

# NATIONAL Assessment Centre Services. [Part 1 of 2] MMA 120076719

Date In: > 519120 16:35	Job description	Date & Time Completed	Done by
Ref No: MA/INC 2000 9476/h4	SAS e-filing		
Veh No: SLZ 778 K	E-mail (within 3hrs, A/C 2hrs)		
DCA: 419120 17:50	I-Motor Claim Form	MT/1102405 <sup>001</sup>	519/20 17:42.
U1: <input checked="" type="checkbox"/> 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		

Profound Wksp / INC Assign Wksp / QW: (	Tel: /	Fax: /
TP Particulars:	Veh No: SJF 3913X	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 repolter.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	INC ( ) / Non-INC ( )	Date: / /	Done by: /
1) Apply for Transp/rt Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury:
Date/Time:
Location:
Weather:
Witness:
Police:
Other:

MA 2004678		Invoice Itemization Checklist	
Claimant's Particulars:	1) AR: Accident Reporting (\$30):	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$30)		
Contact No:	3) TP: 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 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) N12: Idao Mobile \$0		
	• N5: Courtesy Car / Tpt Allowance \$5		
	• N6: Repair Coordination \$10		
	• N7: Post Repair Inspection \$25		
	• N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	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	05/09/2020 16:35
Date Of Accident	04/09/2020 17:50
Exact Location Of Accident	CTE CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ778K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHMN TRANSPORT
Co Reg No	5XXXX715M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91945969

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5108850581-01
Cover Note Number	

### Driver

Name of Driver	MOHAMED ALI S/O KADER MEERA
NRIC No	SXXXX390F
Date Of Birth	05/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	27/09/2006
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81862985
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 724 WOODLANDS AVE 6 #08-510
Postcode	730724
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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: : BABA MAHATHIRSHA S/O SHAHUL HAMEED GENDER: : MALE

#### 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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF3913X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG XUN XIAN
NRIC/Passport Number	SXXXX660I
Contact Number	90220320
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	MOHAMED ALI S/O KADER MEERA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLZ778K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	BABA MAHATHIRSHA S/O SHAHUL HAMEED
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLZ778K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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.

**KHMMN**  
**TRANSPORT**  
 Reg No : 53327715M

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 A: SLZ77BK

Vehicle B: 5JF3913K.

ANG MO KID FINOVER (CTE)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling in my vehicle bearing carplate JZ77BK along CTE city. There were 4 lanes and I was on the extreme right lane. When the vehicle out of sudden brake, I brake my vehicle as well and the vehicle behind me collided into my vehicle.

**KLMN**  
DECLARATION

DECORATION

I/We declare the foregoing particulars are true in every respect.  
Reg No : 53322150

Reg No : 5332715M

~~Policyholder's Signature~~

Date &amp; Time:

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Names:

NRIC/FIN No.:

## 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. M90372806G

Policy Number	: 5108850581-01
The Policyholder	: KHMN TRANSPORT BLK 26C #10-176 JALAN MEMBINA MEMBINA COURT SINGAPORE 166026
Period of Insurance	: 23 Apr 2020 To 22 Apr 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$2,318.63
<b>Interest Insured</b>	
Cover Type	: drive CLASSIC
Primary Driver	: N/A
Named Driver (1)	: N/A
Named Driver (2)	: N/A
Make/Model	: KIA/FORTE K3
Registration Number	: SLZ778K
Chassis Number	: KNAFZ411MJ5762758
Repair at Owner's Preferred Workshop	: No
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 to Terms and Conditions
Hire Purchase Company	: N/A
<b>Optional Cover</b>	
Transport Allowance	: No
Excess Waiver	: No
Capacity	: 1600cc
Registration Year	: 2018
Off-peak Car	: No
Insure with COE	: Yes
NCD Entitlement	: 10%
NCD Protection	: 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	: INXURE NETWORK SERVICES (00000614975)
Date of Issue	: 20 Apr 2020 19:02 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

Date of Accident : 04/09/2020. Accident Time: 5.50pm. (24-HR-Format)  
Accident Place : CTE city.  
Vehicle Reg. No. (Car Plate No.) : SLZ778K.  
Vehicle Make/Model : KIA CERATO K3.  
Insurance Company : NTUC. Policy No.:  
Owner or Company Name / IC No. : kalid S8370047E.  
Owner or Company Contact No. : 91945969 Owner's Hp Company Tel  
DRIVER'S Name / IC No. : Mohamed Ali S/O kader Meera. S8538390F.  
DRIVER'S Date Of Birth : 05/12/1985. DRIVER'S License Pass Date 27/09/2006.  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : 81k 724 woodlands Ave 6 #08-510.  
DRIVER'S Contact No / Alt No. : 1) 81862985. 2)  
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 \ Claim Own Insurance  
Number of Passengers (Including Driver): 2. - 19

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJF3913X.

Vehicle Reg. No: \_\_\_\_\_

Vehicle Make/Model: Subaru.

Vehicle Make/Model: \_\_\_\_\_

Name Driver: Chong Xun Xian.

Name Driver: \_\_\_\_\_

IC No. Driver: S9635660I

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: 90220320.

Driver's Contact & Add: \_\_\_\_\_

Injury Yes

Baba Mahathirsha S/O Shahul Hameed