

NATIONAL Assessment Centre Services.

[last 1 Jan 2013]

840820040007

Date In: 30/12/2012 13:29	Job description	Date & Time Completed	Done by
Ref No: XBA/MC2001/812/4	SAS e-filing		
Veh No: SMC 9681B	E-mail (A/C 1st, A/C 2nd)		
D.O.A: 21/12/2012 12:00	I-Motor Claims Form	MT/11/5552-002	30/12/2012 13:32
OID: TP / 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 / Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SMC 9681B	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 repairer.

() 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: _____

Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$10/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2013)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	ONT	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repairs Coordination	\$10
	*NI: Post Repair Inspection	\$23
	*NI: DV / Collect Witness Coordination	\$3
	*NI: DV / Collect Witness Coordination	\$20
	TP (NI): TP (SM INC) against DAG	\$0
	2) NI: Idea Mobile	
	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	30/12/2020 13:29 (SGT)
Date of Accident	29/12/2020 12:00 (SGT)
Exact Location of Accident	Singapore, Jurong Town Hall
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP3344G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HARBAJAN SINGH S/O KARPAL SINGH
NRIC No	SXXXX418E
Email Address	hbjsingh@gmail.com
Mobile Phone No	(Phone) +65-82665136
Alternative Phone No	+65-82665136

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115766996
Cover Note Number	-

DRIVER

Name of Driver	HARBAJAN SINGH S/O KARPAL SINGH
NRIC No	SXXXX418E

Date Of Driving Pass	11/10/1967
Driving experience	53 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82665136
Alt. Phone Number	+65-82665136
Email Address	hbjsingh@gmail.com
Address	7 SUNSET SQUARE
Address complement	-
Postcode	597305
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO NOTICE OF REPORTING

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	SMC9691B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

