

NA498049333

|                           |  |                       |            |
|---------------------------|--|-----------------------|------------|
| Date In: 13/04/2018 16:48 | Job description                        | Date & Time Completed | Done by    |
| Ref No: NBA INC18006873/Y | SAS calling                            |                       |            |
| Veh No: SKC29643          | D-mall (white blue, AIO311)            |                       |            |
| P.O.A: 12/04/2018 10:15   | 1-Motor Claim Form                     | mlc190912-001         | 14/04/2018 |
| OD (TP) Reporting Only    | 1-Motor V/O (with 1000 24/11/17)       |                       | 10:15      |
|                           | 1-Photo Uploaded                       |                       |            |
| TP Insured:               | Assessment/Survey Report               |                       |            |
|                           | Ass'l Report by Fax/Hand to Owner/Whse |                       |            |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / OVI | Tel:   | Fax:                  |
| TP Particulars                         | Yell No: SKC5643A  | INC ( ) / Non-INC ( ) |
| Owner / Driver:                        | Tel:   |                       |
| Policy No:                             | Period:  | Cover Type:           |
| Confirmed by:                          | Date:  | Tel:                  |
| Insured/Driver Liability:              | % (Note: B/L Status (WO): NI: 0.20%, PI: 21.79%, PI 30-100%) |                       |
| Year of Registration:                  | Warranty: YBS ( ) / NO ( )                                   |                       |
| Excess (\$)                            | Loading (\$1,000 ( ) / \$3,000 ( )                           |                       |

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & strictly NO release of repair.

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

Drive-In ( ) / Towed-In ( ) | Invoice: YBS ( ) / NO ( ) | Towing Co: ( )

|  |         |
|--|---------|
| Remarks:   | Done by |
| 1) Apply for Transition Allowance ( ) / Courtesy Car ( ) |         |
| 2) QC Check / Post Repair Inspection ( )                 |         |
| 3) Upload Recovery Photo (Repair Cost > \$3000) ( )      |         |

Injury: ( )

Other: ( )

NA1802384

|                         |   |
|-------------------------|---|
| Number of Participants: | Invoice Preparation Checklist                     |
| Driver/Owner:           | 1) AR: Accident Report (300)                      |
| Policy No:              | 2) DA: Damage Assessment (500) INC (40)           |
| Assigned Portion:       | 3) TP: Towing Fee (100)                           |
|                         | 4) PT: Follow Through Survey (100)                |
|                         | 5) PT: Follow Through Survey (Return) (100)       |
|                         | 6) TR: All-Inciden (100)                          |
|                         | 7) NI: (DA + SMAT Survey) (100)                   |
|                         | 8) NTUC Additional Survey (100)                   |
|                         | 9) NI: Courtesy Car / Temp Allowance (100)        |
|                         | 10) NI: Repair Coordination (100)                 |
|                         | 11) NI: Toll Tolls Inspection (100)               |
|                         | 12) NI: DV / Collision / Crash Coordination (100) |
|                         | 13) NI: (TP) TP INC 24/11/17 (100)                |
|                         | 14) NI: (TP) TP INC 24/11/17 (100)                |
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## 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 willful 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 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             | 13/04/2018 16:48                  |
| Date Of Accident           | 12/04/2018 10:15                  |
| Exact Location Of Accident | CECIL STREET TOWARDS MAXWELL ROAD |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKC2964J               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | DERYL TAN RONG HWUI    |
| NRIC No                     | S7042850D              |
| Email Address               | TANDERRYL@YAHOO.COM.SG |
| Mobile Phone No             | (LOCAL) +65-96991886   |
| Alternative Phone No        | OFFICE-96991886        |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | DAIHATSU    |
| Model  | SIRION      |
| Exact Purpose for which vehicle was being used at time of accident           |             |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO          |
| If No, Please state action to be taken                                       | THIRD PARTY |
| Vehicle Category   | PRIVATE CAR |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5097638504                             |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | CHIA MOI               |
| NRIC No              | S1510218G              |
| Date Of Birth        | 04/07/1946             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 19/08/1975             |
| Driving Experience   | 42 YEARS AND 7 MONTHS  |
| Gender               | FEMALE                 |
| Mobile Number        | (LOCAL) +65-96991886   |
| Fax Number           |                        |
| Contact Number       |                        |
| Email Address        | TANDERRYL@YAHOO.COM.SG |



Address

BLK 242 BUKIT BATOK EAST AVENUE 5 #10-190

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

### General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. YES

Number of Passengers (Including Driver) 1

### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

### 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 SKF5643A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 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: 13/4/18 9.45am



Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/4/18 9.45am



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



CAR A : SKC 2964J

CAR B : SKF 5643A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

|  |   |
|--|---|
| LICENSE PLATE: SKC 2964J   | ACCIDENT DATE & TIME: 12/4/18 10.15am ESTIMATE        |
| CONTACT NUMBER: 96991886   | E-MAIL ADDRESS: tanderryl@yahoo.com.sg                |
| LOCATION: CECIL STREET TOWARDS MAXWELL ROAD  |   |
| <p>ON 12/4/2018 around 10.15am, i was driving along Cecil street turning left towards MAXWELL ROAD with left signal lights on.</p> <p>As I was turning into MAXWELL ROAD merging lane, car B hit on my left rear side of my car A.</p> |   |
| NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION   |   |
| Please state:  |   |
| <input type="checkbox"/> Claim Own Policy  | <input checked="" type="checkbox"/> Claim Third Party |
| <input type="checkbox"/> Claim OD/TP at other workshop   | <input type="checkbox"/> Reporting Only               |

## DECLARATION

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

Policyholder's Signature

Date & Time: 13/4/18 9.45am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/4/18 9.45am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/0990312

|                     |                       |                     |               |                      |     |
|---------------------|-----------------------|---------------------|---------------|----------------------|-----|
| Policy No.          | 5097638504            | Vehicle No.         | SKC2964J      | GST Registration No. |     |
| Policyholder Name   | DERYL TAN RONG HWUI   |                     |               | Policyholder NRIC    | S70 |
| Product Code        | PRIVATE CAR INSURANCE | Cover Type          | drive CLASSIC | Loading              | 0   |
| Contact No.(Mobile) | 96991886              | Contact No.(Office) |               | Contact No.(Home)    |     |
| Email Address       |                       | Special Remark      |               | eCode                | No  |
| KFK                 | No Yes                | TCA                 | No Yes        | eCode Reason         |     |
| NCD Protection      | Yes                   | NCD Entitlement(%)  | 50            | Private Hire         | No  |

Accident Details

|                   |                                   |                               |       |                     |      |
|-------------------|-----------------------------------|-------------------------------|-------|---------------------|------|
| Report Date       | 14/04/2018 09:56                  | Accident Report Within 24 hrs | Yes   | Accident Type       | Side |
| Date of Accident  | 12/04/2018                        | Time of Accident hh:mm        | 10:15 | Country of Accident | Sing |
| Reporting Centre  |                                   | Orange Force                  |       | ICM No.             |      |
| Accident Location | CECIL STREET TOWARDS MAXWELL ROAD |                               |       |                     |      |

Benefits

Excess

|                       |        |                             |        |                   |  |
|-----------------------|--------|-----------------------------|--------|-------------------|--|
| Own damage Excess     | 600.00 | Additional Excess           | 0.00   | Windscreen Excess |  |
| Unnamed Driver Excess | 500.00 | Outside Singapore QD 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 104 #12-62   | Address 2             | HENDERSON CRESCENT | Address 3 | HEN |
| Address 4 | SINGAPORE 150104 | Address Type          | Singapore address  | Post Code | 150 |
| Unit No.  | 10-190           | Related Policy Number | 5097638504         |           |     |

OI Driver Info

|   |                  |                     |                           |                        |      |
|---|------------------|---------------------|---------------------------|------------------------|------|
| Driver Name                             | Unnamed Driver   | Driver Type         | Unnamed Driver            |                        |      |
| Unnamed driver Name                     | CHIA MOI         | Driver NRIC         | S1510218B                 | Driver DOB             | 04/C |
| Register Date of Driver License         | 19/08/1975       | Driver Age          | 71                        | Driving Experience     | 42   |
| Contact No.(Mobile)                     | 96991886         | Contact No.(Office) |                           | Contact No.(Home)      |      |
| Address 1                               | BLK 742 #10-190  | Address 2           | BUKIT BATOK EAST AVENUE 5 | Address 3              | BLK  |
| Address 4                               | SINGAPORE 650242 | Address Type        | Foreign address           | Post Code              | 650  |
| Unit No.                                | 10-190           |                     |                           |                        |      |
| Does he own a Singapore Registered car? | Yes No           | Driver Vehicle No.  | SKC2964J                  | Driver Insurer Company | NTU  |

|                                     |      |             |        |
|-------------------------------------|------|-------------|--------|
| Declaration                         |      |             |        |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No |

Modification History

Claim 001 OD-MX New

|                                |                                    |                         |                                  |                            |      |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------|
| Claim Type *                   | OD-MX                              | Insured Name            | DERYL TAN RONG HWUI              | Insured NRIC               | S70  |
| Contact No.(Mobile)            | 96991886                           | Contact No.(Home)       |                                  | Contact No.(Office)        |      |
| Email Address                  | landerryli@yahoo.com.sg            | OI Vehicle Number       | SKC2964J                         | TP Vehicle Number          | SKP  |
| Claim Description              | SKC2964J / SKF5643A ON 12 Apr 2018 |                         |                                  | 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                 | Rec  |
| Date Registered                | 14/04/2018 09:59                   | Claim Close Date        |                                  | Date Received              | 14/C |
| Report Taken By                | ROSLI WAHAB                        | Workshop Repairer       |                                  | Total Loss but Repaired    |      |

Print AX letter

Save Submit

Attachment

4/14/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0990312

Claim No.

801

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

14/04/2018 10:15

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

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| Clear | Please Select | NO | Normal |
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## Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Description       |
|---|--|-----------------------|---------|-------------------|
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 10:15 | Photos                | Normal  | Photos 20:        |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 10:15 | Photos                | Normal  | Photos 20:        |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 10:15 | Photos                | Normal  | Photos 20:        |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 10:15 | Photos                | Normal  | Photos 20:        |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 10:15 | Photos                | Normal  | Photos 20:        |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 10:15 | NRIC/ Driving License | Normal  | NRIC/ Driving Lic |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 10:15 | SAS                   | Normal  | SAS 2018          |

## Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
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Display in New Window

Scan and uploading



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1510218G



Name  
CHIA MOI

谢 媚

Race  
CHINESE

Date of Birth  
04-07-1946 F

Country of Birth  
JOHORE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7042850D



Name  
DERYL TAN RONG HWUI

Race  
CHINESE

Date of birth  
20-11-1970

Country/Place of birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S1510218G

Name  
CHIA MOI

Birth Date: 04 Jul 1946

Issue Date: 26 Sep 2003



000866724G



1224714

NRIC No. S1510218G



Blood Group  
A+ 30-08-1993

APT BLK 242 BUKIT BATOK EAST AVENUE 5 #10-180  
SINGAPORE 650242

Date: 12/02/2016



3398425

NRIC No. S7042850D



Date of issue  
09-12-2014

APT BLK 104 HENDERSON CRESCENT #12-82  
SINGAPORE 150104

NRIC No. S7042850D Date: 07/08/2017

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 19 Aug 1975



Licence No. S1510218G



## 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)

Certificate Number: 5097638504

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SKC2964J

Chassis Number

: JDAM303S001006961

2. Name of Policyholder

: DERYL TAN RONG HWUI

3. Effective Date of Insurance

: 26 Jan 2018

4. Expiry Date of Insurance

: 25 Jan 2019

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

: NO

NCD PROTECTION

: YES

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: DERYL TAN RONG HWUI

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PART VALUE 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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 25 Jan 2018 17:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive