

NATIONAL Assessment Centre Services. (part 1 Jan 03)

SN0920CT0004

| | | | |
|------------------------------|--|-----------------------|----------------|
| Date Inc: 29/12/20 11:25 | Job description | Date & Time Completed | Done by |
| Ref No NA1 INC 200 14633 1h4 | SAS e-filing | | |
| Veh No SKC 1542A | E-mail (within 3hrs, A/C 2hrs) | | |
| DDA 28/12/20 09:20 | I-Motor Claim Form | MT/1115497-001 | 29/12/20 18:44 |
| (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/Wksn | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: SLA 2865 K: | 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 () | |

| |
|--|
| () 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: (# |

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| | |
|-----------|--------|
| Date/Time | Action |
| | |
| | |
| | |
| | |

| | | |
|---------------------------------|---|-------------|
| Driver/Owner: NA 2100816 | Invoice/Repairation Checklist | Added Bill |
| Contact No: | 1) AR: Accident Reporting (\$30); | 20 |
| Damaged Portion: | 2) DA: Damage Assessment (\$100); INC (\$30) | |
| QC Checked by (Engr-In-Charge): | 3) TP: Towing Fee \$40/\$45 | |
| | 4) FT: Follow-Through Survey \$120 | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming against INC Only (wef 10 Jan 2003) | |
| | 6) TR: Re-Inspection \$75 | |
| | 7) NI: Idao DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | OD: | |
| | *NS: Courtesy Car / Tpt Allowance \$5 | |
| | *NG: Repair Co-ordination \$10 | |
| | *NT: Post Repair Inspection \$25 | |
| | *NR: DV / Collect Excess Coordination \$5 | |
| | TP (N11): TP (N-in INC) against INC \$20 | |
| | 9) N12: Idao Mobile \$0 | |
| | Invoice dated | Fee Charged |
| | | 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 | 29/12/2020 11:25 (SGT) |
| Date of Accident | 28/12/2020 09:20 (SGT) |
| Exact Location of Accident | Punggol Rd - Track 19, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKC1542A |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | Yes |
| Name Of Registered Owner | RIDZ N JAJA CONSULTANT |
| Company Reg No | 5XXXX793W |
| Email Address | LLPLLP8800@GMAIL.COM |
| Mobile Phone No | (Phone) +65-91830565 |
| Alternative Phone No | +65-91830565 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Alphard |
| 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 hire |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5087689124-03 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------------------------|
| Name of Driver | MOHAMED RIDZWAN BIN MOHAMED IQBAL |
| NRIC No | SXXXX915D |
| Date Of Birth | 04/10/1985 |
| Occupation | Outdoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 18/10/2006 |
| Driving experience | 14 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91830565 |
| Alt. Phone Number | - |
| Email Address | LLPLLP8800@GMAIL.COM |
| Address | BLK 310A PUNGGOL WALK #07-500 |
| Address complement | - |
| Postcode | 821310 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Other |
| 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 - U-Turn |
| 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 | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201229/7009

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 | SLA2865K |
| 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 RIDZWAN BIN MOHAMED IQBAL |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SKC1542A |
| 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 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.
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.

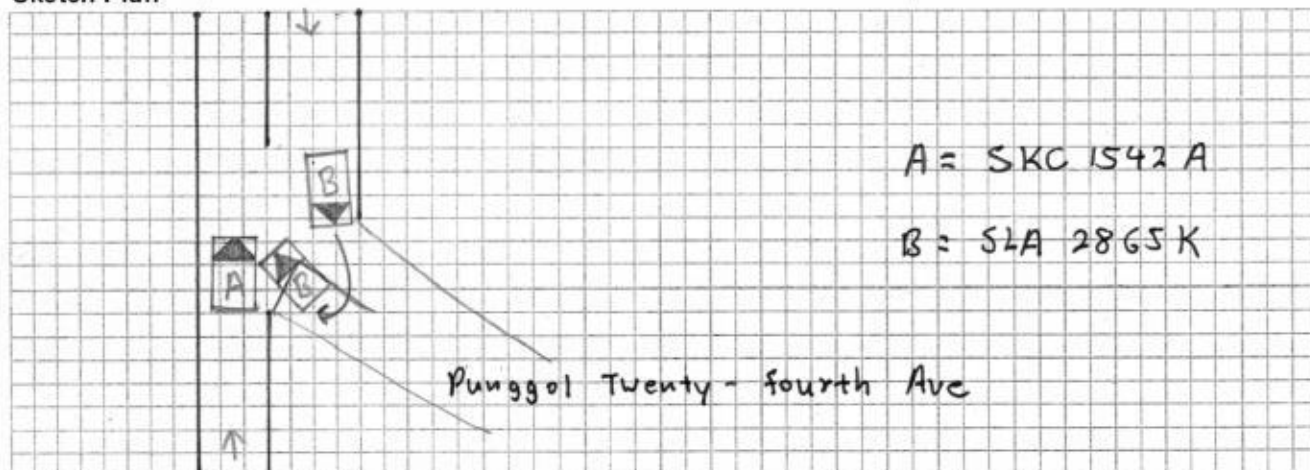


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

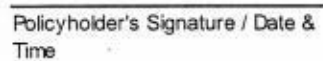
Sketch Plan



Track 19

Refer to Police Report 7/20201229 / 7009

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20201229/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201229/7009

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--|
| Date/Time Report Made: 29/12/2020 10:56 | Vide Report No.: | Station Diary No.: |
| Informant's Particulars | | |
| Name of Informant: MOHAMED RIDZWAN BIN MOHAMED IQBAL | | Address: 310A PUNGGOL WALK #07-500 SINGAPORE 821310 |
| ID Type / ID No.: NRIC NO / S8532915D | | Contact No.: Home/Office: Mobile: 91830565 |
| Nationality: SINGAPORE CITIZEN | | Email: RIDZ.UPG@GMAIL.COM |
| Sex: Male | Age: 35 | Date of Birth: 04/10/1985 |
| Type of Informant: Driver | | |
| Race: Indian | | Language: English |
| Institution / School Name: | | |
| Occupation: Real estate agent | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|-----------------------|---|-------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 28/12/2020 09:20 | Type of Location: |
| Location: PUNGGOL ROAD - TRACK 19 | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SKC1542A | Car | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201229/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201229/7009

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|---|
| Name | MOHAMED RIDZWAN BIN MOHAMED IQBAL | ID No. | S8532915D |
| Related Vehicle | SKC1542A (Car) | Contact No. | 91830565 |
| Hospital/Clinic | LOW MEDICAL CLINIC | Class of Driving Licence & Expiry | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date | 28/12/2020 | Date | 28/12/2020 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

I was travelling along track 19 when the Car SLA 2865 K make a illegal u turn n hit my car on the right hand side. The driver was suppose to stop at the stop line before going out but he fail to do so.



**SINGAPORE
POLICE FORCE**



T/20201229/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201229/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/12/2020 10:56

Classification Of Case:

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="28/12/2020 11:15"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SKC1542A"/> | Certificate Number | <input type="text"/> | | | | | | | |
| <input type="button" value="Search"/> | | | | | | | | | | |
| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRJC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/> | 5087689124-03 | | RIDZ N JAJA CONSULTANT | 53314793W | GPC | drivo CLASSIC | SKC1542A | SKC1542A | 31/01/2020 | 30/01/2021 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

ACCIDENT STATEMENT

ACCIDENT DATE: (28/12/20) (DD/MM/YYYY), TIME: (09:30) (HH:MM)

LOCATION: Punggol Twenty - fourth Ave & Track 19

Junction.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC 1542A
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Alphard 2.4
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ridz N Jaja Consultant (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9183 0565
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Ridwan Bin Mohamed Iqbal (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9183 0565
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) body

7. a) REPORTED TO POLICE (YES / NO) Pending

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLA 2865K MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: 9622 8479

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = 11p11p8800@gmail.com

fax =

video = Yes.