

**NATIONAL Assessment Centre Services**

(wef 1 Jan 05)

*M 111009537V*

Date In: <i>30/10/20-11:33</i>	Job description	Date & Time Completed	Done by
Ref No: <i>HA/INC2011831/24</i>	SAS e-filing		
Veh No: <i>SM7269M</i>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <i>29/10/20-18:20</i>	i-Motor Claim Form	<i>M7/1108405-001</i>	<i>30/10/20 11:46</i>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars: Veh No: <i>SMG380E</i>	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		Int Bill	Add Bill
1) AR: Accident Reporting	(\$30);		
2) DA: Damage Assessment	(\$100); INC (\$80)		
3) TF: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) N1: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
QJ*			
*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		

*111009537*

**Claimant's Particulars :-**

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

**Auditors' Comments :-**

Dat. 1:

Dat. 2 / 3:

## 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	30/10/2020 11:33
Date Of Accident	29/10/2020 18:20
Exact Location Of Accident	PIE TWDS TUAS BEFORE STEVEN RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT3269M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMANUDDIN BIN JUMA'AT
NRIC No	SXXXX322H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81013044
Alternative Phone No	OFFICE-81013044

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5118356670
Cover Note Number	

### Driver

Name of Driver	AMANUDDIN BIN JUMA'AT
NRIC No	SXXXX322H
Date Of Birth	14/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2020
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81013044
Fax Number	
Contact Number	OFFICE-81013044
EEmail Address	NOEMAIL

Address	BLK 564 ANG MO KIO AVENUE 3 #02-3457
Postcode	560564
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	CHAIN COLLISION
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	3
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20201029/7089.

#### 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	SMC8380E
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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKT3560U  
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)

**DETAILS OF INJURED PERSON 1**

Name AMANUDDIN BIN JUMA'AT  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMT3269M  
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 **completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 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:
  - 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.



\_\_\_\_\_  
Policyholder's Signature  
Date & Time:



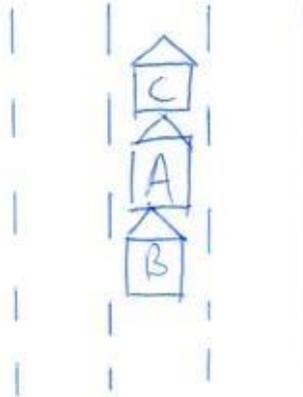
\_\_\_\_\_  
Driver's Signature  
(If driver is not policyholder)  
Date & Time:



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

PIE T WAS AFTER Thomson Flyover

**SKETCH PLAN**



Vehicle:  
A: SMT 3269 M  
B: SMC 8380 E  
C: SKT 3560 U

Location:  
PIE T WAS AFTER  
Thomson Flyover.

On 29 October 2020 at 6:20 pm I was driving vehicle SMT3269M along PIE towards Tuas after Thomson Flyover. I stopped the car following traffic. Suddenly I felt a large impact from my rear. Causing my vehicle to propel forward and hit vehicle SKT 3560U. This accident caused the front and rear portion of my vehicle to be damaged.

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

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

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

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 29 / 10 / 20 (dd/mm/yy) Time of Accident: 6 : 20pm (24-HR-FORMAT)

Vehicle No.: SMT 3269M Vehicle Make & Model: Toyota Vios

Exact location of Accident: PIE TUAS BEFORE STEVENS ROAD EXIT.

Policyholder's Name/ IC No.: S8622322H Ananuddin Bin Jumalat

Driver's Name/ IC No.: \_\_\_\_\_ (As Above)

Driver's Contact No.: 8101 3044 Company Contact No.: \_\_\_\_\_

Driver's Address: Bik 564 Ang Mo Kio Ave 3 # 02-3457 S(560564)

Insurance Company: NTUC INCOME Email address (if any): SALES@GARAGE13.COM.SG

**Relationship between Owner & Driver:**

Owner / Spouse / Children / Friend / Parent / or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please TICK ONE only)**

Own Insurance/  Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

Private use/  Work purpose

**Occupation (nature of job):**  Indoor/  Outdoor

**No. of Passengers (Including Driver):** 1

Passenger Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Passenger Name: \_\_\_\_\_ Gender: \_\_\_\_\_

**Weather Condition & Road Conditions? (On the day of accident)**

Clear & Dry/  Raining & Wet/  After-Rain & Wet/  Drizzling & Wet/ Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?**  Yes/  No

**Any Injuries:**  Yes/  No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person's in which vehicle: \_\_\_\_\_

**Police Report filed:**  Yes/  No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. S&T 3560U  
Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_
2. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. S&M 8380E  
Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**SINGAPORE  
POLICE FORCE**



G/20201029/7089

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20201029/7089

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 29/10/2020 20:52	Vide Report No.	Station Diary No.
Name Of Informant AMANUDDIN BIN JUMA'AT	Address 564 ANG MO KIO AVENUE 3 #02-3457 SINGAPORE 560564	
ID Type / ID No. NRIC NO / S8622322H	Contact No. Home/Office:	Mobile: 81013044
Nationality SINGAPORE CITIZEN	Email Address JOHNAMAN1408@GMAIL.COM	
Occupation Food Panda rider	Sex Male	Age 34
Institution/School Name	Date of Birth 14/08/1986	Race Malay
Date/Time Of Incident 29/10/2020 18:25	Location Of Incident PAN ISLAND EXPRESSWAY	

**Brief details.**

On the above mentioned date and time, I was driving my vehicle SMT3269M along PIE(TUAS) when I gradually came to a stop due to traffic conditions.

Suddenly, there was a massive impact from the rear resulting in my vehicle being propelled forward to collide into the vehicle in front.

I alighted to realise that I was involved in a 3 car chain collision involving:

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: 29/10/2020 20:52
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



G/20201029/7089

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201029/7089

SKT 3560U  
SMT 3269M (Me)  
SMC 8380E

Initially I only knocked my right knee against the front dashboard. However, later I started feeling soreness over my neck, shoulders and lower back.

I went to Unihealth Clinic Bedok for treatment and was given 3 days MC.

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: 29/10/2020 20:52
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

## 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:** 5118356670

**Cover :** drivo CLASSIC

- |                                                                                                                     |                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Index mark and Registration Number of Vehicle                                                                    | : <b>SMT3269M</b>                                                                                                                                                                                                                                                                                             |
| Chassis Number                                                                                                      | : MR053HY9305166540                                                                                                                                                                                                                                                                                           |
| 2. Name of Policyholder                                                                                             | : AMANUDDIN BIN JUMA'AT                                                                                                                                                                                                                                                                                       |
| 3. Effective Date of Insurance                                                                                      | : 31 Jul 2020                                                                                                                                                                                                                                                                                                 |
| 4. Expiry Date of Insurance                                                                                         | : 23 Jun 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.

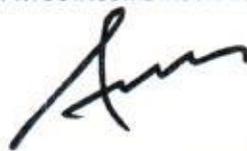
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: AMANUDDIN BIN JUMAAT
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 : ABWIN PTE LTD (00000614234)  
 Date of Issue : 30 Jul 2020 16:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive