

NATIONAL Assessment Centre Services [wef 1 Jan'05] **SN0821370009**

Date In: 29/03/2021 17:01	Job description	Date & Time Completed	Done by:
Ref No: 1/38 MICCWO 404/V	SAS e-filing		
Veh No: SG 1133P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/03/2021 07:38	i-Motor Claim Form	M/112617-001	29/03/2021
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:08
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **GRK 5409A** 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: ( )

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

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) / Bill	Am't (\$) / Add-Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: 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		
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idaho DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: 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: Idaho 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	29/03/2021 17:01 (SGT)
Date of Accident	27/03/2021 07:38 (SGT)
Exact Location of Accident	Woodlands Drive 40, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1133P
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NOOR HANIS BIN MOHAMED YUNOS
NRIC No	SXXXX475D
Email Address	hanis892@gmail.com
Mobile Phone No	(Phone) +65-92476563
Alternative Phone No	+65-92476563

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118138449
Cover Note Number	-

### DRIVER

Name of Driver	NOOR HANIS BIN MOHAMED YUNOS
NRIC No	SXXXX475D

Date Of Birth	17/12/1993
Occupation	Indoor
Date Of Driving Pass	14/05/2012
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92476563
Alt. Phone Number	+65-92476563
Email Address	hanis892@gmail.com
Address	BLK 892A TAMPINES AVENUE 8 #12-32
Address complement	-
Postcode	521892
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	DAYANG SOFEA BTE SOFIAN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT L/20210328/7018

#### 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	GBK5449A
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD SUFYAN BIN SAPIEE
NRIC No	SXXXX747J
Contact Number	(Phone) +65-92477415
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	NOOR HANIS BIN MOHAMED YUN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLG1133P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	DAYANG SOFEA BTE SOFIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY (PREGNANT)
Injured person in which vehicle?	SLG1133P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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 willful 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.

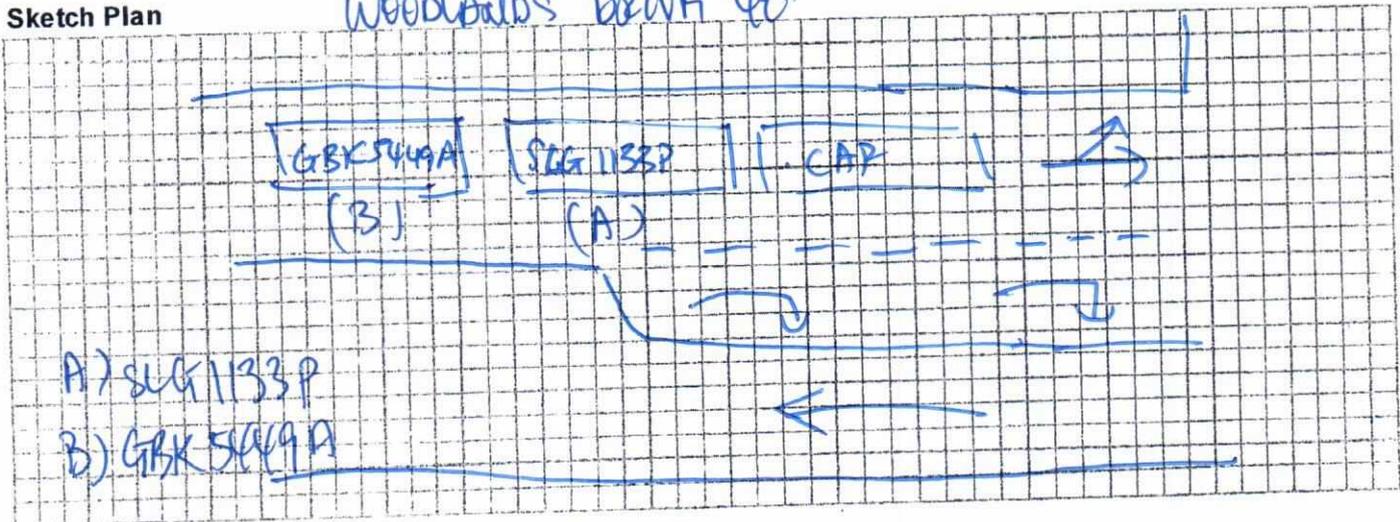
27/3/21 15:23  
Policyholder's Signature / Date & Time

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

29/03/2021  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

WOODLANDS DRUNK 40



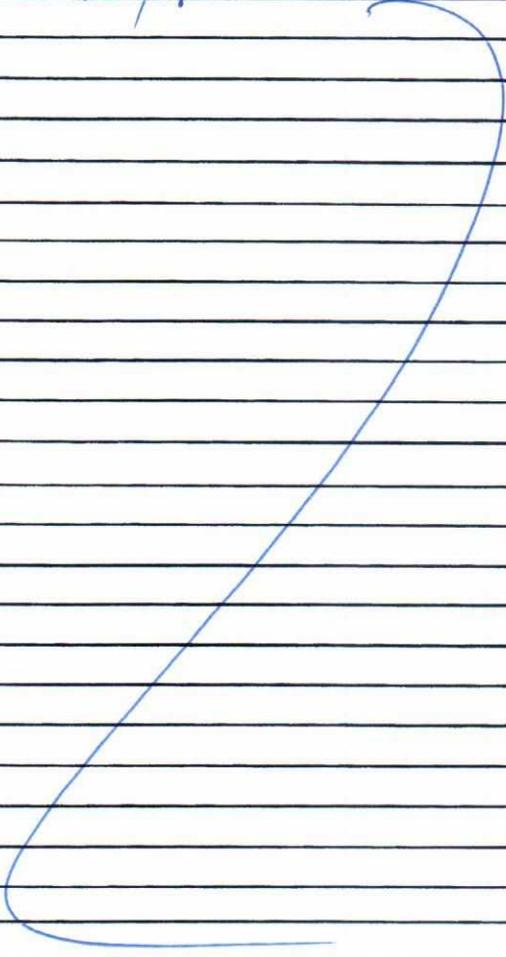
**Describe Circumstances of the Accident**

I was driving along Wdlands drive 40, toward Wdlands at 83, when the van rear ended my car.

The light was red and turn green. A few cars in front of me inched forward and I followed. But the van behind me hit my rear.

my passenger, wife pregnant referred to KCH due to pain felt

POLICE REPORT 1/20210328/7018

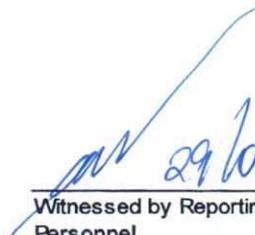


**Declaration**

We declare the foregoing particulars are true in every respect.

 29/3/21 15:28  
Policyholder's Signature / Date & Time

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

 29/03/2021  
Witnessed by Reporting Centre Personnel

Oru monday

# ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 03 / 2021) (DD/MM/YYYY), TIME: (07 : 38) (HH:MM)

LOCATION: woodlands drive 40

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 1133P
- b) INSURANCE COMPANY: MECU NTUC
- c) POLICY NUMBER: 5118138449
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: CIVIC HONDA
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
- 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: NIOOR HANIS BIN MUHAMMAD YUNUS (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S934847SD CONTACT: 92476563
- c) ADDRESS: BIR 892A TAMPINES AVE 1 #12-32 S(521892)

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

#### DRIVER

- a) NAME: AS ABUJK (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (17 / 12 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: GBK5449A MODEL: TOYOTA HIACE
- b) DRIVER'S NAME: MUHAMMAD SUFYAN BIN SAPIE
- c) NRIC/FIN/PASSPORT: S9516747J CONTACT: 92477415

### 9. THIRD PARTY VEHICLE

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

WILKIN (F)

\* No of passengers  
(Including driver)  
(2)

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

Email = hanis892@gmail.com

fax =

VIDEO =



**SINGAPORE  
POLICE FORCE**



L/20210328/7018

1 of 1

**POLICE REPORT (NP299)**

Report No. L/20210328/7018

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 28/03/2021 16:32	Vide Report No.	Station Diary No.
Name Of Informant NOOR HANIS BIN MOHAMED YUNOS	Address 892A TAMPINES AVENUE 8 #12-32 SINGAPORE 521892	
ID Type / ID No. NRIC NO / S9348475D	Contact No. Home/Office:	Mobile: 92476563
Nationality SINGAPORE CITIZEN	Email Address hanis892@gmail.com	
Occupation Mechanical engineer (general)	Sex Male	Age 27
Institution/School Name	Date of Birth 17/12/1993	Race Indian
Date/Time Of Incident 27/03/2021 07:30	Location Of Incident WOODLANDS DRIVE 40	

**Brief details.**

On the stated date and time I was travelling with my wife (Dayang Sofea bte Sofian-S9317152G) on our vehicle SLG1133P. We were stationary on the stated venue. Suddenly vehicle GBK5449A came from behind and hit onto our vehicle rear portion. The impact was great and I suffered back and neck pain, my wife who was pregnant felt pain on her neck,back, stomach. I then send her to KKH A&E to seek treatment and she was given 3 days MC.

I later then proceeded to central 24hr clinic to seek treatment for myself and was given 1 day MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/03/2021 16:32
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

## Claim Handling

Accident MT/1126117

Policy No.	5118138449	Vehicle No.	SLG1133P	GST Registration No.
Certificate No.				
Policyholder Name	NOOR HANIS BIN MOHAMED YUNOS			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92476563	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

## ▼ Accident Details

Report Date	29/03/2021 16:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/03/2021	Time of Accident hh:mm	07:38	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS DRIVE 40			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	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	BLK 892A #12-32	Address 2	TAMPINES AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-32	Related Policy Number	5097739908-03	

## ▼ OI Driver Info

Driver Name	NOOR HANIS BIN MOHAMED YUNOS	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S9348475D	Driving Experience
Register Date of Driver License	14/05/2012	Driver Age	27	Contact No.(Home)
Contact No.(Mobile)	92476563	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 892A #12-32	Address 2	TAMPINES AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-32			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLG1133P	Driver Insurer Company

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NOOR HANIS BIN MOHAMED YL	Insured NRIC
Contact No.(Mobile)	92476563	Contact No.(Home)	NIL	Contact No.(Office)
Email Address	hanis892@gmail.com	OI Vehicle Number	SLG1133P	TP Vehicle Number
Claim Description	SLG1133P / GBK5449A ON 27 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	29/03/2021 17:06	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			

 Print AK letter

Save Submit

## Attachment



**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:** 5118138449

**Cover :** drivo CLASSIC

- |   |                                |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SLG1133P</b>              |
| Chassis Number  | : JHMFD46209S200726            |
| 2. Name of Policyholder   | : NOOR HANIS BIN MOHAMED YUNOS |
| 3. Effective Date of Insurance  | : 16 Jul 2020                  |
| 4. Expiry Date of Insurance   | : 15 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	: NOOR HANIS BIN MOHAMED YUNOS
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) 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 : HUANG GUOQING TERRY (00000573375)  
Date of Issue : 15 Jul 2020 15:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive