

VEHICLE NO: SMP5849Y

MAKE & MODEL : TOYOTA NAMA HYBRID. AUTO / MANUAL

DATE OF ACCIDENT	06 / 09 / 2022	C.C. 1.8x CVT
TIME OF ACCIDENT	1130	AM / PM
LOCATION OF ACCIDENT	Along Sims Avenue After turning 19 Geylang	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	MOHD YUSRI REKI BIN YUSOF	
EMAIL: gsxk2000@gmail.com	Office:	MOBILE: 9424 6144
NRIC	S7343412B	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO ?	
INSURANCE CO.	NTUC INCOME	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5126249577	
NAME OF DRIVER	AS ABOVE / IF NO: NOOR TAHIRAH BINTE SELAMAT	
NRIC	S7303812Z	
DATE OF BIRTH	02 / 02 / 1973	
ANY PASSENGER	YES / <input checked="" type="checkbox"/> NO:	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	17 / 02 / 2006	
GENDER	Male / <input checked="" type="checkbox"/> Female	
CONTACT NO.	Mobile: 96647426	Office:
EMAIL:	gsxk2000@gmail.com.	
ADDRESS	BLK 133 TECK WHYE LANE #03-381 S(680133)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes: Reg No:	INSURER:
RELATIONSHIP	Employee / If No: WIFE	
WEATHER CONDITION	Clear / <input checked="" type="checkbox"/> Raining / Other:	
ROAD SURFACE	Dry / <input checked="" type="checkbox"/> Wet / Other:	
ANY INJURIES	<input checked="" type="checkbox"/> NO / If yes: Who?	
CONVEYED BY AMBULANCE	<input checked="" type="checkbox"/> NO / If yes: Who?	
POLICE REPORT	<input checked="" type="checkbox"/> NO / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES: WHO?	
VEHICLE B NO.	SLP8874R	Any Passenger: <input checked="" type="checkbox"/>
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger: <input checked="" type="checkbox"/>	
VEHICLE D NO.	Any Passenger: <input checked="" type="checkbox"/>	
VEHICLE E NO.	Any Passenger: <input checked="" type="checkbox"/>	
VEHICLE F NO.	Any Passenger: <input checked="" type="checkbox"/>	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
Who is Reporting	Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	


SKETCH PLAN

IMPORTANT NOTICE

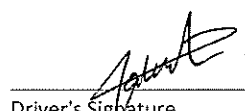
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:



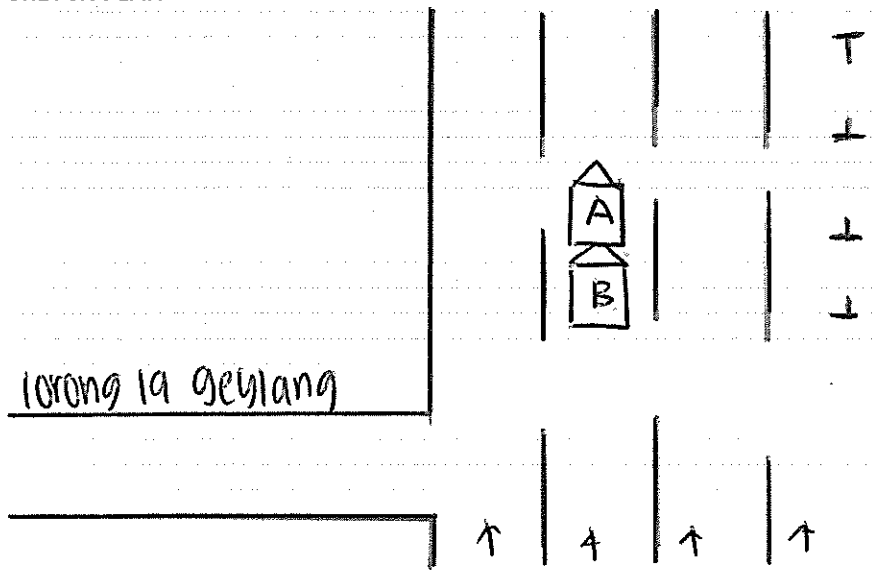
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____
via email / fax
Signature: _____

SKETCH PLAN

Sims Ave



(A) SMP5849Y
(B) SLP8874R.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/09/2022 at about 1130hrs at along Sims Avenue after
Lorong 19 Geylang. I was travelling on the 3rd lane on the
above mentioned road and my front vehicle slow down and
stop due to heavy traffic, hence I follow suit. Suddenly, I
heard a loud bang and when I awoke, I realised it was
vehicle (B) who hit onto the rear portion of my vehicle (A) causing
damages to my vehicle.

(A) SMP5849Y

(B) SLP8874R

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under
your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

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.:

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: 5126249577

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMP5849Y**
 Chassis Number : ZWR800390297
2. Name of Policyholder : MOHD YUSRI REKI BIN YUSOF
3. Effective Date of Insurance : 10 Apr 2022
4. Expiry Date of Insurance : 09 Apr 2023
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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

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	: YES
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOHD YUSRI REKI BIN YUSOF
NAMED DRIVER (1)	: NOOR TAHIRAH BINTE SELAMAT
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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)

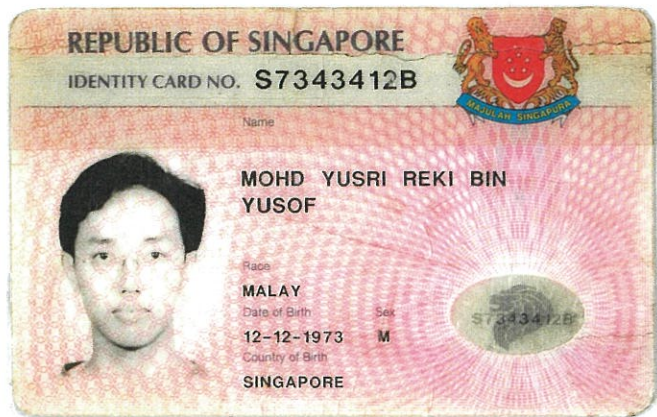
Agency : I INSURANCE AGENCY (00000572538)

Date of Issue : 14 Mar 2022 15:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



SMP5849Y

Owner



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7303812Z

Name
NOOR TAHIRAH BINTE SELAMAT
نور ظاهره بنت سلامت

Race
JAVANESE

Date of Birth
02-02-1973

Sex
F

Country of Birth
SINGAPORE

S7303812Z

SMP5849Y
Driver

2499976

NRIC No: S7303812Z

Blood Group
B+

Date of Issue
19-10-1994

APT BLK 133 TECK WHYE LANE #03-381
SINGAPORE 680133

NRIC No: S7303812Z Date: 10/05/2016

11:08

87%

DRIVING LICENCE
REPUBLIC OF SINGAPORE



LICENCE NO.
S7303812Z

CLASS AND ISSUE DATE
3A • 17 FEB 2006

CERTIFICATE OF MERIT
NOT ELIGIBLE

DEMERIT POINTS
0

CARD SERIAL NO.
001400834H

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