

# NATIONAL Assessment Centre Services.

(Part 1 Jan 2009)

SN 0921160005

Date In: 6/1/21 10:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC 21000201/4	SAS e-filing		
Veh No: SJS 6127K	E-mail (within 2hrs, AIC 2hrs)		
ICOA: 2/1/21 08:30	I-Motor Claim Form	6/1/21 11:29	
	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	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: GBB 6941K	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 repolier.

( ) 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	Actions

NA2100879	Invoice Information Checked	30
Driver/Owner:	1) AR: Accident Reporting (330);	
Contact No:	2) DA: Damage Assessment (5100); INC (330)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (wef 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idno DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*NS: 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) N12: Idno 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 ..... 06/01/2021 10:06 (SGT)  
Date of Accident ..... 02/01/2021 08:30 (SGT)  
Exact Location of Accident ..... 151 Bedok Reservoir Rd, Block 151, Singapore 470151  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJS6127K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FRESH CARS PTE. LTD  
Company Reg No ..... 2XXXXX540Z  
Email Address ..... KIMFRESHCARS@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97981786  
Alternative Phone No ..... +65-97981786

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
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 ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5118938529  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... AMEEDKHAN AMANULLAHKHAN  
NRIC No ..... SXXXX500H  
Date Of Birth ..... 20/07/1972

Date Of Driving Pass .....	02/08/2008
Driving experience .....	12 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97981786
Alt. Phone Number .....	-
Email Address .....	KIMFRESHCARS@GMAIL.COM
Address .....	BLK 149 PETIR RD #06-194
Address complement .....	-
Postcode .....	670149
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 .....	Side Swipe
Weather Conditions .....	Raining
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	GBB6941K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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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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:

*A. Quam*

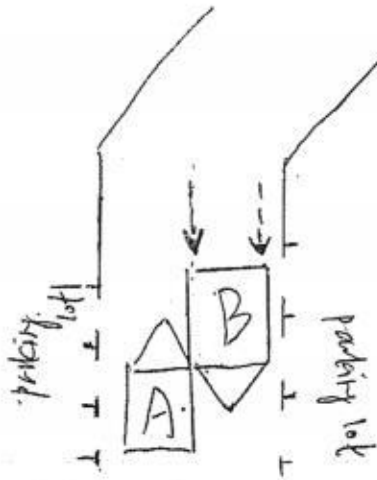
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*

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



SKETCH PLAN



(A) SJS6127K  
(B) GBB6941K

PLK151 Becht Reservoir Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I exit the car park entrance, vehicle B was coming into my direction. I stop my vehicle and wait for vehicle B to pass thru as the road was very narrow. Suddenly B hit onto the front right portion of my vehicle.

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

Report  
Reporting Centre Personnel's Signature  
Name:

## NOTICE OF REPORTING

This is to confirm that Aameedkhan Amanullahkhan, NRIC: S7268500H, has reported to the Police a non-injury traffic accident which occurred at Blk 151 Bedok Reservoir Road, openspace carpark on 02/01/2020 at 0830hrs involving the following vehicles:

SJS6127K (Mitsubishi/ Red)

GBB6941K (Grey)

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

Eunos NPP  
Bedok Reservoir Road  
Singapore 479621  
Tel: 4439566



Rank / Name of Issuing officer: **SSGT Heap Zhi Yong**

Date: 05/01/2020

Time: 1341hrs

S/D Ref: 02

Police Post/ Unit: EUNOS NPP

Original - To be issued to informant  
Duplicate- to be submitted to Traffic Police

## 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:** 5118938529

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJS6127K**  
Chassis Number : **JMYSRCV2A9U004491**
2. Name of Policyholder : **FRESH CARS PTE. LTD**
3. Effective Date of Insurance : **07 Sep 2020**
4. Expiry Date of Insurance : **06 Sep 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: 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)

Agency : AA INTERNATIONAL INSURANCE AGENCY (00000572347)  
Date of Issue : 04 Sep 2020 13:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



Date of Accident: 2/01/2021 Accident Time: 08:30 hrs (24-HR-FORMAT)  
 Accident Place: 151 Bedok Reservoir Rd  
 Vehicle Reg. No (Car plate No.): SJS6127K Vehicle Make/Model: MITSUBISHI LANCER  
 Insurance Company: NTUC Policy No. 5715938529  
 Name of Registered Owner: Company / Individual FRESH CARS P/L  
 ID of Registered Owner: Co Reg No: 2016085402 Owner's NRIC No: -  
 : Co Contact No: - Owner's Contact No: -  
 DRIVER'S Name: AMEED KHAN AMANULLAH KHAN DRIVER'S NRIC No: S7268500K  
 DRIVER'S Date of Birth: 20/7/1972 DRIVER'S License Pass Date: 2/8/2008  
 Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others Hier  
 DRIVER'S Address: KM DUK 149 Petir Rd #06-194 CS 670149  
 DRIVER'S Contact No./ Alt No.: 1) 9298 1786 2) -  
 DRIVER'S Occupation: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address: kimfreshcars@gmail.com  
 Weather & Road Surface: CLEAR & DRY \ RAINING & WED AFTER RAIN & WET  
 Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (including Driver): 1 driver, 1 passenger (Male)  
 Was the accident reported to the police? YES \ NO  
 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

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>(B) GBB 6941 K</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>(Nissan) Van</u>	Vehicle Make Model: _____
Name DRIVER: <u>Teo Swiss Guan</u>	Name DRIVER: _____
IC No. DRIVER: <u>51550130H</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>9439 9587</u>	DRIVER'S Contact & add: _____

## ACKNOWLEDGMENT

I, AMEEDKHAN AMANULLAHAN holding NRIC / Passport No\* 5716850014  
(\*delete which is not applicable)

of vehicle No. SJS 6127K acknowledge the following :

1. I have been given Income's practice leaflet.
2. The counter-staff has explained Income's practice leaflet to me accordingly.
3. I am clear about the information disseminated by the counter-staff during my accident reporting.
4. My accident reporting is for  
(please circle the appropriate one)
  - a) reporting purpose only
  - b) claiming own damage
  - c) claiming third party
5. I came - a) with my workshop ]  
b) without my workshop ] (please circle the appropriate one)
6. My workshop who came with me is A-Tec Automotive P/L  
(please provide the name)
7. My preferred workshop who did not come with me is  
..... and not recommended  
(please provide the name) by the staff.

Signature : A. Ewan

Date : 5/1/2021