

NATIONAL Assessment Centre Services (Unit 134000) **NA06068979**

Date In: **28/05/2018** 11:54 / Ref No: **NBA/NA06068979/Y** / Job description: **SAS e-filing** / Date & Time Completed: / Done by: /

Veh No: **SLZ 2928G** / E-mail (within 24hrs, AEO only): / E-mailer Claim Form: **NA06068979** / Date & Time Completed: **28/05/2018** 12:37 /

DOA: **26/05/2018** 16:35 / I-Mileage VVO (within 100 miles, 17.4hrs): / I-Photo Uploaded: /

OD: TP / Responding Only / Assessment/Survey Report: / Ass't Report by: **Box/Hand to Owner/VKSR** /

TP Insured: /

Prefaced Wksp / INC Assign Wksp / OWI: /

TP Possibility: / Yell No: **SAP45217** / INC: / Non-INC: /

Owner/Driver: / Policy No: / Period: / Cover Type: /

Confirmed by: / Date: / Time: /

Insured/Driver Liability: () % (Note: Bil. Start (WO): NI 0-20%, PI 21-79%, PI 80-100%) /

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

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

General Remarks: /

() Work-In-Progress / Customer's Information strictly Confidential & strictly NO release of report. /

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

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

Remarks: /

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

2) QC Check/Post Repair Inspection () /

3) Upload Recovery Photo (Repair Cost > \$3000) () /

Injury: /

Signature: /

NA0603372 /

Is Incident Reported? /

Driver/Owner: /

Policy No: /

Assessed Position: /

Checked by (Bug-In-Charge): /

Comments: /

1) NA Accident Reporting (300) /

2) DA Damage Assessment (100) / INC: /

3) TP Towing Fee /

4) PT Follow Through Survey /

5) PT Follow Through Survey (Recovery) /

6) TR Assessment /

7) NI (NA + DA + SMST Survey) /

8) NTUC Additional Survey (000) /

9) NI Courtesy Car / Tpl Allowance /

10) NI Repair Coordination /

11) NI Post Repair Inspection /

12) NI DY / Collision / Survey Coordination /

13) NI (NI) + TP (NA + INC) + Survey INC /

14) NI (NA) + Survey /

Initials: /

Print Name: /

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 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	28/05/2018 11:54
Date Of Accident	26/05/2018 16:35
Exact Location Of Accident	ALONG RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ2928G
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	ISKANDARKASNOEN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90033209
Alternative Phone No	OFFICE-90033209

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100294803
Cover Note Number	

Driver

Name of Driver	MOHAMMAD ISKANDAR BIN KASNOEN
NRIC No	S1291134C
Date Of Birth	21/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1983
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90033209
Fax Number	
Contact Number	OTHERS-90033209
Email Address	ISKANDARKASNOEN@YAHOO.COM

Address	BLK 265D COMPASSVALE BOW #03-30
Postcode	544265
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
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.	NO
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	SJP4521J
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YAT KHEONG WINSTON
NRIC/Passport Number	S8136543A
Contact Number	91471659
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

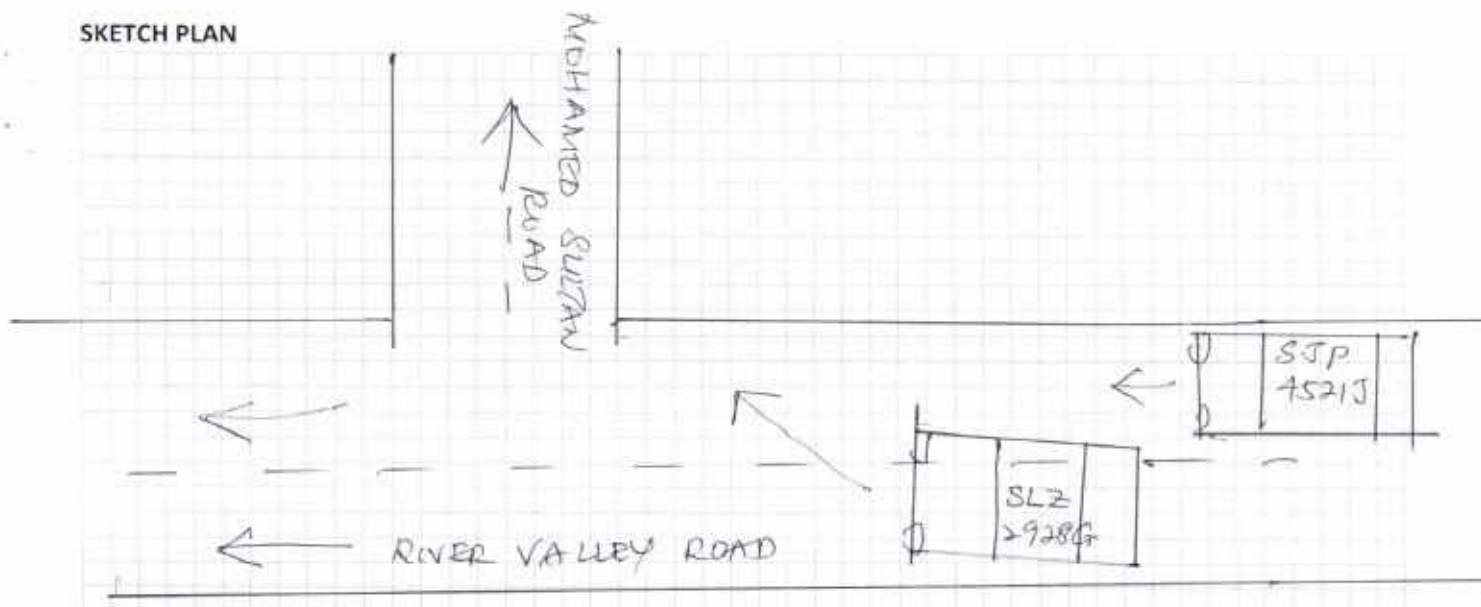
Driver's Signature
(If driver is not the policyholder)
Date & Time:

28/5/2018
1045 am

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

28/05/2018
[Signature]
[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26/MAY/2018 AT ABOUT 1435 pm, I WAS TRAVELLING ALONG RIVER VALLEY ROAD. I SIGNAL TO FILTER TO THE RIGHT LANE TO TURN TO MUHAMMAD SULTAN ROAD. CAR SJP 4521J WAS TRAVELLING ON THE RIGHT LANE. HE DID NOT NOTICE MY CAR SWITCHING LANE & SUDDENLY HIT THE RIGHT SIDE DOOR OF MY CAR.

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: 28/5/2018
1045 am

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

Claim Handling

Accident HT/0996109

Policy No.	SLZ2928G	Vehicle No.	SLZ2928G	GST Registration No.	
Policyholder Name	TODOS PARTNERS PTE. LTD.			Policyholder NRIC	201533177E
Product Code	PRIVATE CAR INSURANCE	Cover Type	ONLY CLASSIC	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KYC	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	28/05/2018 11:12	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	26/05/2018	Time of Accident (min)	16:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG RIVER VALLEY 10 MOHAMED SULTAN ROAD				

Benefits

Excess

Own damage Excess	3,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTRI
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-75	Related Policy Number	SLZ2928G		

OI 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 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	DD-MX	Insured Name	TODOS PARTNERS PTE. LTD.	Insured NRIC	201533177E
Contact No.(Mobile)	97707613	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLZ2928G	TP Vehicle Number	SP45211
Claim Description	SLZ2928G / SP45211 ON 26 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/05/2018 12:36	Claim Close Date		Date Received	28/05/2018 00:00
Report Taken By	ROSLI WANAB				

Print AK letter

Save Submit

Attachment

File

Accident No.	HT/0996109	Claim No.	002
Last Doc. Received	Yes No	Upload Date	28/05/2018 12:37
Batch *		Category *	Confidential
Choose File No file chosen		Urgency *	Description *
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Message Read			Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 12:37	Photos	Normal	Photos 2018-5-28		Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 12:37	Photos	Normal	Photos 2018-5-28		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 12:37	Photos	Normal	Photos 2018-5-28		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 12:37	Photos	Normal	Photos 2018-5-28		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 12:37	Photos	Normal	Photos 2018-5-28		Edit

UKIT MERAH)) on 28 May 2018 12:37

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 28 May 2018 12:37

Photos

Normal

Photos 2018-5-28

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 28 May 2018 12:37

Photos

Normal

Photos 2018-5-28

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 28 May 2018 12:37

Photos

Normal

Photos 2018-5-28

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 28 May 2018 12:37

Photos

Normal

Photos 2018-5-28

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 28 May 2018 12:37

SAS

Normal

SAS 2018-5-28

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 28 May 2018 12:37

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-5-28

[Edit](#)[Video List](#)

Uploaded By/Date

Folder Date

File Name



Source

Action

[Display in New Window](#)[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 26/05/2018 (DD/MM/YYYY), TIME: 16.35 (HH:MM)

LOCATION: RIVER VALLEY ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CLZ2928G
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5100294803
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA VIOS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: HIRE PRIVATE
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: TODD'S PARTNER PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201533177E CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: MOHAMMAD ISKANDAR BIN KASNDEN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1291134C CONTACT: 90033209
c) ADDRESS: BLK 265D, COMPAASSVALE ROW, # 03-30, S'PORE 544265

*d) DATE OF BIRTH: 21/04/1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14/09/1983

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

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: SJP4521J MODEL: MAZDA 3
b) DRIVER'S NAME: TAN YAT KHEONG WINSTON
c) NRIC/FIN/PASSPORT: S8136543A CONTACT: 91471659

9. THIRD PARTY VEHICLE

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

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

(2)
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

1) EMAIL: iskandarkasenden@yahoo.com
2) VIDEO:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1291134C



Name

MOHAMMAD ISKANDAR BIN
KASNOEN

محمد اسكندر بن كسنون

Race

JAVANESE

Date of birth

21-04-1958

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number
Name S1291134C



MOHAMMAD ISKANDAR BIN
KASNOEN

Birth Date 21 Apr 1958

Issue Date 20 Jul 2004



4778372

NRIC No. S1291134C



Date of issue

04-10-2011

Address

APT BLK 265D COMPASSVALE BOW
#03-30
SINGAPORE 544265

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

14 Sep 1983

Class 3

Motor Cars of unladen weight not exceeding
3000 kg with not more than 7 passengers,
exclusive of the driver; and Motor Tractors
and other Motor Vehicles of unladen weight
not exceeding 2500 kg



NP 478A

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: 5100294803

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle
Chassis Number

: ~~SLZ2928G~~ SLZ2928G
: MR053HY9305085876

2. Name of Policyholder

: TODDS PARTNERS PTE. LTD.

3. Effective Date of Insurance

: 27 Apr 2018

4. Expiry Date of Insurance

: 16 Dec 2018

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
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 : SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 27 Apr 2018 15:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive