

**NATIONAL Assessment Centre Services** (Unit 1/2023) SN0913650008

Date In: 05/06/2023 16:14	Job description	Date & Time Completed	Done by
Ref No: XBA/GA228005614	SAS e-Mailing		
Val No: STC 8808C	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 05/06/2023 28/30	1-Motor Claim Form		
QC (TP) Reporting Only	1-Motor W/O (White: OD 2hrs, 7P 1hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Val No: 8R3572-J INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Hst Status (VO): 1: 0-30%, 2: 21-70%, 3: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

Customer Remarks: ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Accident: ( )

Other: ( )

NA2801641

Invoice Preparation Charge	
1) A/C: Accident Report (\$30)	
2) D/A: Damage Assessment (\$1600) INC (\$50)	
3) TP: Towing Fee	\$10/\$10
4) PF: Follow Through Survey	\$150
5) PT: Follow Through Survey (Partnership)	\$50
6) TR: Acknowledgement	\$25
7) N/A: Day Shift Survey	\$150
8) N/A: Additional Services	
QW:	
*N/A: Courtesy Car / Transport Allowance	\$30
*N/A: Repair Coordination	\$150
*N/A: Post Repair Inspection	\$150
*N/A: DV / Collect Excess Coordination	\$10
*N/A: TP (Non-INC) applies INC	\$10
*N/A: Other Items	
Invoice Total	
Net Charged	

Checked by (Engr-In-Charge): ( )

Customer Comments: ( )

Signature: ( )

## 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 Actual 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	05/06/2023 16:14 (SGT)
Reported by	Actual Driver
Date of Accident	03/06/2023 23:30 (SGT)
Exact Location of Accident	Tampines Ave 6, Singapore
Additional Location Information	TOWARDS TAMPINES AVE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8308C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Z GREEN CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX028Z
Email Address	mysincerelead@gmail.com
Mobile Phone No	(Phone) +65-93849291
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Commercial vehicle
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVP000005122-00-000

### DRIVER

Name of Driver	N K HABIB MOHAMED
NRIC No	SXXXX112E
Date Of Birth	09/02/1980
Occupation	Outdoor

Date Of Driving Pass	16/10/2012
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96968085
Alt. Phone Number	-
Email Address	mysincerelead@gmail.com
Address	601B TAMPINES AVENUE 9 #07-830
Address complement	-
Postcode	522601
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230604/7015

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR3572J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
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	N K HABIB MOHAMED
Gender	Male
Phone No	(Phone) +65-96968085
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLC8308C
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 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



*[Signature]*

*[Signature]* 05/06/2023  
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

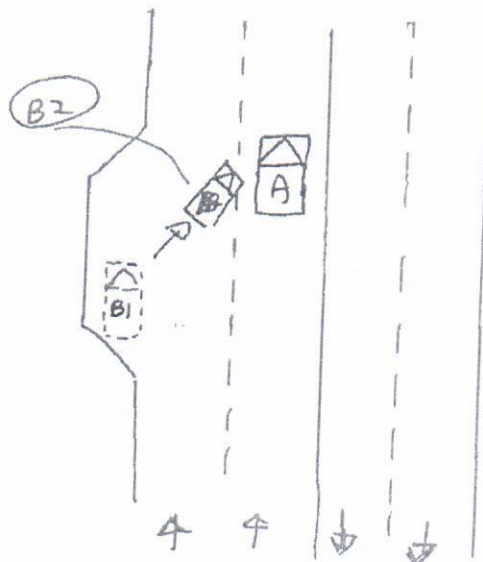
Driver's Signature (If driver is not the policyholder) / Date & Time

Sketch Plan

TAMPINES AVE 6 TOWARDS TAMPINES AVE 5

Ver A : SLC 8308C

Ver B : SLR3572J



**Describe Circumstances of the Accident**

Refer to Police Report - 1/20230608/7915

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*  
05/06/2023  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20230604/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230604/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/06/2023 15:00	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: N K HABIB MOHAMED		Address: APT BLK 601B TAMPINES AVENUE 9 #07-830 SINGAPORE 522601	
ID Type / ID No.: NRIC NO / S8097112E		Contact No.: Home/Office: Mobile: 96968085	
Nationality: SINGAPORE CITIZEN		Email: Mysincerelead@gmail.com	
Sex: Male	Age: 43	Date of Birth: 09/02/1980	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: Director		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/06/2023 23:30	Type of Location:
Location:  TAMPINES ave 6				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLC8308C	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230604/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20230604/7015

**CONTINUATION OF REPORT**

Driver				
Name	N K HABIB MOHAMED		ID No.	S8097112E
Related Vehicle	SLC8308C (Car)		Contact No.	96968085
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

On the stated date and time I vehicle SLC8308C was travelling straight along Tampines Ave 6 towards Ave 5.

I was on a 2 way road with 2 lanes on each way.

I was travelling on the extreme right lane.

Suddenly vehicle SLR3572J who was initially stationary at the bus stop, dashed out of the bus stop, cut the lanes and hit onto my vehicle's left portion.

The impact was great and causes me to lose control of my vehicle, thus causing my car to swerve to the left before coming to a stop.

The impact rock my vehicle sideways violently and my right knee hit onto something.

Police came later.

After a while I start to feel pain on my neck, shoulders and back areas.

The next day the pain worsen and I proceeded to Our Family Physician Clinic and surgery to seek treatment and I was given 3 days MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230604/7015

3 of 3

Report No. T/20230604/7015

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
GOH SEOW PING SHAYE  
Contact No.: 65476310

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
04/06/2023 15:00

Classification Of Case:

NP168

Date of Accident

3/6/2023

Accident Time: 2330 HR (24-HR-Format)

Accident Place

Tampines Ave 6 → Ave 5

Vehicle No. (Car Plate No.)

SLC 8308 C Make Model: Honda Vezel

Insurance Company

Green American Policy No. MOMVP000005122-00-000

Owner or Company Name IC No

Z Green Construction Pte Ltd

Owner or Company Contact No.

93849291 Owner's Hp - Company Tel

DRIVER'S Name / IC No.

N K Habib Mohamed 98097112E

DRIVER'S Date Of Birth

09/02/1980 DRIVER'S License Pass Date 16/10/2012

Relationship of Owner & Driver

Spouse Parents Children Sibling Employee Other: Director

DRIVER'S Address

601B Tampines Ave 9 #07-830 S522601

DRIVER'S Contact No./ Alt No.

1) 96968085 2) -

DRIVER'S Occupation

INDOOR (OUTDOOR (e.g. working inside or outside office))

E-mail Address

mysincerelead@gmail.com (mysincerelead)

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)

0

Was there any video Captured by car camera: YES (X)

Exact purpose for which vehicle was being used at the time of accident. Private use Work purpose

Any Injury (If YES, Pls state): Yes. neck, back, shoulder, knee, wrist.

Other Party Driver's Particular (if any)

Vehicle No: SLR 3572 J.

Vehicle No.

Vehicle Make Model

Vehicle Make Model

Name Driver

Name Driver

IC No. Driver Contact

IC No. Driver Contact

\* NEW - Passenger's name & gender:

## 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) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

### Policy Details

Certificate Number	: MOMVP000005122-00-000	Cover	: Private Car (Comprehensive)
Registration Number	: SLC8308C	Chassis Number	: RU11116664
NCD Entitlement	: 30% No Claim Discount	Engine Number	: L15B4036670
Policyholder Name	: Z Green Construction Pte Ltd		
Hire Purchase	: N/A		
Period of Insurance	: From 27/11/2022 (00:00) To 26/11/2023 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

- a) The Policyholder
  - b) Any person who is driving on the Policyholder's order or with their permission
- Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

### Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business  
 This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade of business
- d) Use for any purpose in connection with Motor Trade

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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)	: SGD 600.00	Workshop	: Authorised Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: No
Additional Excess	: Please refer overleaf		

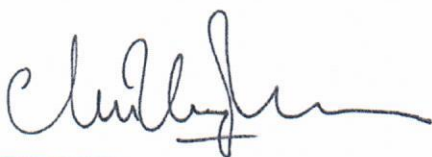
### Driver Details

Main Driver	: Any person who is driving on the Policyholder's order or with their permission
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: Terri Links Pte Ltd
Date of Issue	: 16/11/2022

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

**Great American Insurance Company**



Authorised Signatory

jchen