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

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Handwritten signature

11:50 am 30/12/20

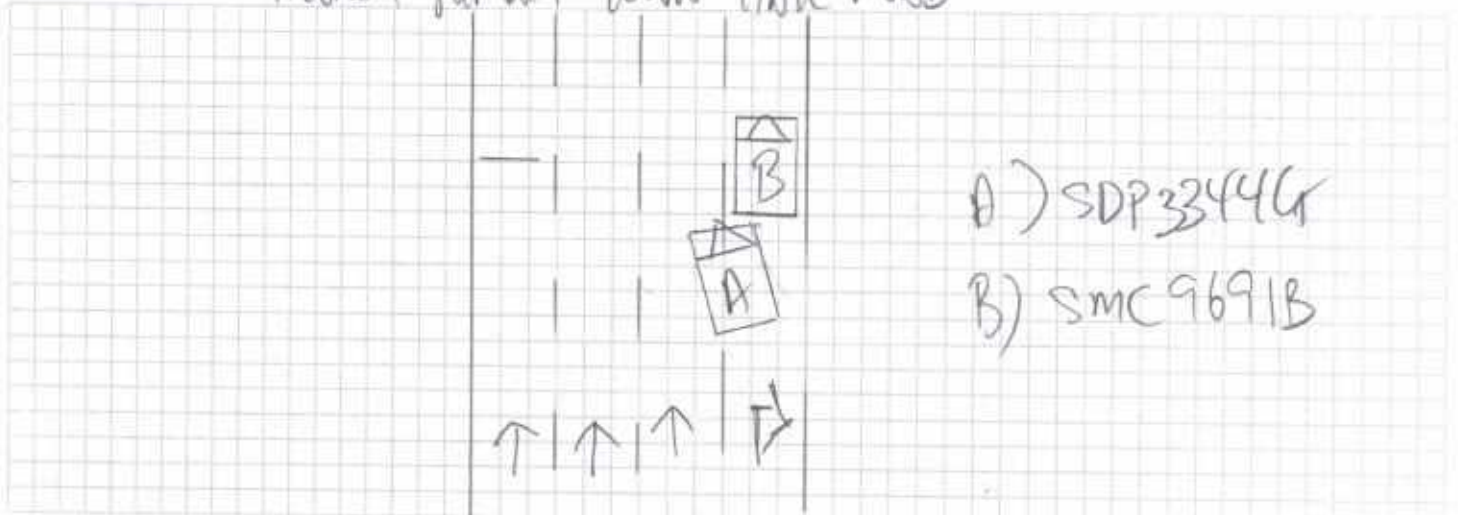
Policyholder's Signature / Date & Time

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

Handwritten signature
30/12/2020
Witnessed by Reporting Centre Personnel

Sketch Plan

Along JALAN TUNJUNG HAU ROAD



Describe Circumstances of the Accident

REFER TO NOTICE OF REPORTING

Declaration


We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

11.50 am 30/12/20

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

 30/12/2020

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 24/12/2020 (DD/MM/YYYY), TIME: 12:00 (HH:MM)

LOCATION: Jalan Pinau Han Koro

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDP 3344 G
b) INSURANCE COMPANY: XMC
c) POLICY NUMBER: _____
d) POLICY TYPE: ☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: MAZDA 5200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: HABSAJAH SINGH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8266 5136
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS. ABUVA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Changkat XPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMC 9691B MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = HBSIAUGH @ GMAIL . Com
VIDEO

NOTICE OF REPORTING

This is to confirm that Harbajan Singh S/O Karpal Singh, NRIC: S0356418E, has reported to the Police a non-injury traffic accident which occurred along Jurong Town Hall Road towards Jurong East on 29/12/2020 at about 12.00pm involving the following vehicles:

On 29/12/2020 at about 1200hrs, I was driving my vehicle SDP3344G on the first lane along Jurong Town Hall Road towards Jurong East. As I was approaching a junction, I realised there were about 5 cars at stationary on the same lane, waiting for the traffic light to turn green. Just when I was nearing the last(fifth) car bearing the registration plate number SMC9691B, I decided to change to the second lane. Hence, I turned slightly to the left towards the second lane, however, without realising, I had accidentally hit the rear bumper of the said vehicle. No visible injuries on all parties and no damage on any property. There is no in-car camera install in my vehicle.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (2) Azuin Asferra

Date: 30/12/2020 Time: 0935hrs

S/D Ref: 33

Police Post/Unit : Clementi NPC

Clementi NPC
20 Clementi Ave 5
S (129858)
Tel: 68729999
Fax: 68726039



Claim Handling

Accident MT/1115552

Policy No.	5115766996	Vehicle No.	SDP3344G	GST Registration No.
Certificate No.				
Policyholder Name	HARBAJAN SINGH S/O KARPAL SINGH			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	30/12/2020 11:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/12/2020	Time of Accident hh:mm	12:13	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG JURONG TOWN HALL ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	500.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	7 SUNSET SQUARE	Address 2	SINGAPORE 597305	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115766996	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	HARBAJA
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SDP3344
Claim Description	SDP3344G / SMC9691B ON 29 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	30/12/2020 13:31
<input type="checkbox"/> Print AK letter			ROSLI WAHAB

Save Submit

Attachment

Accident No. MT/1115552 Claim No. 002
 Last Doc. Received ☒ Yes ☐ No Upload Date 30/12/2020 13:32

Path *

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen

Category * Confidential
 Clear Please Select NO
 Clear Please Select NO
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 Clear Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:31	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:31	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:31	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:31	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:31	NRIC/ Driving License	Y Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 13:31	SAS	Normal	SAS 20

Video List

Uploaded By/Date Folder Date File Name

Display in New Window Scan and uploading

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: 5115766996

Cover : drive CLASSIC

- | | |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SDP3344G |
| Chassis Number | : WDD2040412A336920 |
| 2. Name of Policyholder | : HARBAJAN SINGH S/O KARPAL SINGH |
| 3. Effective Date of Insurance | : 30 Jan 2020 |
| 4. Expiry Date of Insurance | : 31 Jan 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	: HARBAJAN SINGH S/O KARPAL SINGH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 (00000514373)
Date of Issue : 30 Jan 2020 11:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive