

NATIONAL Assessment Centre Services. Part 1 Jan 03] - SM092125000K

Date In: 5/2/21 17:25	Job description	Date & Time Completed	Done by
Ref No: WA1 INC 21001770/h4	SAS e-filing		
Veh No: PC 7525B	E-mail (within 2hrs, AIC 2hrs)		
DDA: 4/2/21 18:30	I-Motor Claim Form	MT/1120191001	6/2/21 09:11
OT: <input checked="" type="checkbox"/> Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / OW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SMC 821CY	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 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: _____

Damage: _____

NA2101439	Invoice Item	Charge	Rate	Amount	Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			30	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)			
Damaged Portion:	3) TP: Towing Fee		\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey		\$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey)		\$30		
Sub. 1:	For claiming against INC Only (wef 10 Jan 2003)				
2/3:	6) TR: Re-inspection		\$75		
	7) NI: Idao DA + SMRT Survey		\$160		
	8) NTUC Additional Services:				
	OT:				
	*NS: Courtesy Car / Tpt Allowance		\$5		
	*NG: Repair Co-ordination		\$10		
	*NJ: Post Repair Inspection		\$25		
	*NB: DV / Collect Excess Coordination		\$5		
	TP (N11): TP (Non INC) against INC		\$20		
	9) N12: Idao 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	05/02/2021 17:25 (SGT)
Date of Accident	04/02/2021 18:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	SLIP RD TO TAMPINES AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7525B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUNNYBAY TRANSPORT PTE LTD
Company Reg No	2XXXXX358R
Email Address	INFO@SUNNYBAY.SG
Mobile Phone No	(Phone) +65-94716633
Alternative Phone No	+65-94716633

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116595955
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED HAMZAH BIN MOENG
NRIC No	SXXXX897I
Date Of Birth	24/04/1958
Occupation	Outdoor

Date Of Driving Pass	13/12/1990
Driving experience	30 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97845658
Alt. Phone Number	-
Email Address	HAMZAHMOENG@GMAIL.COM
Address	BLK 119 BEDOK RESERVOIR RD #04-184
Address complement	-
Postcode	470119
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210204/2104

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	SMC8216Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH WEI JIN DENNIS
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 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.

[Handwritten Signature]



[Handwritten Signature]

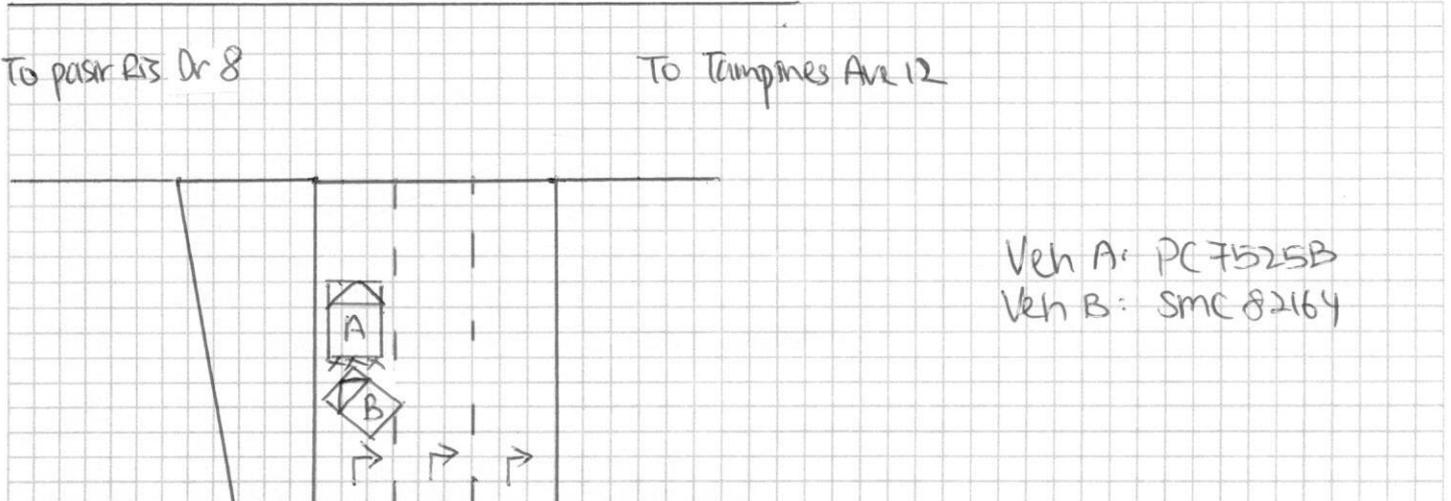
[Handwritten Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20210204/2104

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 4

Report No. T/20210204/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2021 20:17	Vide Report No.: G/20210204/0179	Station Diary No.: 26
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Informant's Particulars			
Name of Informant: MOHAMED HAMZAH BIN MOENG		Address: APT BLK 119 BEDOK RESERVOIR ROAD #04-184 SINGAPORE 470119	
ID Type / ID No.: NRIC NO / S1301897I		Contact No.: Home/Office: Mobile: 97845658	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 24/04/1958	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: WHEELCHAIR TRANSPORTER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/02/2021 18:30	Type of Location: T-Junction
Location: PASIR RIS DRIVE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Head to Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7525B	Bus/Coach/Mi nibus	NISSAN	NV350 CARAVAN 2.5 5AT	Silver	Slightly Damaged	1
SMC8216Y	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver	Seriously Damaged	0



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 4
Report No. T/20210204/2104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	MR LIM	ID No.	NIL
Related Vehicle	PC7525B (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED HAMZAH BIN MOENG	ID No.	S1301897I
Related Vehicle	PC7525B (Bus/Coach/Minibus)	Contact No.	97845658
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	TAN KIM LUAN	ID No.	NIL
Related Vehicle	PC7525B (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20210204/2104

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 4

Report No. T/20210204/2104

CONTINUATION OF REPORT

Driver			
Name	GOH WEI JIN DENNIS	ID No.	S8900993F
Related Vehicle	SMC8216Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 04/02/2021 AT ABOUT 1830HRS, I HAD STOPPED MY VEHICLE AT THE TRAFFIC LIGHT AT THE SLIP ROAD OF TAMPINES AVE 12 BEFORE TURNING RIGHT INTO TAMPINES AVE 12. I HAD A WHEELCHAIR BOUND PASSENGER IN MY VEHICLE. THE LIGHT WAS RED. WHILE I WAS WAITING FOR THE LIGHT TO TURN GREEN, SUDDENLY MY REAR WAS HIT BY A SILVER IN COLOUR VEHICLE. I MADE A CHECK AND THE VEHICLE THAT HAD HIT ME WAS BADLY DAMAGED. MY WHEELCHAIR BOUND PASSENGER WAS NOT INJURED DURING THAT POINT OF TIME. I AM ALSO NOT INJURED.



**SINGAPORE
POLICE FORCE**



T/20210204/2104

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

4 of 4

Report No. T/20210204/2104

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MUHAMMAD FARHAN BIN MAZLAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2021 20:17
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

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 : 5116595955-000001

Cover : Comprehensive

- | | | |
|---|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : | PC7525B |
| Chassis Number | : | JN1UC4E26Z0022562 |
| 2. Name of Policyholder | : | SUNNYBAY TRANSPORT PTE LTD |
| 3. Effective Date of Insurance | : | 06 Mar 2020 |
| 4. Expiry Date of Insurance | : | 05 Mar 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 the carriage of passengers in connection with the Policyholder's business. | | |
| (b) Limited to carry 13 passengers | | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

GEOGRAPHICAL LIMIT	:	WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	:	S\$2,000
EXCESS (SECTION II)	:	S\$1,500
WINDSCREEN EXCESS	:	S\$100
INSURE WITH COE	:	YES
HIRE PURCHASE COMPANY	:	ABWIN 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 05 Mar 2020 15:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

VEHICLE NO:	PC7525B	MAKE & MODEL:	Nissan NV350	<input checked="" type="radio"/> AUTO / MANUAL
DATE OF ACCIDENT:	4/2/2021			CC: 2.5
TIME OF ACCIDENT:	1830	HRS		
LOCATION OF ACCIDENT:	Along TPE Slip road to Tampines Avenue 12			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Sunnybay Transport Pte Ltd			
TEL NO:	H/P: 9471 6633	OFFICE:		HOME:
NRIC:	201818358R			
ADDRESS:	60 Kaki Bukit Place #02-12 S (415979)			
EMAIL:	info@sunnybay.sg			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	<input checked="" type="radio"/> YES / NO?			
INSURANCE COMPANY:	NTUC			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	5116595955-001001			
NAME OF DRIVER:	AS ABOVE / IF NO: Mohamed Hamzah Bin Moeng			
NRIC:	S1301897I	ANY PASSENGER:	2 1(M), 1(F)	
DATE OF BIRTH:	24/4/1958	LICENCE PASSED DATE:	13/12/1990	
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR / INDOOR			
GENDER:	<input checked="" type="radio"/> MALE / FEMALE			
CONTACT NO:	H/P: 9781 5658	OFFICE:		HOME:
ADDRESS:	Blk 119 Bedok Reservoir Road #04-184 S (4701P)			
EMAIL:	hamzahmoeng@gmail.com			
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:		INSURER:	
RELATIONSHIP:	Employee			
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	<input checked="" type="radio"/> DRY / WET / OTHER:			
ANY INJURIES:	<input checked="" type="radio"/> NO / IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	NO / IF YES, WHERE? Tampines North NPP			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO? Traffic police			
VEHICLE B REG NO:	SNC82164	ANY PASSENGERS:	1	
NAME OF DRIVER:	Goh Wei Jin Dennis	CONTACT NO:		
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / NO			
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / NO			
ACCIDENT PORTION:	Rear portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO			
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Brandon			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			