

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) **MA A1002733V**

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 27/1/20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 20 08950724 | SAS e-filing | | |
| Veh No: SU460 475 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 19/1/20 | i-Motor Claim Form | 27/1/20 10:40 | |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **1UW575A** 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%; F: 80-100%]

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.

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

| Remarks:- | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

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

| Claimant's Particulars:- | Invoice Preparation Checklist | Amnt (\$) | Amnt (\$) |
|---------------------------------|--|-------------|-----------|
| | | Tot Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments:- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Pat. 1: | 6) TR: Re-inspection \$75 | | |
| Pat. 2 / 3: | 7) N1: Idaho DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OJ)* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | *TP (N11): TP (N-in INC) against INC \$20 | | |
| | 9) N12: Idaho Mobile 30 | | |
| | 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 | 25/08/2020 12:16 |
| Date Of Accident | 18/08/2020 11:45 |
| Exact Location Of Accident | BLOSSOMVALE CONDO BASEMENT CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLH8042S |
| Insured/Policyholder | |
| Name Of Registered Owner | BENEFIT AUTO |
| Co Reg No | 5XXXX670E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-88944489 |
| Alternative Phone No | OFFICE-88944489 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | HONDA |
| Model | VEZEL 1.5RS HYBRID A |
| 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? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 5110923222-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|--|
| Name of Driver | KHAIRULHAZIQ KADRI BIN ABDUL HALIM KADRI |
| NRIC No | SXXXX776Z |
| Date Of Birth | 09/10/1991 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/08/2014 |
| Driving Experience | 5 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87844680 |
| Fax Number | |
| Contact Number | OFFICE-87844680 |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 320 UBI AVENUE 1 #06-523 |
| Postcode | 400320 |
| 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 - 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? | |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SLW5715A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| 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.



x

Policyholder's Signature
Date & Time:

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

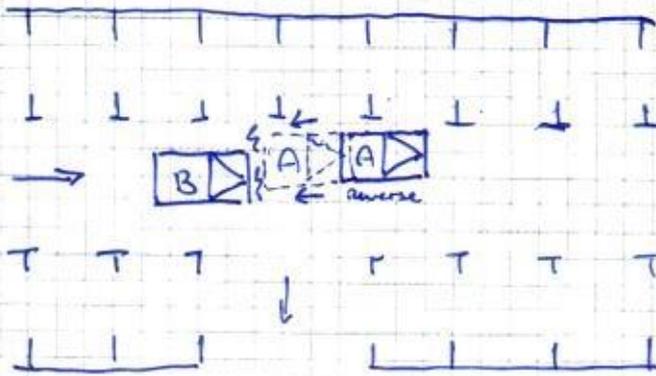
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Basement Carpark of Blossumvale Condo

Vehicle A
- SLH 8042 S

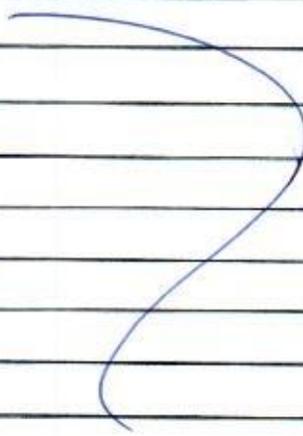
Vehicle B
- SLW 5715 A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a reverse when I missed the right turn, while making the reversing. I didn't realized the vehicle behind me was too near to me and ended up I reversed and hit slightly to the front portion of the vehicle behind me.

Vehicle A - SLH 8042 S
Vehicle B - SLW 5715 A



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.:

| | | | |
|-----------------------------------|--|--------------------------------------|---|
| Vehicle No. | SLH8042 S | Model / Make | Honda Uozel |
| Date of Accident | 18/08/20 | | |
| Time of Accident | 1145 | HRS | |
| Location of Accident | Basement Carpark Blossumvale Condo. | | |
| Exact purpose use during accident | Working hour. | | |
| Name of Owner | Benefit Auto | | |
| Telephone No. | H/P: 8894 4489 | Home: | Office: |
| NRIC | 53121670E | | |
| Address | 2 Sims Close #01-08 Gemini @ Sims S(387298) | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY |
| Insurance Company | NTUC | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | 5110923222 01 000006 | | |
| Name of Driver | As Above If <input checked="" type="radio"/> No, Khairul haziq kadri Bin Abdul Halim kadri | | |
| NRIC | 59138776E | Any Passengers: NIL | |
| Date of birth | 09 OCT 1991 | | |
| Occupation | <input checked="" type="radio"/> Outdoor / Indoor | | |
| Driving License Pass Date | 26 Aug 2014 | | |
| Gender | <input checked="" type="radio"/> Male / Female | | |
| Contact No. | H/P: 8784 4680 | Home: | Office: |
| Address | Blk 320 UBI Ave 1 #06-523 S(400320) | | |
| Driver have any own vehicle | <input checked="" type="radio"/> No, If yes, Reg No. | | |
| Relationship | Employee, | If no, state <u>Rental / leasing</u> | |
| Weather condition | Clear | Raining | <input checked="" type="radio"/> Other Indoor |
| Road Surface | Dry | Wet | <input checked="" type="radio"/> Other Indoor |
| Any Injuries | <input checked="" type="radio"/> No, If Yes, Who? | | |
| Name And Contact No. | | | |
| Name And Contact No. | | | |
| Police Report | <input checked="" type="radio"/> No, If Yes, Where? | | |
| Vehicle B No. | SLW 5715 A | Any Passengers: | |
| Name of Driver | | Contact No.: | |
| Vehicle C No. | | Any Passengers: | |
| Vehicle D No. | | Any Passengers: | |
| Vehicle E no. | | Any Passengers: | |
| Vehicle F No. | | Any Passengers: | |
| Vehicle G No. | | Any Passengers: | |
| Witness Name | | Witness Contact: | |
| Accident Portion | <u>bar.</u> | | |
| Camera Recorder | Yes / <input checked="" type="radio"/> No | | |
| Email Address | | | |
| PARTICULAR WORKSHOP | N-SI Automotive Pte Ltd | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Ian | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n5i.com.sg | | |

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: 5110923222-01-000006 **Cover :** drive CLASSIC

- | | |
|---|----------------|
| 1. Index mark and Registration Number of Vehicle | : SLH8042S |
| Chassis Number | : RU31209640 |
| 2. Name of Policyholder | : BENEFIT AUTO |
| 3. Effective Date of Insurance | : 14 Jul 2020 |
| 4. Expiry Date of Insurance | : 13 Jul 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) | : S\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| 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 : BENEFIT AUTO INSURANCE AGENCY (00000573333)
 Date of Issue : 09 Jul 2020 19:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive