

NATIONAL Assessment Centre Services

(Unit 1 12/00)

5/11/17 154052

Date In: 21/11/2017 14:58

Ref No: NBO/INC/202218/1

Veh No: SJA 2939E

D.O.A: 19/01/2017 17:45

OD / TP Reporting Only

TP Insured:

Job description

SAS e-filing

E-mail (with 3 hrs, A/C 3 hrs)

I-Motor Claim Form

I-Motor VVO (with 100 hrs, TP 3 hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

m7/094/504-002 21/11/2017 17:50

Preferred Wksp / INC Assign Wksp / OW:

Tel:

Fax:

TP Particulars:

Veh No: BARRICA

INC () / Non-INC ()

Owner / Driver:

Tel:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

() % (Note: BSL 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 later of repair.

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

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

Remarks:

INC/Police 5788 00157

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

Action

NAT107206

Human's Particulars

river/Owner:

Contact No:

amaged Portion:

C Checked by (Ungr-In-Charge):

Comments:

1/2/3

INVOICE PREPARATION CHECKLIST

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee (\$40/\$45)

4) FT: Follow-Through Survey (\$150)

5) PT: Follow-Through Survey (Resurvey) (\$30)

Forfeiture apply: INC Only (Ref 10 Jan 2005)

6) TR: Re-inspection (\$15)

7) NI: 1 day DA + SMRT Survey (\$160)

8) NTUC Additional Services

Q11

*N5: Courtesy Car / Tol Allowance (\$5)

*N6: Repair Coordination (\$10)

*N7: Post Repair Inspection (\$15)

*N8: DV / Collect Unknows Coordination (\$5)

TP (N11) / TP (Nin INC) against INC (\$20)

P) N11: 1 day Mobile (\$10)

Invoice dated

File Changed

Invoice dated

File Changed

5/11/17 154052

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 ability.
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 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 Report | 21/11/2017 14:55 |
| Date Of Accident | 19/01/2017 17:45 |
| Exact Location Of Accident | CARPARK CDM EXIT 2 BLK 54 COMMONWEALTH DRIVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SJA2939E |
| Insured/Policyholder | |
| Name Of Registered Owner | KONG SWEE KONG |
| NRIC No | S1265961Z |
| Email Address | JASHAWN.KONG@FREIGHTLINKS.NET |
| Mobile Phone No | (LOCAL) +65-96448424 |
| Alternative Phone No | OTHERS-96448424 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | TOYOTA |
| Model | CAMRY-2.4 (A) |
| Exact Purpose for which vehicle was being used at time of accident | VISITING FRIEND |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5086736857 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | KONG SWEE KONG |
| NRIC No | S1265961Z |
| Date Of Birth | 14/10/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/09/1977 |
| Driving Experience | 39 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96448424 |
| Fax Number | |
| Contact Number | OTHERS-96448424 |
| Email Address | JASHAWN.KONG@FREIGHTLINKS.NET |

| | |
|---|--|
| Address | BLK 184C RIVERVALE CRESCENT #15-197 |
| Postcode | 543184 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|------------------------|
| Type Of Accident | COLLIDED INTO PROPERTY |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | COMMONWEALTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4749999 - FAX NO: 64715297 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO PHOTOS AND POLICE REPORT FROM T/P T/20170123/2115 (NO PICTURE TAKEN CAR WAS SOLD ON 30/10/2017)

Attachment(s)

| | |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------|
| Vehicle Registration Number | BARRIER |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|------|--|
| Name | |
|------|--|

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: 11/2/2017
3.23pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: RESLI WONG
NRIC/TIN No.:

rapid 2 photos

As attached - Police Report from TP. 7/20/17 0123/2116

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

Date & Time: 11/21/2017
3:24pm

(If driver is not the policyholder)
Date & Time:

Name: Rosali Watson
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20170123/2115

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 3

Report No. T/20170123/2115

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 23/01/2017 15:20 | | Vide Report No.: | | Station Diary No.: 11 | |
| Informant's Particulars | | | | | |
| Name of Informant: SARIFAH MARIAM BINTE ALI | | | Address: APT BLK 919 JURONG WEST STREET 91 #12-134 SINGAPORE 640919 | | |
| ID Type / ID No.: NRIC NO / S1534775I | | | Contact No.: Home/Office: Mobile: 96448424 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 54 | Date of Birth: 31/03/1962 | Type of Informant: Owner | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: SITE MANAGER | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|---|----------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 19/01/2017 17:45 | Type of Location: Car Park |
| Location: Along Road 1 COMMONWEALTH DRIVE | | | | |
| At the carpark of blk 54 Commonwealth Drive | | | | |
| Weather: Cloudy | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Moving Vehicle Against - Others | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------|------|-------|-------|-----------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SJA2939E | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20170123/2115

2 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20170123/2115

CONTINUATION OF REPORT

Brief Details.

I am working for RAMKY Cleantech Services Pte. Ltd as a Site manager. My worker namely: Ekram was doing his rounds at the multi story car park of Blk 54 Commonwealth Drive 19/01/2017 at about 2030hrs when he discovered that the Bi-fold barrier arm at exit 2 was damaged. I then viewed the CCTV footage and saw that on 19/01/2017 at 1744hrs, a silver TOYOTA vehicle with reg no. SJA2939E had exited the car park and turned left. Shortly after, the vehicle reversed back and hit onto the barrier of the gantry and turned right and drove off. I am making this report for insurance claim



**SINGAPORE
POLICE FORCE**



T/20170123/2115

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

3 of 3

Report No. T/20170123/2115

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:
D /
Sgt LEE HAO ZHENG ALVIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/01/2017 15:20

Officer In Charge Of Case:
TP / GIA /
Sr.Staff Sgt ESTHER CHONG
Contact No.: 65476368

Classification Of Case:

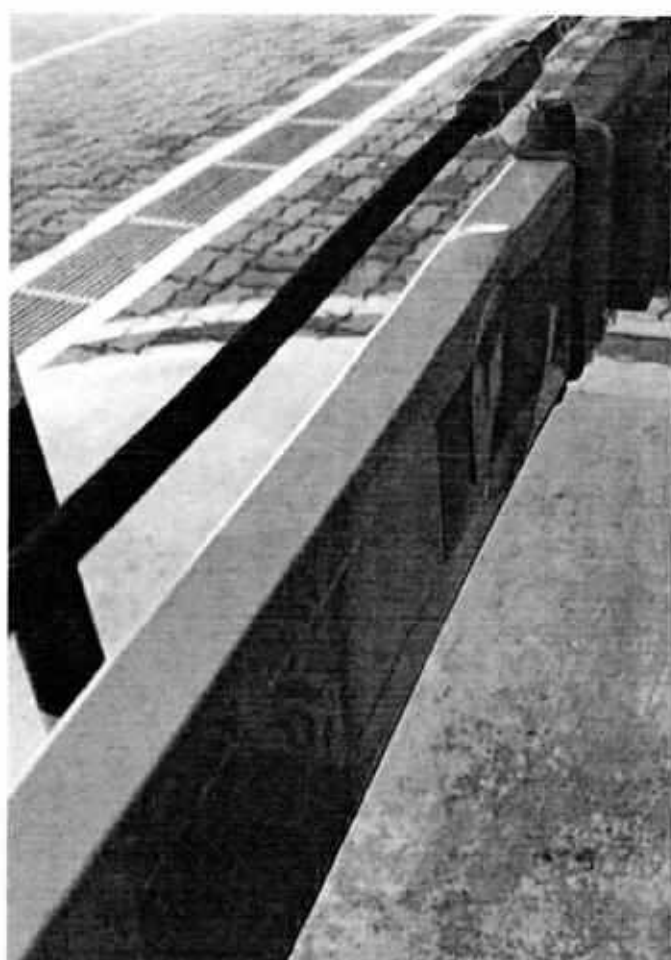
Authentication Stamp
NP186

Signature:

