

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

SM0920CE0000

Date In: 14/12/20 20:15	Job description	Date & Time Completed	Done by
Ref No NA/INC 20013933/64	SAS e-filing		
Veh No SMV 6589 J	E-mail (within 3hrs, A/C 2hrs)		
IDA 12/12/20 23:10	I-Motor Claim Form	MT/1113702	15/12/20 13:47
OD (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: *

Fax: *

TP Particulars:	Veh No: SLF 3654 U	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 20013933/64)	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 Entry	Action

NA2100423	Invoice Registration Check	30.00
Driver/Owner:	1) AL: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Bgr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (w/c 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*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 (Inc INC) against INC \$20	
	9) NI1: Idao Mobile \$0	
	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 Submission	14/12/2020 20:15 (SGT)
Date of Accident	12/12/2020 23:10 (SGT)
Exact Location of Accident	Hill St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV6589J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED NAZIR
NRIC No	SXXXX184G
Email Address	KAISER.ASGARD@GMAIL.COM
Mobile Phone No	(Phone) +65-91168539
Alternative Phone No	+65-91168539

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	Comprehensive
Fleet Policy	No
Policy Number	5119274757
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED NAZIR
NRIC No	SXXXX184G
Date Of Birth	27/09/1989
Occupation	Outdoor

Date Of Driving Pass	30/03/2017
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91168539
Alt. Phone Number	+65-91168539
Email Address	KAISER.ASGARD@GMAIL.COM
Address	BLK 110 TAMPINES ST 11 #03-251
Address complement	-
Postcode	521110
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201213/2005

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF3654U
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	MOHAMED NAZIR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMV6589J
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 **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: 14/12/2020

Driver's Signature

(If driver is not policyholder)

Date & Time:

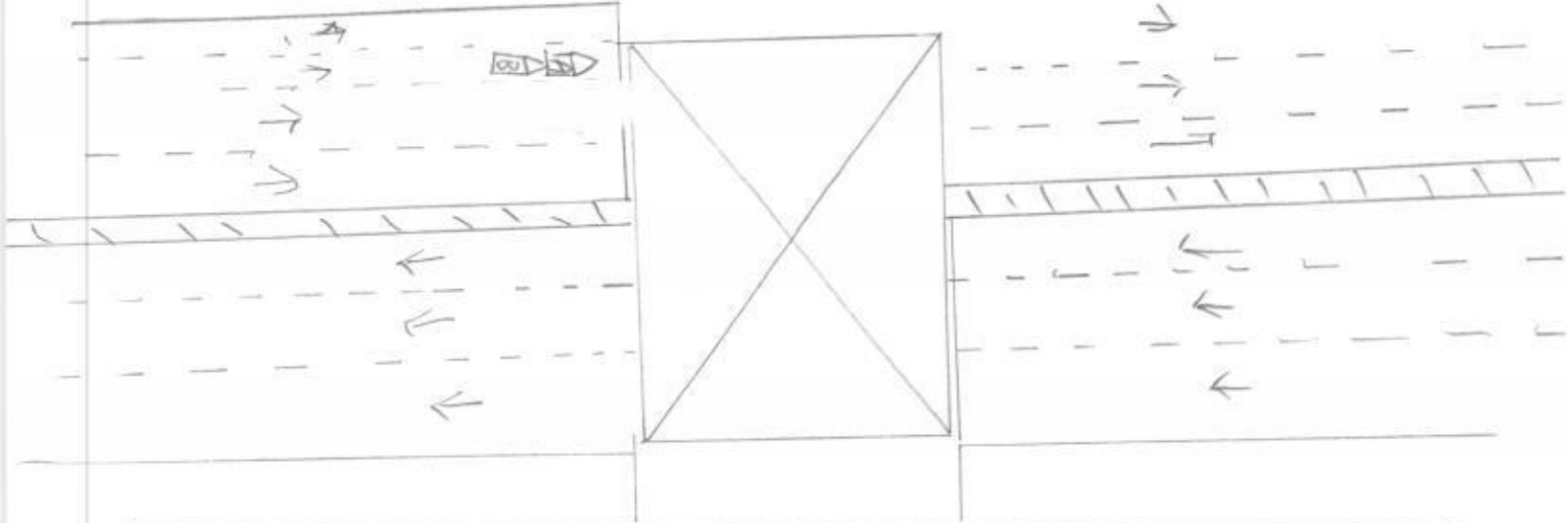
Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

Veh A : SMV6589J
Veh B : SLF 3654U

SKETCH PLAN



Refer to Police Report No: T/2020/213/2005

DECLARATION

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

Policyholder's Signature

Date & Time: 14/12/2020

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:



SINGAPORE POLICE FORCE



T/20201213/2005

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20201213/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2020 02:54		Vide Report No.: E/20201212/0201		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: MOHAMED NAZIR			Address: APT BLK 110 TAMPINES STREET 11 #03-251 SINGAPORE 521110		
ID Type / ID No.: NRIC NO / S8990184G			Contact No.: Home/Office: Mobile: 91168539		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 27/09/1989	Type of Informant: Driver		
Race: Pakistani			Language:		Institution / School Name:
Occupation: Go Jek Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/12/2020 23:10	Type of Location: X-Junction
Location: HILL STREET				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		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
SLF3654U	Car					0
SMV6589J	Car	HONDA	FIT 1.3GF CVT	Red	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV6589J	NTUC Income Insurance Co-Operative Limited	5119274757	13/10/2020	12/10/2021



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED NAZIR	ID No.	S8990184G
Related Vehicle	SMV6589J (Car)	Contact No.	91168539
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/12/2020	Date Discharge	13/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 12/12/2020 at around at 2310hrs, I was driving my vehicle SMV6589J, with two passengers onboard, along Hill Street at the cross junction of Victoria Street before Coleman Street, near to the Fire station. I am driving on the third lane of the four lanes road. It was red light traffic junction and my vehicle then came to a complete stop. Suddenly, I felt an impact from the rear of my vehicle and realized that a vehicle SLF3654U had collided onto the rear of my vehicle. I was still in the vehicle while the driver came over and approach me. The driver then asked me for my contact number, wanting to privately settle the matter. However, I was uncertain of what to do thus called my brother for advice. I then exited the vehicle afterwards to the assess the damage and take photos of the vehicle. Subsequently, police officers who happened to patrol around the vicinity then came over to assisted us. Later on, traffic police also arrive at the location.

I checked with my two passengers on board and they informed that they do not require any medical attention and left the location as their destination is nearby. After Traffic police had assisted us, I then left the location afterwards. As I was also feeling pain on my neck, shoulder, upper back, lower back and arms area due to the impact of the collision. I then went to seek medical assistance at Unihealth 24 Hour Clinic (ToaPayoh) and was given 3 days of medical leave from 13/12/2020 to 15/12/2020. The damage to my vehicle are that the boot and rear area of my vehicle is dented and the right rear bumper area dislodged, multiple scratches and dents on the trunk right side, rear right light broken.

There is an in-car camera inside the vehicle which managed to capture the incident. I have send the footage to the TP IO Siew Ping.



**SINGAPORE
POLICE FORCE**



T/20201213/2005

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20201213/2005

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 2 LAM XUE TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/12/2020 02:54

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED MUHAMMAD BIN SYED

FARID ALBAR

Contact No.: 65476200

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE



Certificate of Insurance

1) The Policy does not cover any driver who is below 22 Years of Age and / or less than 2 Years of Driving Experience.

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)

2) Section 1 Clause 8 on Unnamed Driver Excess will not apply.

Certificate Number: 5119274757

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMV6589J
Chassis Number : GK33427298
2. Name of Policyholder : MOHAMED NAZIR
3. Effective Date of Insurance : 13 Oct 2020
4. Expiry Date of Insurance : 12 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 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: MOHAMED NAZIR
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SKYWAY CREDIT & LEASING PTE LTD
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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 12 Oct 2020 14:31 hrs



For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Date of Accident : 12/11/2020 Accident Time: 23:10 (24-HR-Format)
 Accident Place : HILL STREET
 Vehicle No. (Car Plate No.) : SMV 6489J Make/Model: HONDA FIT
 Insurance Company : NTUC INCOME Policy No: 5119J74752
 Owner or Company Name / IC No. : MOHAMED NAZIR
 Owner or Company Contact No. : 91168539 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : MOHAMED NAZIR / 589901846
 DRIVER'S Date Of Birth : 27/9/1989 DRIVER'S License Pass Date 30/3/2017
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BLK 110 TAMPINES ST 11 #03-251 S521110
 DRIVER'S Contact No./ Alt No. : (1) 91168539 (2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : KAISER.ASHARD@GMAIL.COM
 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): 3 - M - F
 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
 Any Injury (If YES, Pls state): Yes Driver

Other Party Driver's Particular (if any)

Vehicle No: SLF 3654U	Vehicle No: _____
Vehicle Make/Model: HONDA VEREL	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: 98524971	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

G13