

NATIONAL Assessment Centre Services.

[Print 1 Jan 2005]

SN 09 20 07 0005.

Date In: 7/12/20 10:26	Job description	Date & Time Completed	Done by
Ref No: NA1 IMC 20 0 13429/h4	SAS e-filing		
Veh No: SGN 3156H	E-mail (within 2hrs, A/C 2hrs)		
DDA: 30/11/20 08:00	I-Motor Claim Form	MT/1112567-001	7/12/20 10:37
OD: (P) Reporting, Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: #	Fax: #
TP Particulars:	Veh No: SLT 8251 S.	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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC Ref No: 6789 0016)	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

NA2100229	Invoice Registration Checklist	Amc (\$)	Ref Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
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		
For claiming against INC Only (wa 10 Jan 2005)	6) TR: Re-inspection \$75		
For claiming against INC Only (wa 10 Jan 2005)	7) NI: Idao DA + SMRT Survey \$160		
For claiming against INC Only (wa 10 Jan 2005)	8) NTUC Additional Services:-		
For claiming against INC Only (wa 10 Jan 2005)	ON:		
For claiming against INC Only (wa 10 Jan 2005)	*N5: Courtesy Car / Tpt Allowance \$5		
For claiming against INC Only (wa 10 Jan 2005)	*N6: Repair Co-ordination \$10		
For claiming against INC Only (wa 10 Jan 2005)	*N7: Post Repair Inspection \$25		
For claiming against INC Only (wa 10 Jan 2005)	*N8: DV / Collect Excess Coordination \$5		
For claiming against INC Only (wa 10 Jan 2005)	TP (N11): TP (Non INC) against INC \$20		
For claiming against INC Only (wa 10 Jan 2005)	9) N12: Idao Mobile \$0		
For claiming against INC Only (wa 10 Jan 2005)	Invoice dated	Fee Charged	
For claiming against INC Only (wa 10 Jan 2005)	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 Submission	07/12/2020 10:26 (SGT)
Date of Accident	30/11/2020 08:00 (SGT)
Exact Location of Accident	Republic Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN3156H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRIBECAR PTE. LTD.
Company Reg No	2XXXXX563H
Email Address	khierthii@rosetlimo.com
Mobile Phone No	(Phone) +65-81301183
Alternative Phone No	+65-81301183

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	CORROLA ALTIS
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	CV00000400299
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD ANDRY BIN AZAMAN
NRIC No	SXXXX959I
Date Of Birth	15/07/1986
Occupation	Indoor

Date Of Driving Pass	19/11/2020
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-88947851
Alt. Phone Number	-
Email Address	khierthii@rosetlimo.com
Address	BLK 121A EDGEDALE PLAINS #16-223
Address complement	-
Postcode	821121
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201130/2148

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	SLT8251S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMAD ANDRY BIN AZAMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SGN3156H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

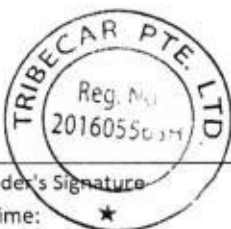
SKETCH PLAN

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: *

And

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

SKETCH PLAN

A:- SGN 315614

B:- SLT 82514



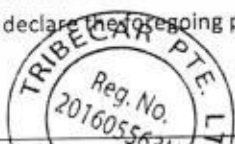
Republic Blvd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving to merge into a public road, i ~~so~~ saw a vehicle approaching and i stop to give way to the approaching vehicle. After giving way to the car i move off slowly and suddenly the car behind me bang my boot of the car. The car vehicle number is SLT 82514. Grey colour. Incident happened at 0800 hrs near benjamin Sheares bridge flyover junction.

DECLARATION

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



And



SINGAPORE POLICE FORCE



T/20201130/2148

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20201130/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2020 23:13		Vide Report No.:		Station Diary No.: 96	
Informant's Particulars					
Name of Informant: MOHAMAD ANDRY BIN AZAMAN			Address: APT BLK 121A EDGE DALE PLAINS #16-223 SINGAPORE 821121		
ID Type / ID No.: NRIC NO / S8619959I			Contact No.: Home/Office: Mobile: 88947851		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 15/07/1986	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2020 08:00	Type of Location: Bend
Location: REPUBLIC BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SGN3156H	Car	TOYOTA	ALTIS	Grey	Slightly Damaged	0
SLT8251S	Car	TOYOTA	PRIUS	Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20201130/2148

2 of 3

Report No. T/20201130/2148

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD ANDRY BIN AZAMAN	ID No.	S8619959I
Related Vehicle	SGN3156H (Car)	Contact No.	88947851
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
Driver			
Name	FOONG YIN CHEOK	ID No.	S0100644D
Related Vehicle	SLT8251S (Car)	Contact No.	94550926
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 the 30/11/2020 at about 0800hrs, I was driving along Republic boulevard turning left in Ophir road. I had stopped my vehicle because I saw an approaching vehicle along Ophir road. As I was about to move off, a car had collided into the rear of my car. I alighted from my vehicle to check on the damage and exchange particulars with the driver. There was not injury.