Singapore Police Force



aw 21/11/2017



from n/r

**SUNRICH MOTORING**

Company Reg No. 53224316A

GST Registration No. M90369093

No. 1 Bukit Batok Crescent, #02-16 Wcega Plaza, Singapore 658064

Tel: (65) 6681 6766 Fax: (65) 6681 6767

Email: sunrichsg@gmail.com

PURCHASE AGREEMENT

Date: 30 October, 2017

SELLER PARTICULARS

| | | | |
|---------|--|------------------------|------------|
| Name | KONG JINGXIONG JASHAWN | NRIC No. / Passport No | S8820127B |
| Address | BLK 184C RIVERVALE CRESCENT, #15-197 SINGAPORE 543184 | Date Of Birth | 05/06/1988 |
| | | Mobile No. | 94560671 |
| Email | | Office No. | - |

I/We hereby confirm the purchase of the vehicle described below to Sunrich Motoring on the terms & conditions of this agreement.

VEHICLE DETAILS

| | | | |
|------------------|-------------------|-------------------|-----------|
| Make / Model | TOYOTA CAMRY 2.4A | Registration Date | 3/12/2007 |
| Registration No. | SJA2939E | Color | SILVER |
| Chassis No. | MR053BK4007018681 | Engine Capacity | 2362 |
| Engine No. | 2AZE068000 | No. of Ownership | 03 |
| Remarks | | | |

DEPOSIT & PAYMENT DETAILS

| | | |
|------------------------|---|-------------|
| Agreed Price | | \$21,959.00 |
| Deposit | Bank / Cheque No. | \$0.00 |
| Full Settlement Amount | | \$0.00 |
| Balance Payment | Transfer To New Purchase Of Hyundai Elantra 1.6A (SKS6262R) | \$21,959.00 |

The above-mention vehicle is delivered / handover on (date) 30/10/2017 at (time) 4.55pm**IMPORTANT NOTE:****Terms & Conditions**

All traffic offences before the delivery of the vehicle will be borne by the seller.
Vehicle is to be delivered in satisfactory condition and with accessories as inspected as stated in this agreement.
If the seller should on his part fail to observe or comply with any stipulations herein contained any deposit or deposits shall be refunded to the company and the seller shall be liable to and payable to the company a sum of S\$5,000 in addition to the deposit/deposits received without prejudice to the company.
The company reserves the rights to claim for any losses incurred from such cancellation by the seller including all cost, fees and expenses (including costs for the company's solicitors on full indemnity basis) suffered or incurred by the company for or in the recovery or attempted recovery of any monies.
In the event that the vehicle above involves in an accident before handover date, there shall be a minimum deduction of S\$5,000 from the agreed price.

Declaration

I declare that I am authorised to sign this agreement and that the above stated details are true and correct. Furthermore, I agree to do all acts and sign all documents necessary to give effect to this agreement.
I acknowledge that I have read, understand and agree to be bound by the Terms and Conditions appearing above.

Sign for and on behalf of
Sunrich Motoring



Authorised Signature

Seller's Signature

Claim Handling

Accident MT/0941504

| | | | | | |
|----------------------|---|----------------------|--|----------------------|--|
| Policy No. | 5086736857 | Vehicle No. | SJA2939E | GST Registration No. | |
| Policyholder Name | KONG SWEE KONG | Cover Type | drive CLASSIC | Policyholder NRIC | |
| Product Code | PRIVATE CAR INSURANCE | Contact No. (Office) | | Loading | |
| Contact No. (Mobile) | NA | Special Remark | | Contact No. (Home) | |
| Email Address | | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 50 | eCode Reason | |
| NCD Protection | No | | | | |

Accident Details

| | | | | | |
|-------------------|------------------------|-------------------------------|-------|---------------------|-------------------|
| Report Date | 17/04/2017 09:20 | Accident Report Within 24 hrs | Yes | Accident Type | Collided into Pro |
| Date of Accident | 19/01/2017 | Time of Accident hh:mm | 17:44 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BLK 54 COMMONWEALTH DR | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--|
| Own damage Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|--------------------|-----------|--|
| Address 1 | BLK 184C #15-107 | Address 2 | RIVERVALE CRESCENT | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | | Related Policy Number | 5086736857 | | |

OT Driver Info

| | | | | | |
|---|---|----------------------|-----------------|------------------------|--|
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No. (Home) | |
| Contact No. (Mobile) | | Contact No. (Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes <input type="radio"/> No <input checked="" type="radio"/> | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 **New**

| | | | | | |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | KONG SWEE KONG | Insured NRIC | |
| Contact No. (Mobile) | | Contact No. (Home) | 62540348 | Contact No. (Office) | |
| Email Address | | OT Vehicle Number | SJA2939E | TP Vehicle Number | |
| Claim Description | SJA2939E / BARRIER ON 19 Jan 2017 | | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at fault | GIA report | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | |
| Date Registered | 21/11/2017 17:10 | Claim Close Date | | | |
| Report Taken By | ROSLI WAHAB | | | | |

☐ Print AK letter





Save Submit

Attachment

| | | | |
|--|---|---------------|------------------|
| Accident No. | MT/0941504 | Claim No. | 002 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 21/11/2017 17:10 |
| Path * | | Category * | |
| | | Confidential | Urgency |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | Normal |

Please Select No Normal

Please Select No Normal

| Attachment | Uploaded By/Date | Category | Urgency | De |
|---|--|-----------------------|---------|---------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Nov 2017 17:10 | Photos | Normal | Photos |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Nov 2017 17:10 | Photos | Normal | Photos |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Nov 2017 17:10 | NRIC/ Driving License | Normal | NRIC/ Driving |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Nov 2017 17:10 | SAS | Normal | SAS : |

| Uploaded By/Date | Folder Date | File Name | Source |
|--|-------------|-----------|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | | |

Quotation for Replacement of Bi-Fold Arm at HDB Queensway Branch: CDM Exit 2

Quotation Reference: EPS-Q-RK170216

Appendix 'A'

| | Equipment Description | Quantity | No of Hours Worked | Unit Price | Total | Remarks |
|--------------|-----------------------|----------|--------------------|------------|------------|---------|
| 1 | Bi-Fold Arm | 1 | | \$950.00 | \$950.00 | EXIT 2 |
| 2 | Manpower | 2 | 1 | \$140.00 | \$280.00 | EXIT 2 |
| 3 | Transportation | 1 | | \$100.00 | \$100.00 | N.A |
| GRAND TOTAL: | | | | | \$1,330.00 | |



Text size + -

Vehicle Insurance Particulars Result

| Vehicle No. | Incident Date/Time | Insurance Company Name |
|-------------|------------------------|---------------------------|
| SJA2939E | 19 Jan 2017 / 17:44:00 | NTUC INCOME INS CO-OP LTD |

Print

OK

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Your Ref: SJA2939E

Our Ref: MT/CA/TP/022/0941504-001/ST/CK

19 May 2017

BY CERTIFICATE OF POSTING

KONG SWEE KONG
BLK 184C #15-197
RIVERVALE CRESCENT
SINGAPORE 543184

Dear Policyholder

CLAIM NUMBER: MT/0941504-001
ACCIDENT INVOLVING SJA2939E / BARRIER on 19 Jan 2017

We refer to the claim against you.

We would like to inform you that despite our several reminders, you have not responded to our requests to report the accident to us.

As a result of your non-cooperation, we could not gather sufficient facts and information to handle the claim. We regret that we have no alternative but to repudiate liability to you under the policy.

We will inform the claimant to liaise directly with you. We enclose copies of the claimant's documents. If the claimant is taking legal action against you, you may wish to appoint your own lawyer to defend you.

If you have any queries, please contact Susan Ting at 6430 7911 or email us at motor@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

7911

Ramky Cleantech Services Pte Ltd

16 Jalan Kilang #02-01
Hoi Hup Building
Singapore 159416

Date : 9th March 2017

Our ref: 2017-14

NTUC Income Insurance Co-Op. Ltd

75 Bras Basah Road
NTUC Income Centre
Singapore 189557

RECEIVED
12 APR 2017

QDB BRAS BASAH BRANCH

Attn. Motor Claim Department

Dear Sir,

RE: Accident at Car Park CDM Exit 2 at Blk 54, Commonwealth Dr.

We referred to the above mentioned matter and would like to pursue the claim against your company the total repaired bill and administration cost.

Vehicle number: **SJA2939E**
Date and time of accident: **19th Jan 17 @1744hrs**
Location: **Car Park CDM Exit 2 at Blk 54, Commonwealth Dr.**
Description of Accident: **Please refer as per police report.**

Administration fees of \$350.00 incurred as a result of insured's fault follows:

Transportation of staff(s) to the various sites- accident site, police station for the accident report and the insurance search.

Parking fees lost due to the downtime at the car park.

Staff efforts to liaise with various parties concerned.

Mobile staff deployment on the traffic control.

Administration work and monitoring of the whole process till the case is closed.

The event of whole incident was captured and recorded in our CCTV. Attached the copy of our the invoice on the repaired cost, police report and footage on the accident for your perusal.

The total bill for the reinstatement work is as follow:-

| | |
|--------------------------------|-------------------|
| MHI Engine System Asia Pte Ltd | \$1,330.00 |
| Administration fees | \$350.00 |
| LTA search | \$5.00 |
| Total Bill | \$1,685.00 |
| GST | \$117.95 |
| Total amount payable | <u>\$1,802.95</u> |

To prevent further escalating to the claim amount please reply the said matter within 14 days from the date of this letter, failing which we have no alternative but to hand over to our legal department.

Yours Sincerely

Tam Ah Hock

Executive, Operations Support

TEL (+65) 6876 5400 DID (+65) 68765484 HP (+65) 9798 7539

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / Jan / 2017 (DD/MM/YYYY), TIME: 20:30 (HH:MM)

LOCATION: Bik 54 common wealth drive

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJA 2939E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: ☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: toyota camry
 f) TYPE: ☒ SALOON / ☐ COUPE / ☐ MPV / ☐ VAN / ☐ LORRY / ☐ MOTORCYCLE / ☐ OTHERS
 g) VEHICLE CATEGORY: ☒ PRIVATE / ☐ COMMERCIAL / ☐ MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: visiting friend
 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: Kong Swee Keng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12659612 CONTACT: 96263521
 c) ADDRESS: 1845 Rivervale crescent #15-197 543124

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

d) DATE OF BIRTH: 14 / 10 / 1957 (DD/MM/YYYY)

e) OCCUPATION: ☒ INDOOR / ☐ OUTDOOR

f) DATE OF DRIVING LICENSE: 12 MAR 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ☒ YES ☐ NO NA

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NA

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 by driving party
 IF YES, PLEASE STATE WHICH POLICE STATION: Commonwealth

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: NA MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: NA MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Photo: _____

fax: _____

VIDEO _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1265961Z



Name

KONG SWEE KONG

邱瑞光

Race

CHINESE

Date of birth

14-10-1957

Country/Place of birth

SINGAPORE

Sex

M



5445341



NRIC No. S1265961Z



Date of issue

12-03-2015

Address

APT BLK 184C RIVERVALE CRESCENT
#15-197
SINGAPORE 543184

REPUBLIC OF SINGAPORE DRIVING LICENCE



LICENCE NUMBER: S1265961Z

Name

KONG SWEE KONG

Birth Date: 14 Oct 1957

Issue Date: 12 Mar 2015



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SG
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 12 Sep 1977

NP 428A



Licence No: S1265961Z

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

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Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor)

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | S086736857 | KONG SWEE KONG | S12659612 | GPC | drive CLASSIC | SJA2939E | SJA2939E | 06/12/2016 | 05/12/2017 |