre X 1 punctured
- ✓ 2.) Front left wheel cap X 1 Bt.
- ✓ 3.) Front left wheel rim X 1 Bt
- ✓ 4.) Front right door X 1 Bt / Dented
- ✓ 5.) Front right rocker panel X 1 Dented
- ✓ 6.) Petrol cover X 1 ~~repair~~ repair
- 7.) Right side sliding door X 1 Bnc
- ✓ 8.) ——— " ——— lock X 1 Dam
- ✓ 9.) ——— " ——— glass window X 1 shattered.
- ✓ 10.) Rear right wheel cap X 1 dislodged
- ✓ 11.) Rear right wheel rim X 1 Dented
- ✓ 12.) Rear ~~to~~ right fender X 1 Bnc
- ✓ 13.) ——— " ——— glass window X 1 shattered
- ✓ 14.) Rear right fender roller track X 1 Bt

- ✓ 15.) Rear right fender inner panel X 1 Part 1
- ✓ 16.) Roof panel X 1 repair

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|-------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Business |
| Owner ID: | 362J |
| Vehicle Details | |
| Vehicle No.: | GBE5531B |
| Vehicle to be Exported: | Yes |
| Intended Deregistration Date: | 16 Jun 2020 |
| Vehicle Make: | NISSAN |
| Vehicle Model: | NV200 1.6 AT |
| Primary Colour: | Grey |
| Manufacturing Year: | 2015 |
| Engine No.: | HR16041115D |
| Chassis No.: | VM20083463 |
| Maximum Power Output: | - |
| Open Market Value: | \$16,305.00 |
| Original Registration Date: | 31 Dec 2015 |
| First Registration Date: | 31 Dec 2015 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$816.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 30 Dec 2025 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| PQP Paid: | \$36,349.00 |
| COE Rebate Amount: | \$20,128.00 |
| Total Rebate Amount: | \$20,128.00 |

The information contained herein is correct as at 16 Jun 2020

OK

Claim Handling

Task Transfer Exit

Accident MT/1094561

LOS SAL SUB

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5076519095-04 | Vehicle No. | GBE5531B | GST Registration No. | 52828362J |
| Certificate No. | | | | | |
| Policyholder Name | AFGHANISTAN FAMILY RESTAURANT | | | Policyholder NRIC | 52828362J |
| Product Code | COMMERCIAL VEHICLE INSURA | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 97401754 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| 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(%) | 10 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|----------------------------------|-------------------------------|-------|---------------------|-----------|
| Report Date | 16/06/2020 15:28 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 13/06/2020 | Time of Accident hh:mm | 07:20 | Country of Accident | Singapore |
| Reporting Centre | NATIONAL ASSESSMENT CENTRE | Orange Force | No | ICM No. | |
| Accident Location | PIE TWDS CHANGI EXIT TAMPINES 3B | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |

Benefits

GST Registered Information

| | | | |
|----------------------|--|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/01/2003 |
| GST Registration No. | 52828362J | GST Status Verified | Yes |
| Modification History | 16/06/2020 15:29:58 System changed GST Registered from No to Yes 16/06/2020 15:29:58 System changed GST Registration No. from null to 52828362J 16/06/2020 15:29:58 System changed GST Registration Date from null to 01/01/2003 | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 201E #01-56 | Address 2 | TAMPINES STREET 23 | Address 3 | SINGAPORE 527201 |
| Address 4 | | Address Type | Singapore address | Post Code | 527201 |
| Unit No. | 01-56 | Related Policy Number | 5076519095-04 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|--------------------|------------------------|----------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | MUHAMMAD BIN HASSAN | Driver NRIC | SXXXX830B | Driver DOB | 06/07/1975 |
| Register Date of Driver License | 15/10/2011 | Driver Age | 44 | Driving Experience | 8 |
| Contact No.(Mobile) | 90367102 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 874A #04-135 | Address 2 | TAMPINES STREET 84 | Address 3 | TAMPINES VISTA |
| Address 4 | SINGAPORE 521874 | Address Type | Singapore address | Post Code | 521874 |
| Unit No. | 04-135 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimee Bin Mantau

| | | | | | |
|---|---|-------------------------|---|---------------------------------|--------------------|
| Claim Type | OD-MD | Insured Name | AFGHANISTAN FAMILY RESTAURANT | Insured NRIC | 52828362J |
| Contact No.(Mobile) | | Contact No. (Home) | | Contact No. (Office) | 67837741 |
| Email Address | | OI Vehicle Number | GBE5531B | TP Vehicle Number | KERB & T |
| Claim Description | GBE5531B / KERB & TRAFFIC LIGHT POLE ON 13 Jun 2020 | | | Name of Preferred Workshop | |
| Preferred Workshop | <input checked="" type="radio"/> Yes | Preferred Repair Option | <input type="radio"/> income to assign workshop | Insured Liability report | Partially at Fault |
| Date Registered | 16/06/2020 15:33 | Claim Close Date | | Date Received | 16/06/2020 |
| Report Taken By | SHAN HUI | Workshop Repairer | | Total Loss but Repaired | |
| <input checked="" type="checkbox"/> Print AK letter | | | | OD Excess Collected by Workshop | |

Modification History

▼ Special Claim Creation Approval

| | |
|----------|--------|
| Approval | Reason |
| Remarks | |

damage assessment

Attachment

▼ Vehicle Info

| | | | | | |
|--------------------------------|---|------------------------|---|-----------------------------|---|
| Vehicle Make | NISSAN | Vehicle Model | NV200 | Engine Capacity | 0.7 |
| Date of Registration | 31/12/2015 | Classis No. | VM20083463 | | |
| Towing Required * | <input checked="" type="radio"/> Yes <input type="radio"/> No | Vehicle in IDAC * | <input checked="" type="radio"/> Yes <input type="radio"/> No | Parallel Import * | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Type of Tender * | Own Damage | Assessor Name * | BRYAN | Survey Current Status | |
| IDAC/Workshop Name | NATIONAL ASSESSMENT CENTR | IDAC/Workshop Location | 51 UBI AVENUE 1 #01-25 PAYA | | |
| Windscreen Parts & Labour Cost | | Total Loss * | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Market Value(\$) | | Scrape Value(\$) | | Economical Repair Value(\$) | |

REMARK:NO OF REPAIR DAYS:8 DAYS,1X FRT RH WHEEL CAP - REPLACE,1X FRT RH WHEEL RIM - REPLACE,1X PETROL COVER - REPAIR,1X RH SLIDING DOOR LOCK - REPL
DOOR GLASS WINDOW - REPLACE,1X REAR RH WHEEL CAP - REPLACE,1X REAR RH WHEEL RIM - REPLACE,1X REAR RH FENDER GLASS WINDOW - REPLACE,1X REAR RH FI
REPLACE,1X REAR RH FENDER INNER PANEL - REPLACE.

Remark

Remark for
Supplementary

▼ Damage Listing

| Find a Part | No. | Part No. | Description | Qty * | Repair Cot |
|-----------------------|-----|----------|----------------------|-------|------------|
| root | | | | | |
| Not Applicable | 1 | 43600102 | TYRE (FRONT RIGHT) | 1 | Replace |
| ABS | 2 | 23300202 | DOOR (FRONT RIGHT) | 1 | Replace |
| ABSORBER | 3 | 35500702 | ROCKER PANEL (RIGHT) | 1 | Replace |
| ACCELERATOR | 4 | 38900102 | SLIDING DOOR (RIGHT) | 1 | Replace |
| ACTUATOR | 5 | 25400106 | FENDER (REAR RIGHT) | 1 | Replace |
| ADVERTISEMENT STICKER | 6 | 356009 | ROOF PANEL | 1 | Repair |
| AIR BAG | | | | | |
| AIR BLOWER | | | | | |
| AIR BOX | | | | | |
| AIR CHAMBER BOX | | | | | |
| AIR CLEANER | | | | | |
| AIR COMPRESSOR | | | | | |
| AIR CON | | | | | |
| AIR CON (VAN) | | | | | |
| AIR COOLER | | | | | |
| AIR DISTRIBUTOR | | | | | |
| AIR FILTER | | | | | |
| AIR FLOW | | | | | |
| AIR GRILLE | | | | | |
| AIR HORN | | | | | |

Save

Submit



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: GBF 5531B Date In: 18/6/20 Time In: 1340 with Keys: Yes / No Yes

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Su Brother

Collection Date: 18/6/20 Time: 1340 with Keys: Yes / No Yes

Tow Truck No: YD 6016K Tow Man: ANDREW NRIC: S7602744-G

Signature: [Signature] 85851040

For office use

Attended by: _____

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Zuraimie Bin Mantau <zuraimie.mantau@income.com.sg>
Sent: Thursday, 18 June 2020 9:46 am
To: su_bros (su_bros@singnet.com.sg)
Cc: LKK Paya Ubi; mobinbinmahmood@gmail.com
Subject: Vehicle GBE5531B, OD Claim No: MT/1094561-001, DOA: 13/06/2020

Importance: High

Dear Su Brothers

OD Excess \$600 applies.

Vehicle is currently at NAC Paya Ubi.

Please arrange to tow away the vehicle and update the owner Mr Mobin at 97639929 for the repair.

Strictly no further supplementary is allowed.

**Please forward the invoice and DV within 7 working days to us once repairs has been done.
Update the 'Repair Status' when repairs are done.**

XX

Our Ref: MT/CA/OD/051/1094561-001/ZBM
18 Jun 2020
SU BROTHERS MOTOR WORKSHOP
BLK 5034 #01-341/3
AMK IND PARK 2
SINGAPORE 569537

Dear Sir

CLAIM NUMBER: MT/1094561-001
REPAIR OF VEHICLE NUMBER: GBE5531B

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 18 Jun 2020
Make: NISSAN
Model: NV200
Estimated Repair Days: 12
Location: NATIONAL ASSESSMENT CENTRE SERVICES
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: N/A

Excess Applicable: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimie Bin Mantau at 64307891 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President
Motor Insurance

Thank you

Zuraimee Bin Mantau
Senior Executive
Operations, Motor & Personal Lines
T +65 6430 7891



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