

NATIONAL Assessment Centre Services.

part 1 Jan 2013

SN 092719000H

Date In: 9/1/21 17:32	Job description	Date & Time Completed	Done by
Ref No NA1 INC 2100040114	SAS e-filing		
Veh No SLA 4559Y	E-mail (within 3hrs, AIC 2hrs)		
DDA 9/1/21 15:20	1-Motor Claim Form	6M7/1116717-001	9/1/21 17:39
(1) M Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-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: YP7024E	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 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: _____

NA2100897	Invoice Itemization
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)
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
	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 (Nil): TP (Non INC) against INC \$20
	9) NI2: Idao Mobile \$0
	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	09/01/2021 17:32 (SGT)
Date of Accident	09/01/2021 15:20 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4559Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED ZAHREEM BIN JEEMAN
NRIC No	SXXXX989C
Email Address	THI5ANFIELD@GMAIL.COM
Mobile Phone No	(Phone) +65-97349655
Alternative Phone No	+65-97349655

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	5092395791-03
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED ZAHREEM BIN JEEMAN
NRIC No	SXXXX989C
Date Of Birth	25/10/1963
Occupation	Indoor

Date Of Driving Pass	17/11/2006
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97349655
Alt. Phone Number	+65-97349655
Email Address	THI5ANFIELD@GMAIL.COM
Address	BLK 110A PUNGGOL FIELD #03-568
Address complement	-
Postcode	821110
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 - Change/cross lane
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	SON
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP7024E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

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:



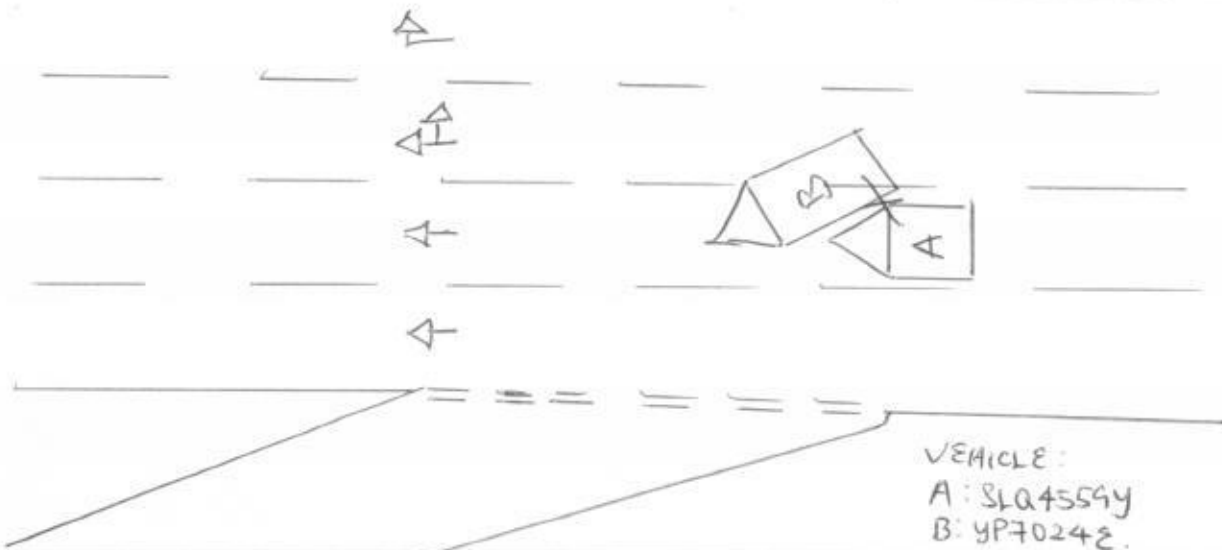
Driver's Signature
(If driver is not policyholder)
Date & Time:



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

SKETCH PLAN

TAMPINES RD TOWARDS HOUGANG AVE 3



ON STATED DATE, TIME AND LOCATION, I WAS AT THIS AVENUE.

WHILE THE TRAFFIC LIGHT TURN GREEN WAS ABOUT TO MOVE OFF,

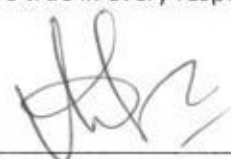
ALL OF A SUDDEN VEHICLE "B" ABRUPTLY SWITCH INTO MY

LANE AND COLLIDED ONTO MY RIGHT FRONT PORTION AND TYRES.

DECLARATION

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


Policyholder's Signature
Date & Time:


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


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

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: 5092395791-03

Cover : drivo CLASSIC

- | | |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLQ4559Y |
| Chassis Number | : RU11208169 |
| 2. Name of Policyholder | : MOHAMED ZAHREEM BIN JEEMAN |
| 3. Effective Date of Insurance | : 11 Jul 2020 |
| 4. Expiry Date of Insurance | : 10 Jul 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.

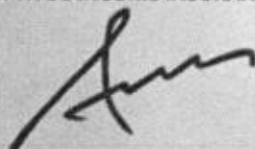
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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	: MOHAMED ZAHREEM BIN JEEMAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO 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 : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)
Date of Issue : 10 Jun 2020 21:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Date of Accident : 09/01/2021 Accident Time: 1519HRS (24-HR-Format)
Accident Place : TAMPINES RD AFTER DEPU AVE 1 BEFORE HOUGANG AVE3.
Vehicle No. (Car Plate No.) : SKR4559Y Make/Model: HONDA VEZEL
Insurance Company : NTUC Policy No: 5092395791-03
Owner or Company Name / IC No. : MOHAMED ZAHREEM BIN JERMAN 91582989C
Owner or Company Contact No. : 9734 9655 Owner's Hp Company Tel
DRIVER'S Name / IC No. : MOHAMED ZAHREEM BIN JERMAN 91582989C
DRIVER'S Date Of Birth : 25/10/1963 DRIVER'S License Pass Date
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: OWNER.
DRIVER'S Address : BLK 110A PONGGOL FIELD #03-568 S821110
DRIVER'S Contact No./ Alt No. : 1) 9734 9655 2)
DRIVER'S Occupation : INDOOR\ OUTDOOR (e.g. working inside or outside office)
Email Address : TH15ANFIELD@GMAIL.COM THIS ANFIELD@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): 02
Was there any video Captured by car camera: YES\ NO
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
Any Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

Vehicle. No: YP7024E	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

TH15ANFIELD@GMAIL.COM.

* NEW – Passenger's name & gender:

MALE (PASSENGER) -