

# NATIONAL Assessment Centre Services. SM 092122000C

Date In: 2/2/21 13:42	Job description	Date & Time Completed	Done by
Ref No: MAI INC 210.01553/64	SAS e-filing		
Veh No: 8GM 3862 C	E-mail (within 2hrs, AIC 2hrs)		
IDA: 21/1/21 09:00	I-Motor Claim Form	MT/1118680 <sup>092</sup>	2/2/21 16:10
Obj: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: (	Fax: (
TP Particulars:	Veh No: SK2 2840L	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 repolter.	
( ) Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	

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

Injury: ( )	
Driver's Name: ( )	
Driver's Address: ( )	
Driver's Phone: ( )	
Driver's Email: ( )	
Driver's Occupation: ( )	
Driver's License: ( )	
Driver's Vehicle: ( )	
Driver's Insurance: ( )	
Driver's Address: ( )	
Driver's Phone: ( )	
Driver's Email: ( )	
Driver's Occupation: ( )	
Driver's License: ( )	
Driver's Vehicle: ( )	
Driver's Insurance: ( )	

MA2101312		Invoice	
Driver/Owner:		1) AR: Accident Reporting (\$30); 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	
Auditors' Comments:		5) PT: Follow-Through Survey (Resurvey) \$30	
Tel: 1:		For claiming against INC Only (w/c 10 Jan 2021)	
2/3:		6) TR: Re-inspection \$75	
		7) NI: Idas DA + SMRT Survey \$160	
		8) NTUC Additional Services:	
		OD:	
		*NS: Courtesy Car / Tpt Allowance 55	
		*NG: Repair Co-ordination 510	
		*NT: Post Repair Inspection 525	
		*NI: DV / Collect Excess Coordination 55	
		*TE (NTU): TP (Non INC) against INC 520	
		9) NI2: Idas Mobile 30	
		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 ..... 02/02/2021 13:42 (SGT)  
Date of Accident ..... 21/01/2021 09:00 (SGT)  
Exact Location of Accident ..... 1 Kaki Bukit Ave 6, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGN3862C

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HUSAINBI BINTE HEDAYAT  
NRIC No ..... SXXXX296E  
Email Address ..... PHBMS@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-91551384  
Alternative Phone No ..... +65-91551384

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Estima  
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 ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5080214021-04  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... ABDUL HAMID BIN ABDUL RASHEED  
NRIC No ..... SXXXX542B  
Date Of Birth ..... 18/08/1970  
Occupation ..... Indoor

Date Of Driving Pass .....	26/08/1991
Driving experience .....	29 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96345422
Alt. Phone Number .....	-
Email Address .....	PHBMS@YAHOO.COM
Address .....	BLK 368 BUKIT BATOK ST 31 #11-491
Address complement .....	-
Postcode .....	650368
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 .....	Collided into Parked Vehicle
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) .....	0
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? .....	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 .....	SKZ2840L
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) ..... -



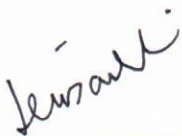
## SKETCH PLAN

### 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 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:

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

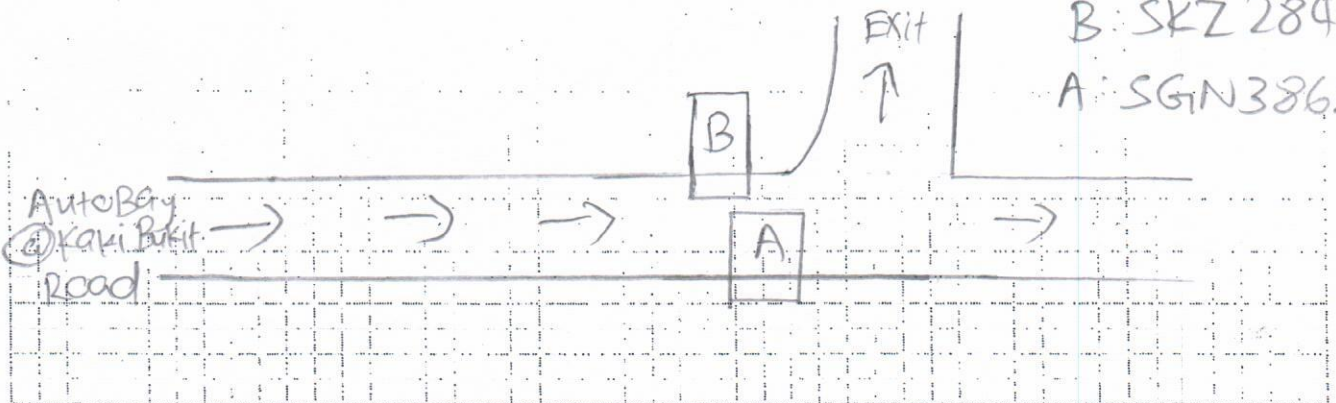


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Kaki Bukit Road 4

B: SKZ 2840L

A: SGN3862C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/01/2021 at around 9am, my vehicle SGN3862C was parked at the compound. My vehicle was left there untouched. All of a sudden, the passer-bys saw that my vehicle was in front of vehicle B. There was no visible damage to both vehicles as referred to the photos taken after. On 25/01/2021, I suddenly received a letter from NTUC to make an accident report.

DECLARATION

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

*Signature*

Policyholder's Signature  
Date & Time:

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

*Signature*

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

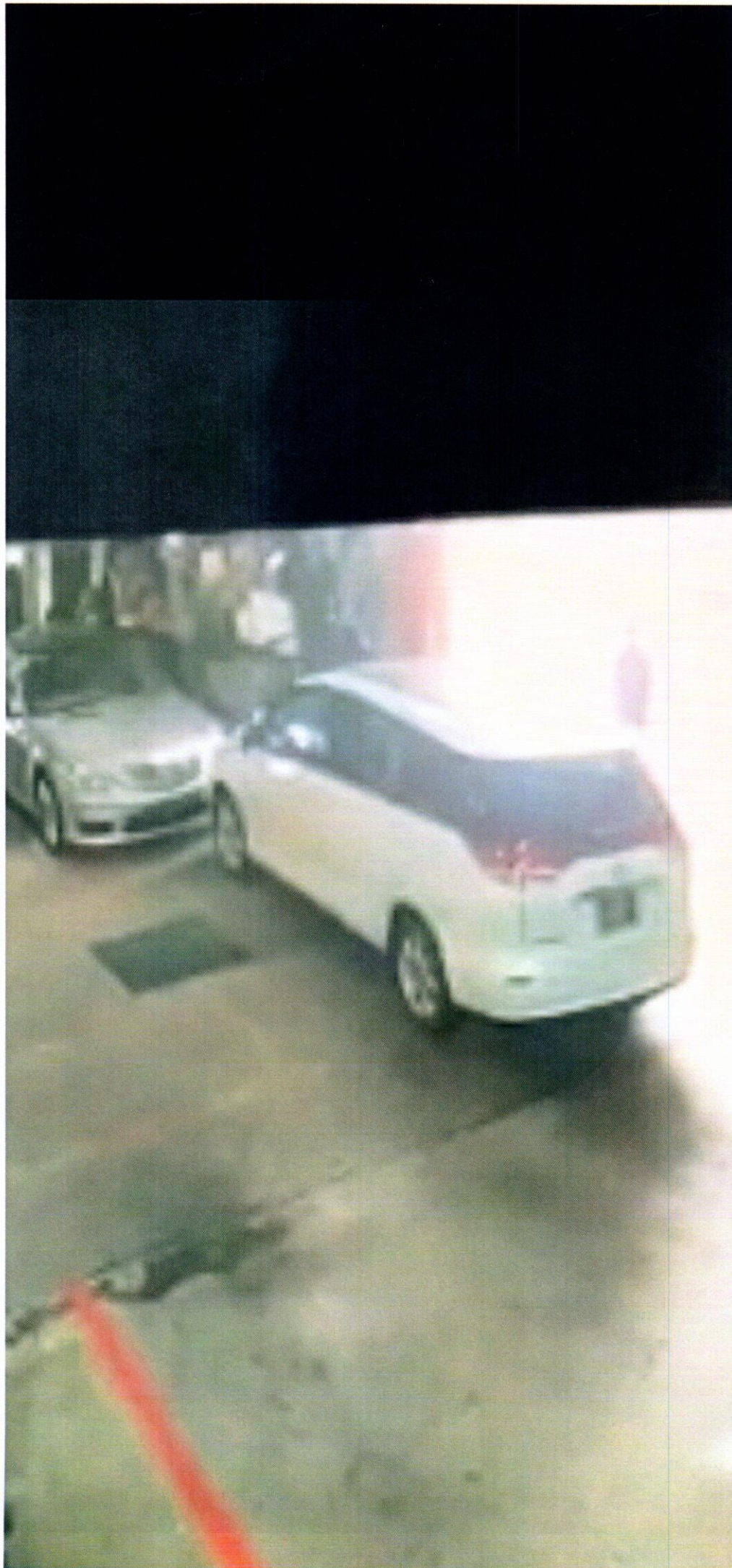














## Certificate of Insurance

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:** 5080214021-04

**Cover :** Third Party, Fire & Theft

- |   |                          |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SGN3862C               |
| Chassis Number  | : ACR507013703           |
| 2. Name of Policyholder   | : HUSAINBI BINTE HEDAYAT |
| 3. Effective Date of Insurance  | : 16 May 2020            |
| 4. Expiry Date of Insurance   | : 15 May 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: ABDUL HAMID BIN ABDUL RASHEED
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : TECK WEI CREDIT PTE. LTD. (00000572499)  
 Date of Issue : 06 May 2020 21:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



## ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 01 / 2021) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: 1 Kaki Bukit Ave 6, AutoBay @ Kaki Bukit #01-109

Singapore 417883

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGN3862C  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Estima  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Not driven  
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: Husainbi Binte Hedayat (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91551384  
c) ADDRESS: Blk 348 Bukit Batok St 34 #02-236  
Singapore 650348

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96345422  
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 Sibling

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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKZ2840L MODEL: Mercedes S300 2010

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 = phbms@yahoo.com

fax =

VIDEO = Mo