

NATIONAL Assessment Centre Services. (part 1 Jan 05) MMA 12010 3165

| | | | |
|------------------------------|--|-----------------------|----------------|
| Date In: 20/11/20 14:55 | Job description | Date & Time Completed | Done by |
| Ref No: NA1 INC 20012793 1h4 | SAS e-filing | | |
| Veh No: SKR 6563C | E-mail (within 3hrs, AIC 2hrs) | | |
| ICCA: 19/11/20 09:25. | I-Motor Claim Form | MT/1110830-001 | 20/11/20 15:10 |
| (1) - (1) 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 / GW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: SFX 9996U | 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 | Action |
|-----------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA2006251

| Claimant's Particulars | Invoice Registration Checklist | Amount (\$) | PAID (\$) |
|---------------------------------|--|-------------|-----------|
| Driver/Owner: | 1) All: Accident Reporting (\$30); | 30.00 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| | 4) PT: Follow-Through Survey \$120 | | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claimant against INC Only (waif 10 Jan 2005) | | |
| | 6) TR: Re-Inspection \$75 | | |
| | 7) NI: Idno DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | QD: | | |
| | *N3: 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) NI2: Idno Mobile \$0 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors Comments: | 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 | 20/11/2020 14:55 |
| Date Of Accident | 19/11/2020 09:25 |
| Exact Location Of Accident | HOUGANG AVE 6 AND AVE 8 JUNC |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SKR6563C |
| Insured/Policyholder | |
| Name Of Registered Owner | SHARIFFAH GAMAR BINTE SYED HARON |
| NRIC No | SXXXX255H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91114723 |
| Alternative Phone No | OFFICE-91114723 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | AVANZA |
| 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 | 5112361793-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ARDI BIN AMIR |
| NRIC No | SXXXX809H |
| Date Of Birth | 21/06/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 31/08/2007 |
| Driving Experience | 13 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91114723 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------|
| Address | 11 FERNVALE LANE #14-03 |
| Postcode | 797495 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - CROSS JUNCTION |
| 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) | 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 | SFX9996U |
| 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 | ARDI BIN AMIR |
|------|---------------|

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKR6563C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

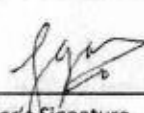
Address


Postcode


SKETCH PLAN

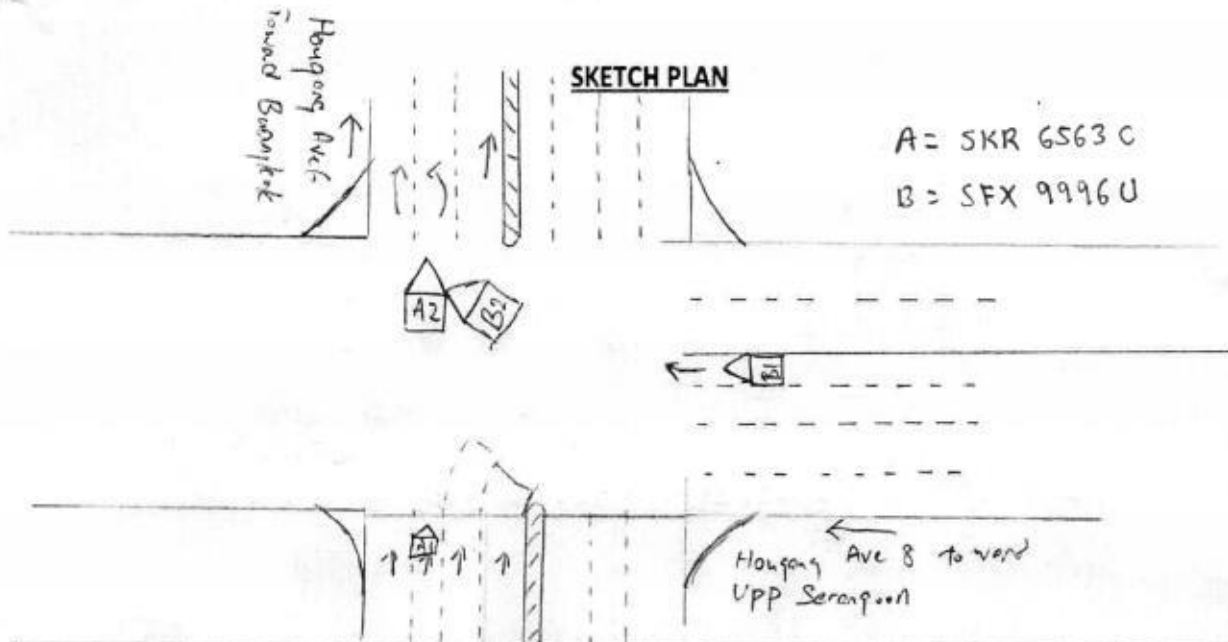
IMPORTANT NOTICE

- 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:

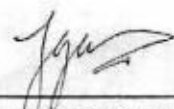

Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:



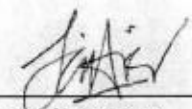
On 19/11/2020 at around 09.25am, I was traveling along Hongkong Ave 6 toward Bangkok, I was going straight upon reaching the junction of Ave 8 Vehicle B (SFX9996U) was making a right turn, from Hongkong Ave 8 toward UPP Serangoon and Hit me on my right.

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:

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 | : 5112361793-01 |
| The Policyholder | : SHARIFFAH GAMAR BINTE SYED HARON BLK 928 #05-57 HOUGANG STREET 91 SINGAPORE 530928 |

| | |
|-------------------------|---|
| Period of Insurance | : 27 Aug 2020 To 26 Aug 2021 |
| Sum Insured | : Market Value of Insured Vehicle at Time of Loss |
| Premium (inclusive GST) | : S\$729.70 |

Interest Insured

| | | | |
|--------------------------------------|--|-------------------|----------|
| Cover Type | : drive CLASSIC | Capacity | : 1500cc |
| Primary Driver | : SYED HARON BINTE SHARIFFAH GAMAR | Registration Year | : 2015 |
| Named Driver (1) | : ARDI BIN AMIR | Off-peak Car | : No |
| Named Driver (2) | : N/A | Insure with COE | : Yes |
| Make/Model | : TOYOTA/AVANZA | NCD Entitlement | : 50% |
| Registration Number | : SKR6563C | NCD Protection | : Yes |
| Chassis Number | : MHKM1CB4TBK007988 | | |
| Repair at Owner's Preferred Workshop | : No | | |
| Excess (Section 1) | : S\$600 | | |
| Excess (Section 2) | : N/A | | |
| Windscreen Excess | : S\$100 | | |
| Additional Excess | : N/A | | |
| Unnamed Driver Excess | : Please refer to Terms and Conditions | | |
| Hire Purchase Company | : CREATIVE AUTO | | |

Optional Cover

| | |
|---------------------|------|
| Transport Allowance | : No |
| Excess Waiver | : No |

Memo A : N/A

Endorsement Operative : M4

| | |
|---------------|-------------------------------|
| Agency | : IMOTOR INSURE (00000573595) |
| Date of Issue | : 18 Aug 2020 22:52 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

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

| | | | |
|---------------------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="20/11/2020 14:39"/> |
| Vehicle No.(For Motor) | <input type="text" value="SKR6563C"/> | Certificate Number | <input type="text"/> |
| <input type="button" value="Search"/> | | | |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|----------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5112361793-01 | | SHARIFFAH GAMAR BINTE SYED HARON | S7802255H | GPC | drivo CLASSIC | SKR6563C | SKR6563C | 27/08/2020 | 26/08/2021 |

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 19 / 11 / 2020 (dd/mm/yy) Time of Accident: 09 : 25 (24-HR-FORMAT)

Vehicle No.: SKR6563C Vehicle Make & Model: TOYOTA AVANZA

Exact location of Accident: HOUGANG AVE 6 AND AVE 8 JUNCTION.

Policyholder's Name/ IC No.: SHARIEFAH GAMAR BINTE SYED HARON

Driver's Name/ IC No.: ARDI BIN AMIR (As Above) ☐

Driver's Contact No.: 91114723 Company Contact No.: _____

Driver's Address: 11 FERNALE LANE #14-03 S(797495)

Insurance Company: NTUC 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): 01

Passenger Name: N.L. Gender: _____

Passenger Name: N.L. 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. SFX9996 U

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name/ IC No.: _____ Vehicle No. _____

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.