The car I was driving I tribe car. The car was loaned under one of my friend account, namely Nurul Huda, Hp:86994214. I had reported the matter to Tribe car.



**SINGAPORE
POLICE FORCE**



T/20201130/2148

3 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20201130/2148

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:

L /

Sgt 2 ELFY TARMYZY BIN YOSREY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

30/11/2020 23:13

Classification Of Case:

Authentication Stamp

NP168



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No. : T/20201130/2148 Name : MOHAMAD ANDRY BIN AZAMAN
Accident Date/Time : 30/11/2020 AT 0800HRS Address : BLK 121A EDGEDALE PLAINS #16-223 S(821121)
Vehicle(s) Involved : SGN3156H
SLT8251S NRIC No : S8619959I
Tel No : 88947851
Date : 01/12/2020

Dear Sir / Madam

Accident involving SGN3156H AND SLT8251S
along REPUBLIC BOULEVARD TWDS OPHIR RD on 30/11/2020 at 0800 Hours

With reference to the above, I have on 30/11/2020 (date) 2313 hours (time) make a police report at Sembawang NPC (Police Station/NPP/NPC)
In NP 168 – T/20201130/2148

On 01/12/2020 (date), 0845 hours (time) at Sembawang NPC (Police Station/NPP/NPC), I make the following amendments to the above report;
I wish to change that the car I was driving was a tribe car, and the driver, Foong Yin Cheok, S0100644D, 94550926 (HP), whom I had an accident with, admitted that it was his fault at the time of incident, and is willing to bear full responsibility.

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No : SGT LOE YAN TONG
Date and Time : 01/12/2020 AT 0845HRS
Station Dairy No : 19
Signature :

SEMBAWANG NPC
4 Sembawang Crescent
Singapore 757033
Tel: 6740 0000

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: CV00000420017

Cover: Third Party

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SGN3156H |
| Chassis Number | : MR053ZEC107137152 |
| 2. Name of Policyholder | : TRIBECAR PTE. LTD. |
| 3. Effective Date of Insurance | : 15 Oct 2020 |
| 4. Expiry Date of Insurance | : 14 Oct 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 the carriage of passengers for reward purposes.
- (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)	: N/A
EXCESS (SECTION 2)	: S\$500
WINDSCREEN EXCESS	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: NO
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	: N/A
SUM INSURED	: N/A

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)

Date of Issue 15 Oct 2020 11:42:07

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



- NRIC
- DRIVING LICENSE
- CERTIFICATE OF INSURANCE
- POLICE REPORT IF ANY

Date of Accident : 30/11/2020 Time : 0800HRS

Location Of Accident : NEAR BENJAMIN SHEARPS BRIDGE JUNCTION

Country/State of Loss : _____

INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name : _____

Email Address : _____ Reg Owner ID : _____

Mobile Phone No : _____ Alternative Phone No : _____

INSURANCE COMPANY (OWN VEHICLE)

Handling Insurer : _____ Fleet Policy : Yes / No

Type Of Coverage : Comprehensive / Third Party Policy Number : _____

DRIVER IDENTIFICATION

Driver Name : MOHAMAD ANDAM B. AZAMAN

Date Of Birth : 15 JULY 1986 Driving Date Pass : 19 NOV 2020

Driver ID : _____ Occupation : Indoor / Outdoor

H/P Phone No : 88947851 Alternative Phone No : _____

Address : 121A EDGE DALE PLAINS #16-223 S(821121)

Email Address : _____ Relationship : _____

Was driver an employee of the Insured's Company? : Yes / No

Driver's Own Vehicle Reg No : _____ Driver's Own Insurer : _____

VEHICLE INFORMATION

Vehicle Registration No : SGW 3156H

Manufacturer : _____ Model : _____

Reporting Type : Own Damage / Third Party / Reporting Only

Exact Purpose for which vehicle was being used at time of accident : Private Use / Company Use /
Hired Use

GENERAL INFORMATION OF THE ACCIDENT

Weather Condition : Clear / Raining / After Rain Injured : Yes / No

Road Surface : Dry / Wet / Damp Police Reported : Yes / No

Approach by Unknown : Yes / No Video Camera : Yes / No

Number of Passengers (Including Driver) : 01

DETAILS OF INJURED PERSON

Name : _____

Injuries Sustained : _____

Were seat belts worn? : **Yes / No**

Approximate Age : _____

Injured person in which vehicle? : _____

Was injured conveyed to hospital by ambulance? : **Yes / No**

Address : _____

WITNESS

Details of Witness : _____

Contact Number : _____ Email Address : _____

DETAILS OF OTHER VEHICLESVehicle Registration No : SLT 8251 S

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____

Vehicle Registration No : _____

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____

Vehicle Registration No : _____

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____