

NATIONAL Assessment Centre Services.

1st Jan 2021, MAY 2007068

Date In: 19/08/2020 12:38	Job description	Date & Time Completed	Done by
Ref No: N/A/1100008671/4	SAS e-illing		
Veh No: 4U 88147	E-mail (Update this, AIC this)		
D.O.A: 07/08/2020 08/4	I-Motor Claim Form	11/11/2020-01	19/08/2020
OID: TP Reporting Only	I-Motor W/O (with/without OD this, TP this)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: Vch No: SHA 60254	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 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$110	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claimant's use only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: IDao DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	OR:	
	* NS: Courtesy Car / Tpl Allowance \$3	
	* NG: Repair Co-ordination \$10	
	* NT: Post Repair Inspection \$25	
	* ND: DV / Collect License Coordination \$3	
	TP (NU) / TP (NA INC) against IRG \$10	
	9) NI: IDao 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	19/08/2020 12:38
Date Of Accident	07/08/2020 08:40
Exact Location Of Accident	ALONG SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU8814J
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXX700L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87497113
Alternative Phone No	OFFICE-87497113

Vehicle Particulars

Manufacturer	HONDA
Model	NF125MD-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109280207-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAZWAN BIN A SALIM
NRIC No	SXXXX396C
Date Of Birth	13/12/1997
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87497113
Fax Number	
Contact Number	OTHERS-87497113
EMail Address	NOEMAIL

Address	BLK 364 SEMBAWANG CRESCENT #14-221
Postcode	751364
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20200813/7054

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 Witness 1

Name	JAYA
Phone Number	94700819
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6022Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD SYAZWAN BIN A SALIM

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FU8814J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders;

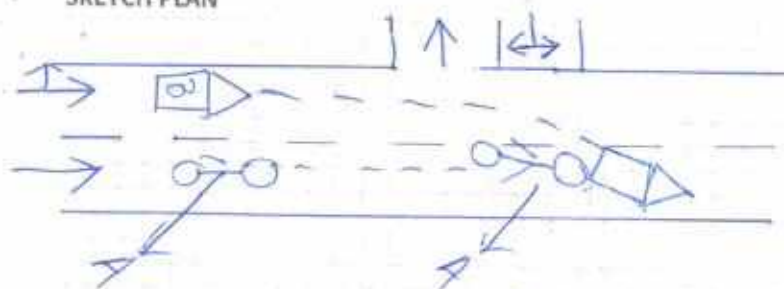


Policyholder's Signature
Date & Time:

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

19/08/2020
Reporting Centre Person's Signature
Name: Resi
NRIC/PIV No.:

SKETCH PLAN



A) FU88143

B) SHAG022Y

SEMBAWANG Rd TO SEMBAWANG PARK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report 4/2020813/7054

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

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

19/08/2020

[Signature]

Date of Accident: 07/03/2020 Accident Time: 0840 (24-HR-Format)

Accident Place: SEMPAWANG ROAD

Vehicle No. (Car Plate No.): FU8814J Make/Model: Honda NEDSMD

Insurance Company: INCOME Policy No: 5109280207-0-00005

Owner or Company Name (IC No): Southern Motor

Owner or Company Contact No.: _____ Owner's Hp: _____ Company Tel: _____

DRIVER'S Name (IC No): MUHAMMAD SYAZWAN BIN A SALIM

DRIVER'S Date Of Birth: 13/12/1999 DRIVER'S License Pass Date: 15/07/2016

Relationship of Owner & Driver: Spouse Parents Children Sibling Employee Others

DRIVER'S Address: 361A SEMPAWANG CRES #114-221 S/P312
751364

DRIVER'S Contact No. Alt No.: 127497113

DRIVER'S Occupation: INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address: _____

Weather & Road Surface: CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type: Reporting Only Claim Other Party's Claim Own Insurance

Number of Passengers (including Driver): _____

Was there any video Captured by car camera: YES / NO

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SH460224</u>	Vehicle No: _____
Vehicle Make/Model: <u>?</u>	Vehicle Make/Model: _____
Name Driver: <u>SAYA</u>	Name Driver: _____
IC No. Driver Contact: <u>HP 94400819</u>	IC No. Driver Contact: _____

* NEW - Passenger's name & gender

WITNESS



**SINGAPORE
POLICE FORCE**



L/20200813/7054

1 of 2

POLICE REPORT (NP299)

Report No. L/20200813/7054

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 13/08/2020 22:53	Vide Report No.		Station Diary No.	
Name Of Informant MUHAMMAD SYAZWAN BIN A SALIM	Address 364A SEMBAWANG CRESCENT #14-221 SINGAPORE 751364			
ID Type / ID No. NRIC NO / S9744396C	Contact No. Home/Office:		Mobile: 87497113	
Nationality SINGAPORE CITIZEN	Email Address PSKPSK1011A@GMAIL.COM			
Occupation Delivery Rider	Sex Male	Age 22	Date of Birth 13/12/1997	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 07/08/2020 08:40	Location Of Incident SEMBAWANG ROAD			

Brief details.

On the above mentioned date and time, I was riding my bike FU8814J along Sembawang Road towards Sembawang Park.

I was travelling straight along the left of 2 lanes. Just as I was approaching Bus Stop B31, SHA 6022Y, which was travelling along the right of 2 lanes abruptly cut into my lane at a sharp angle.

I was completely caught off guard as the driver did not even signal his intentions. I immediately jammed

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2020 22:53
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200813/7054

on my brakes and attempted to swerve to my right to avoid the collision but to no avail. I collided into the rear right portion of said taxi.

I flew and landed on top of said taxi's boot before landing hard on the ground. I remember my head hitting the ground.

A passerby, Jaya 94700819, came and helped me onto the pavement. Taxi Driver also came out and apologised to me. This was heard by Jaya as well.

Ambulance came and conveyed me to KHOO TECK PHUAT hospital where I was given treatment for multiple injuries and was discharged with 9 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

13/08/2020 22:53

Classification Of Case:

Claim Handling

Accident MT/1100470

Policy No.	SI09280207-01	Vehicle No.	FUR8141	GST Registration No.	23414700L
Certificate No.	SI2980207-01-000038				
Policyholder Name	SOUTHERN MOTOR			Policyholder NRIC	23414700L
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	81497113	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		aCode	No W
AFE	No Yes	TCA	No Yes	aCode Reason	
NCD Protection	No	NCD Endorsement No.	0	Private Hire	No
Accident Details					
Report Date	14/08/2020 12:50	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Change / Cross Lane
Date of Accident	07/08/2020	Time of Accident (Approx)	08:45	Country of Accidents	Singapore
Reporting Centre		Orange Point		ICP No.	
Accident Location	ALONG SEMBAWANG ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
VED OD Excess	0.00	VED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	18/06/2001		
GST Registration No.	23414700L	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 1006 P01-10	Address 2	BUKIT MERAH LANE 2	Address 3	SINGAPORE 159182
Address 4		Address Type	Singapore address	Post Code	159182
Unit No.		Related Policy Number	SI09280207-01		
Of Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Registered Driver Name	MUHAMMAD SYAZWAN BIN R S	Driver NRIC	SI094196C	Driver DOB	13/12/1997
Register Date of Driver License	13/07/2016	Driver Age	22	Driving Experience	8
Contact No.(Mobile)	81497113	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 368A #14-221	Address 2	SEMBAWANG CRESCENT	Address 3	SINGAPORE 751384
Address 4		Address Type	Foreign address	Post Code	751384
Unit No.	14-221				
Does he own a Singapore Registered Car?	Yes No	Driver Vehicle No.	FUR8141	Driver Source Company	SPIC
Declaration					
SPEEDOMETER OR ODOMETER Reading?	0.00	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-RX	Insured Name	SOUTHERN MOTOR	Insured NRIC	23414700L
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	82730369
Email Address		GI		TP	
Claim Description		Vehicle Number	FUR8141	Vehicle Number	SH88023Y
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Preferred Workshop No. Registration	Yes	Preferred Repair Option	Preferred Workshop Name selected	GI report	Received
Car Registered		Claim Close Date	19/08/2020 14:17	Date Received	19/08/2020 00
Report Taken By			ROS1 WIRNAB		
File AX letter					
Save Submit					

Attachment

Accident No.	MT/1100470	Claim No.	001
Lat Doc. Received	☒ Yes ☐ No	Upload Date	15/08/2020 14:19
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Send Net			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
WAC_BUKIT_MERAH_BUGIS/6 NATIONAL ASSESSMENT CENTRE SERVICE		Photo	Normal
5 (BUKIT MERAH) ON 15 Aug 2020 14:19			

[illegible]

Michigan, Ltd.

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



SOUTHERN MOTOR

Business Reg. No: 22414700L

Blk 1006, Bukit Merah Lane 2, #01-10, Singapore 159762

Tel: 6273-0369 (3 Lines) Fax: 6274-6614

RENTAL AGREEMENT

Agreement No: 2020/0721/AW

Dated: 14-7-2020

Renter's Name	Muhammad Syazwan Bin Aslami		
Renter's Address	Blok 364A Sembawang Crescent #14-2151 (751364)		
NRIC/ FIN/ PP	S97443966	Start Date	14-7-2020
Licence No.	S97443966	Return Date	20-7-2020
Contact No.	87497113 / 9068 7071	Security Deposit \$	100.00 (O/R: 68371)
Vehicle No.	FU8814J	☐ Transfer of S.D	Fr Agt:
Make/ Model	Honda NR125MD	Accessories	- NIL -

☒ **Cash Rental:** Rental Amount: \$ 100.00 (Cash) Rental Days: 7 days
☐ **Rental Package:**

Installment Plan: Monthly Rental Amount Payable: \$ No. Of Installments:

And Last Installment Amount Payable : \$

Your installments under the Rental Agreement will be paid every day of every month commencing on the day

This Rental is by and between Southern Motor, Block 1006, Bukit Merah Lane 2, #01-10, Singapore 159762 (hereinafter referred to as the 'Owner') and the Renter as stated above. Renter must produce a valid Singapore NRIC / FIN/ Passport card and a valid Driving License / International Driving License / Foreign Driving Licence. Renter guarantees that he / she is not under any suspension order on his/her Driving License.

Rental Payment / Security Deposit

Rental charges and Security Deposit are payable by the Renter upon taking possession of the vehicle. The security deposit will be refunded to the Renter, 14 days after the end of the rental period. The Owner will use the security deposit to offset any repairs, fines or summons (if any) incurred by the Renter during the rental period. Rental charges paid is non-refundable and non-transferable. **In the event that the Security Deposit is not claimed within 3 months starting 14 days after the end of the rental period, it will be wholly forfeited.**

Rental Rates / Replacement Vehicle

Rates quoted are in Singapore Currency and include insurance, maintenance and unlimited mileage. Minimum rental charge is one-day's rate. Each excess hour is charged at one-fifth of the daily rate. For Vehicle returned after office hours, the Renter will be charged till 10am of the next working day. If the rental vehicle becomes unavailable, the Owner reserves the right to replace the vehicle with an alternative vehicle or refund the Renter the balance of the rental amount

Rental Extension

Any extension of rental period is subject to the Owner's approval and payment of the rental amount for the extended rental period.. Rental Extension may be done via phone and extended automatically upon Renter's request and upon Owner's receipt of the rent amount via cash/electronic/digital payment from Renter. The Rental Extension will supplement the above-mentioned Rental Agreement. All the terms and conditions existing on the previous rental term prior expiration shall remain to be effective.

	Start Date	Return Date	Amount (\$)	Date	Cash Sale No.
1	21-7-2020	03-8-2020	\$200	29-7-2020	200042
2	04-08-2020	10-08-2020	\$100	17-8-2020	200662
3					
4					
5					
6					

Renter's Initial:  Owner's Initial: 

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 : 5109280207-01-000038 Cover : Third Party

- | | |
|--|------------------|
| 1. Index mark and Registration Number of Vehicle | : FU8814J |
| Chassis Number | : NF125MD0011232 |
| 2. Name of Policyholder | : SOUTHERN MOTOR |
| 3. Effective Date of Insurance | : 07 May 2020 |
| 4. Expiry Date of Insurance | : 06 May 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (c) 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)	: N/A
EXCESS (SECTION 2)	:
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 09 Apr 2020 12:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive