NATIONAL Assessment Cent	re Services	+! 1 Jan'os [M L]	whyton 4	1 -	
Date In: 13/6/14-19:08	Jeb description		Date & Time Complete	d De	oue py.
Res No: Abline 2000 665 1724	SAS e-filing		i		
Veh No: 1m 17 671	E-mail (within 8h	rs, AIC 2hrs)			
	i-Motor Claim	Form	m1 1095257-001	20 6 20	19:17
D.O.A: 74 6 72-09:15	i-Motor W/O (Within: OD 2hrs	TP 4brs)		
OD : TP)! Reporting Only	i-Photo Upload	ded	1		
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	12640C	INC()/Non-INC()	
Owner / Driver: ((**)	Tel:)	
	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. P:	80-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 (()	electronomic Cold Cold Cold	er mare in	with the same of t
General Remarks:-			Total Subsection Carlo	KALLAN A	
() Walk-In Customer: Customer's in		fidential & St	rictly NO refer of repa	irer.	
() Total Loss Case : to e-mail Ins		j.			-)
Drive-In ()/ Towed-In (); Invo	ice: YES () / N	0();1	owing Co: (KIN HOLINIA III
Remarks: (INC hotline: 6788 6616) Later Colors		Date&Time Comple	34 1	Jone by
COOKER TO CONTROL THE PROPERTY OF THE PROPERTY	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()		·		
3) Upload Resurvey Photo [Repair Cost >	\$3000] (
Injury:					
					and the second
Date/Time Actions					
,				ORACOCO MEGA:	ut (5) Amt (5)
120	<u> </u>	Invoice Pr	eparation Checklist		Bill Add Bill
Marsony .		1) AR : Accide	nt Reporting (\$30);	NC (\$80)	
laimant's Particulars >		3) TF : Towing	Fee	\$40/\$45	
river/Owner:		4) FT . Follow-	Through Survey Through Survey (Resurvey)	\$120 \$30	
Contact No:	Q	For claiming	against INC Only (wef 10 J	sn 2005) \$75	
parmaged Portion:		6) TR : Re-ius	ection A + SMRT Survey	. \$160	
variaged 1 order.		8) NTUC Add	tional Services:-		
C Checked by (Engr-In-Charge):	81,	• N5: Courte	sy Car / Tpt Allowance	25	
Concern of (pub. m. con-Ed.)		*N6: Repair	Co-ordination epair Inspection	\$10	
Auditors' Comments:-		*N8: DV / C	ollect Excess Coordination	55	
at. 1;	The state of the s	TP (N11):	TP (Non INC) against INC	\$20 30	
		Invoice dated	Fee C	horged	
at. 2/3:		Invoice dated	Fee C	harged Ma	District

40.41

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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 aforesaid.

Walled Charles and the Control of the	ACCIDENT STATEMENT
Date Of Report	25/06/2020 09:08
Date Of Accident	24/06/2020 09:15
Exact Location Of Accident	CTE TWDS CITY BEFORE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
D. Carlotte and the second second	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMS767S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AZHAR BIN ABDUL RAHIM
NRIC No	SXXXX269F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97364642
Alternative Phone No	OFFICE-97364642
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY HYBRID ASCENT SPORT 2.5 CVT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116619576
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD AZHAR BIN ABDUL RAHIM
NRIC No	SXXXX269F
Date Of Birth	14/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97364642

OFFICE-97364642

NOEMAIL

BLK 574A WOODLANDS DRIVE 16

#07-704

731574 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions Road Surface WET

Other Information

ambulance?

Address

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? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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

SJM2640C Vehicle Registration Number TOYOTA VIOS

Vehicle Make/Model/Colour

Vehicle Category

Details Of Properties

PRIVATE CAR

Name of Driver NRIC/Passport Number LIM SZE TECK SXXXX485H

Contact Number

86997768

Address

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

MUHAMMAD AZHAR BIN ABDUL RAHIM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SMS767S

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

24/6/20

Driver's signature (if driver is not policy holder)

Date / time: 24/6/20

reporting centre personnel's Signature

Date / time:

SKETCH PLAN

		Ven A: SMS 7675
		Ven B : SJM 2640C
	A	
	3	
11111	1	

On	24th June 2020, about 09:15am. I was travelling along
CTE	towards city before Ang Mo Kio Exit. There was heavy
trat	fic the car infront of me was slowing down and
1	followed suit. I came to a stop and was stationary
Su	ddenly, ven B (SJM2640C) came and collide my venicl
Avor	n behind and damaged the rear portion of my car.

DECLARATION

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

Policy holder's signature

Date & time: 24 /6/20

Driver's signature

(if driver is not policy holder)
Date & time: 24/6/20

reporting centre personnel's Signature NRIC/FIN No.:

Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

46、主动中华世界的特别的	ACCIDENT DETAILS	
Date of accident	24/06/2020	(DD/MM/YY)
Time of accident	09:15 am	(HH:MM)
Exact location of accident	Along CTE towards city before any Mo Ki	2

		DETAILS OF	F VEHICLE
Vehicle registration number		SMS 76	67S
Vehicle make and model		Toyota	Camry
Type of vehicle	Saloon Z	MPV 🗆 Bus 🗆	
Vehicle category	Private 🗆	Comm	nercial Motorcycle
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes Third part of	No 🗷	if no, please select: Reporting only □

的對於主義的對於	INSURANCE IN	FORMATION	THE PROPERTY OF THE PARTY
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER				
Name	Muhammad Azhar Bin Abdul Rahim Malez Female			
NRIC / Fin / Passport number	S 8905269F			
Contact	9736 4642 / 9851 2326			
Address	BIK 574A woodlands Drive 16 \$107-704 S(731574)			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male □ Female □
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	141 02 1989
Occupation	Indoor □ Outdoor ≥
Driving date pass	13/07/2007

Was driver an employee of the insured's company? Accident captured by camera? Accident captured by camera? Yes		GENERAL	INFORMATION	OF THE ACCIDENT	
Accident captured by camera? Yes No Others No Others Weather condition Clear Raining Others No of passenger (Inclusive of driver PASSENGER 1 Name Gender Male Female PASSENGER 2 Name Gender Male Female PASSENGER 3 Name Gender Male Female PASSENGER 4 Name Gender Male Female PASSENGER 5 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 6 OTHER INFORMATION Was anybody injured? Yes No OTHER INFORMATION Was other vehicle damaged? Yes No OTHER INFORMATION Reported to police? Yes No If yes, please state which police station. WITNESS 1	Was driver an employee of				
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Road surface No of passenger Wetz		Yes 🗆	Nod	_	
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WITNESS 1 WITNESS 2	The state of the s	Yes 🗆	No. If yes	, please state which	police station.
Name WITNESS 2	Police station name				
Name WITNESS 2			WITNESS 1		(1) 10 Part 1 P
WITNESS 2	Name				一种人们的一种企业。一种人们的
		20 July 20	WITNESS	hard the last that the last the	
	Name		WITINESS 2	TEXT OF PARTY STANSAN	2000年2月1日 1000年2月1日 1000年2月 1000年2

	THIRD PARTY VEHICLE 1
Vehicle registration number	SJM 2640C
Vehicle make model	Toyota Vios.
Name	Lim Sze teck
NRIC / Fin / Passport number	S782S485H.
Contact	8699 7768

Control of the Contro	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

and the same of the highest the second	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

是《维史书》的《黄彩》。	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

WE RESILVED BY THE SALE OF	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

"你会说的我们是我们的我们是不是我们		INJUR	ED PERSO	ON 1	2 3 7 7			***
Name		hammad	Azhav	Bin	Abdul	Ranim		
Injuries sustained		leck 4	Back.					
Which vehicle person in?		Driver				-11		
Were seat belts worn?	Yes	No 🗆						
Was injured conveyed to	Yes 🗆	No	N.					
hospital by ambulance?		95% 						
是由于EEEEEEEEEEEEEEE		INJUR	ED PERSO	DN 2	PERM	OF STATE OF	No. of the last of	and a
Name				THE REAL PROPERTY.	SHIP AND AND			200
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THE WAR BEING		INJURE	D PERSO	N 3		De Maria		er g
Name							10 mm	ALC:
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Vame						化基本以及 化自由型基础		ON PER
njuries sustained								
Which vehicle person in?								
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共和国共享公司 法国共享		INJURED	PERSON	6	100	THE	AMAZ PARAMETER STATE	jeko
lame				and the second second	many de la constitución de la co	and the party of the		
njuries sustained								
Vhich vehicle person in?								
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A Prince to University Control of								
Vas injured conveyed to ospital by ambulance?	Yes 🗆	No 🗆						



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: 5116619576

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMS7675

Chassis Number

: JTNB23HK203052055

2. Name of Policyholder

: MUHAMMAD AZHAR BIN ABDUL RAHIM

3. Effective Date of Insurance

: 20 Mar 2020

4. Expiry Date of Insurance

: 19 Mar 2021

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.

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
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : MUHAMMAD AZHAR BIN ABDUL RAHIM

NAMED DRIVER (1) : ABDUL RAHIM BIN ALI MOHD

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE 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

: VINCAR PTE LTD (00000614250)

Date of Issue

: 19 Mar 2020 10:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						• Change	Language	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	10.				Date o	of Accident	8	24/06/2020	09:15	
	Vehicle	No.(For Motor)	SMS76	7S		Certific	cate Number	[
					0	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116619576		MUHAMMAD AZHAR BIN ABDUL RAHIM	S8905269F	GPC	drivo CLASSIC	SMS7675	SMS767S	20/03/2020	19/03/2021
					C	Continue					

Policy No.	5116619576	Policyholder Name	минамма	D AZHAR BIN ABDUL	Policyholder NRIC	S8905269F	
Certificate No.		1150015					
Address	BLK 574A #07-704 WOODLAN	DS DRIVE 16 W	OODLANDS	GLEN SINGAPORE 73	1574		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	19/03/2020	Effective Date	20/03/2020	00:00	Expiry Date	19/03/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	VINCAR PTE LTD	Agent Tel.	64741119		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate							
Certificate Info	older Mailing Address						
Certificate Info Policyh	older Mailing Address BLK 574A #07-704	Addre:	ss 2	WOODLANDS DRIVE	E 16	Address 3	WOODLANDS GLEN
Certificate Info		775	ss 2 ss Type	WOODLANDS DRIVE		Address 3 Post Code	WOODLANDS GLEN 731574
Certificate Info Policyh Address 1 Address 4	BLK 574A #07-704	Addres	ss Type d Policy				
Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 574A #07-704 SINGAPORE 731574	Addres Relate	ss Type d Policy	Singapore address			
Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 574A #07-704 SINGAPORE 731574 07-704 d Object: SMS767S	Addres Relate	ss Type d Policy	Singapore address			



