

# NATIONAL Assessment Centre Services

[wef 1 Jan'09]

MHA 1007276

Date In: 1/9/2-5:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC2000926874	SAS e-filing		
Veh No: 5J280167	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/9/2-08:00	i-Motor Claim Form	M/110976-001	1/9/2 15:33
OD: (TR) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: 5J280167 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:-

( ) 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:- (INC hotline: 6788 6616) 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

NA 7004658	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idao 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	01/09/2020 15:19
Date Of Accident	01/09/2020 08:00
Exact Location Of Accident	CTE TWDS AYE BEFORE AMK AVE 5 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8016T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AZLI BIN ABDUL AZIZ
NRIC No	SXXXX933I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90629527
Alternative Phone No	OFFICE-90629527

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115993028
Cover Note Number	

### Driver

Name of Driver	AZLI BIN ABDUL AZIZ
NRIC No	SXXXX933I
Date Of Birth	01/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1989
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90629527
Fax Number	
Contact Number	OFFICE-90629527
EMail Address	NOEMAIL

Address	BLK 579 WOODLANDS DRIVE 16 #05-606
Postcode	730579
Was driver an employee of the Insured's Company	NO
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

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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : KELLY GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200901/2034.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ5718J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HOR YONG HONG
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name AZLI BIN ABDUL AZIZ

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJV8016T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name KELLY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJV8016T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## 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.

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

CTE

A-SJV8016T

B-SJJ5718J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report -

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: SJV8016T

MAKE &amp; MODEL: Toyota Wish

DATE OF ACCIDENT	01 / 09 / 20	
TIME OF ACCIDENT	8.00 AM PM	
LOCATION OF ACCIDENT	CTE Expressway Towards AYE before Ang Mo Kio Ave 5	
Exact Purpose use during accident	Driving Grab	
NAME OF OWNER	Azli Bin Abdul Aziz	
TELP NO	90629527	
NRIC	S7130933I	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	<u>YES</u> / NO ?	
INSURANCE CO.	NTUC Income	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	5115993028	
EMAIL	azlibaaziz@gmail.com	
NAME OF DRIVER	<u>As above</u> / If No.	
NRIC	S7130933I	Any passengers: 1 female
DATE OF BIRTH	01 / 09 / 1971	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	21 / 06 / 1989	
GENDER	<u>Male</u> / Female	
CONTAC NO.	90629527	Office: Home:
EMAIL		
ADDRESS	BLK 579 Woodlands Drive 16 #05-606 S(730579)	
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No.	
RELATIONSHIP	Employee / If No: <u>Owner</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes, Who? <u>2 injuries</u>	
CONTAC NO.		
POLICE REPORT	No / If yes, Where? <u>Geylang N.P.C</u>	
VEHICLE B NO.	SJJ5718J	Any Passenger:
NAME	<u>Hor Yong Hong</u>	
CONTAC NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO	
WAS THERE ANY AUDIO CAPTURE?	YES / NO	
WAS THERE ANY PHOTO CAPTURE?	<u>YES</u> / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	
	Hack motors <u>hack motors @ hot mail .com</u> Fax 67535346	





# SINGAPORE POLICE FORCE



T/20200901/2034

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 4  
Report No. T/20200901/2034

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2020 13:29		Vide Report No.:		Station Diary No.: 57	
<b>Informant's Particulars</b>					
Name of Informant: AZLI BIN ABDUL AZIZ			Address: APT BLK 579 WOODLANDS DRIVE 16 #05-606 SINGAPORE 730579		
ID Type / ID No.: NRIC NO / S7130933I			Contact No.: Home/Office: Mobile: 90629527		
Nationality: SINGAPORE CITIZEN			Email: azlibaaziz@gmail.com		
Sex: Male	Age: 49	Date of Birth: 01/09/1971	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2020 08:00	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ5718J	Car				Slightly Damaged	0
SJV8016T	Car	TOYOTA	WISH 1.8X A	Black	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV8016T	NTUC Income Insurance Co-Operative Limited	5115993028	07/02/2020	08/02/2021





Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	HOR YONG HONG	ID No.	S9609126E
Related Vehicle	SJJ5718J (Car)	Contact No.	91693252
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	AZLI BIN ABDUL AZIZ	ID No.	S7130933I
Related Vehicle	SJV8016T (Car)	Contact No.	90629527
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	01/09/2020	Date Discharge	01/09/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Passenger</b>			
Name	KELLY	ID No.	NIL
Related Vehicle	SJV8016T (Car)	Contact No.	93849088
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 01/09/2020 at around 8am, I was driving Grab in vehicle SJV8016T along CTE towards AYE before Ang Mo Kio Ave 5 exit. I was driving on the extreme right lane. When the vehicle in front of me slow down, I stepped my brake to reduce my speed. While my car was slowing down, suddenly, I felt an impact coming from the back of my car.

I quickly stopped my car to make a check and discovered that another vehicle SJJ5718J had collided on to the rear of my car. I exchange contact details with the driver and took photograph of the vehicle. My vehicle rear bumper was dislodged, dented and there are multiple scratches. My car rear boot cover was



**SINGAPORE  
POLICE FORCE**



T/20200901/2034

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Report No. T/20200901/2034

**CONTINUATION OF REPORT**

dented, it can be open but unable to close properly.

I also felt pain on the back of my neck and on my back. I went to Changi General Hospital for consultation and was given 4 days of MC by Dr Huang Guo Liang Eugene 13988B. The MC number is EMD2020138173. My passenger also went to the same hospital for consultation.





**SINGAPORE  
POLICE FORCE**



T/20200901/2034

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Report No. T/20200901/2034

**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 3 NG KA WAI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/09/2020 13:29

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476394

Classification Of Case:

Authentication Stamp  
NP168

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. W90372806G

Policy Number	: 5115993028		
The Policyholder	: AZLI BIN ABDUL AZIZ		
	: BLK 579 #05-606		
	: WOODLANDS DRIVE 16		
	: SINGAPORE 730579		
Period of Insurance	: 07 Feb 2020 To 08 Feb 2021		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$3,635.51		
<b>Interest Insured</b>			
Cover Type	: drive CLASSIC		
Primary Driver	: AZLI BIN ABDUL AZIZ		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/WISH	Capacity	: 1800cc
Registration Number	: SJV8016T	Registration Year	: 2010
Chassis Number	: ZGE200005897	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$2,000	NCD Entitlement	: 0%
Excess (Section 2)	: S\$1,500	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		
<b>Optional Cover</b>			
Transport Allowance	: No		
Excess Waiver	: No		

**Memo A :** 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.  
2) Section 1 clause 8 on Unnamed driver excess will not apply.

**Endorsement Operative :** N/A

Agency	: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue	: 06 Feb 2020 16:07 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive