

NATIONAL Assessment Centre Services (wef 1 Jan 2005) MAH/18082546			
Date In: 26/06/2008 17:36	Job description:	Date & Time Completed	Done by
Ref No: MAH/1808011653/Y	SAS e-filing		
Veh No: SVV 682Y	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/06/2008 23:00	I-Motor Claim Form	ml/000538-001	27/06/2008 13:47
QD: TP Reporting Only	I-Motor W/O (Within: OI 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SUB 2502C	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()		Date: ()	Time: ()
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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 refer of repairer.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks:- (INC hotline: 6788 6616)	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	Actions

MAH/1808063	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
Chumant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
Driver/Owner:	8) NTUC Additional Services:-			
	QII*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Contact No:	*N7: Post Repair Inspection \$25			
Damaged Portion:	*N8: DV / Collect Excess Coordination \$5			
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20			
Auditors' Comments :-	9) N12: Idao Mobile 30			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	Invoice dated	Fee Charged		

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	26/06/2018 17:36
Date Of Accident	15/06/2018 23:00
Exact Location Of Accident	SPOTTISWOODE SUITES ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV682Y
Insured/Policyholder	
Name Of Registered Owner	WORK WORK PRIVATE LIMITED
Co Reg No	201434206M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96339775
Alternative Phone No	OFFICE-96339775

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091378938-01
Cover Note Number	

Driver

Name of Driver	VOO ZHI REN ,TERRENCE
NRIC No	S8837611J
Date Of Birth	26/09/1988
Occupation	INDOOR
Date Of Driving Pass	10/03/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96339775
Fax Number	
Contact Number	OTHERS-96339775
Email Address	NOEMAIL

Address	BLK 207C PUNGGOL PLACE #06-966
Postcode	823207
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	COLLISION - HEAD ON COLLISION
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

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	SLB2502C
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

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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.



[Signature]

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

[Signature]

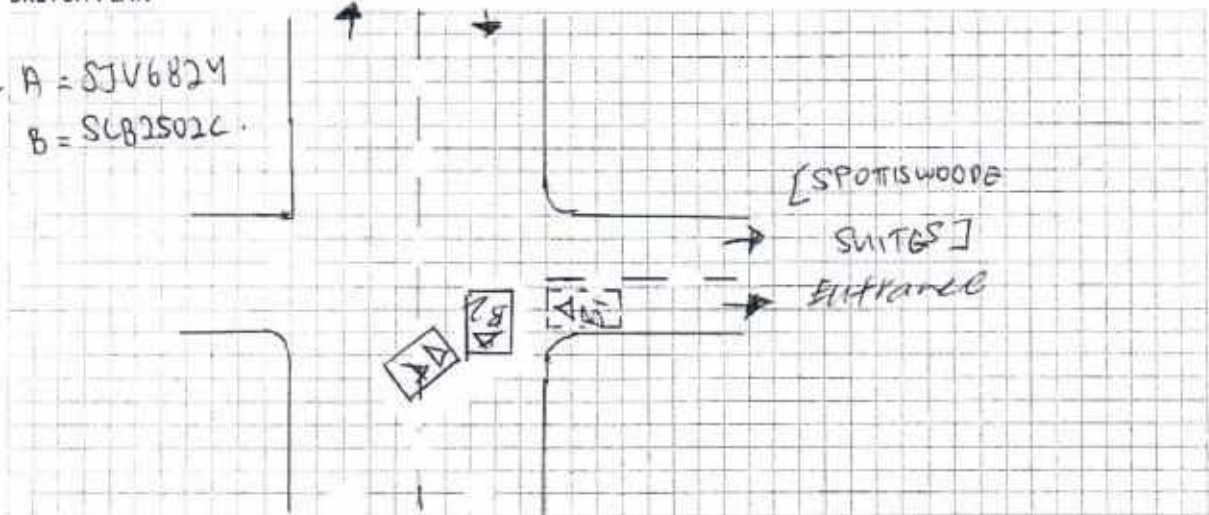
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

[Signature] 26/06/2018
[Signature]

SKETCH PLAN

Vel. A = SJV682M

Vel. B = SCB2502C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling towards Spottiswoode Suites. As I was completing my turn into Spottiswoode suites, vehicle B turn out from Spottiswoode suite and I collided into the front right hand portion of his vehicle. I wish to state that vehicle B was not suppose turn out from Spottiswoode suite as it is an exit only entrance.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

Claim Handling

The premium on this policy has not been collected.

Accident MT/1000538

Policy No.	5091378938-01	Vehicle No.	SV682Y	GST Registration No.	
Policyholder Name	WORK WORK PRIVATE LIMITED			Policyholder NRIC	201434206M
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96339775	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	27/06/2018 13:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	25/06/2018	Time of Accident hh:mm	23:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	SPOTTISWOODE SUITES ENTRANCE				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	Yes
Modification History			

Policyholder Mailing Address

Address 1	400 ORCHARD ROAD	Address 2	#09-06 ORCHARD TOWERS	Address 3	SINGAPORE 238875
Address 4		Address Type	Singapore address	Post Code	238875
Unit No.	09-06	Related Policy Number	5090603538-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	VDO ZHI REN, TERRENCE	Driver NRIC	58837611J	Driver DOB	26/08/1988
Register Date of Driver License	10/03/2006	Driver Age	29	Driving Experience	12
Contact No.(Mobile)	96339775	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 207C #05-966	Address 2	PUNGGOL PLACE	Address 3	PUNGGOL SAILS
Address 4	SINGAPORE 823207	Address Type	Foreign address	Post Code	823207
Unit No.	05-966				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SV682Y	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001

NEW

Claim Type *	OD-MX	Insured Name	WORK WORK PRIVATE LIMITED	Insured NRIC	201434206M
Contact No.(Mobile)	97837452	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SV682Y	TP Vehicle Number	SLB2502C
Claim Description	SV682Y / SLB2502C ON 25 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	Received
Date Registered	27/06/2018 13:46	Claim Close Date		Date Received	27/06/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1000538	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	27/06/2018 13:47
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

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 27 Jun 2018 13:47	Photos	Normal	Photos 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:47	Photos	Normal	Photos 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:47	Photos	Normal	Photos 2018-6-27		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Jun 2018 13:47	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Jun 2018 13:47	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Jun 2018 13:48	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Jun 2018 13:48	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Jun 2018 13:48	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Jun 2018 13:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Jun 2018 13:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 27 Jun 2018 13:48	SAS	Normal	SAS 2018-6-27	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/06/2018 (dd/mm/yy) Time of Accident: 23:00 (24-HR-FORMAT)
Vehicle No.: 5JV 682Y Vehicle Make & Model: Toyota Allion
Exact location of Accident: Spottiswoode Suites Entrance
Policyholder's Name / IC No.: Work Work Pte. Ltd. / 201434206M
Driver's Name / IC No.: Voo Zhi Ren, Terrence / 588376113 (As Above) ☐
Driver's Contact No.: 9245 5577 Company Contact No.: 9633 9775
Driver's Address: 207C Punggol Place #06-966 5(823207)
Insurance Company: NTUC Email address (if any): -

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hiree or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor ☒ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name: _____

Passenger Name: _____

Gender: Male / Female

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes ☒ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: 5LB7502C ⁽⁸⁾

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8837611J

YOO ZHI REN, TERRENCE

Birth Date: 26 Sep 1988

Issue Date: 10 Mar 2008

001579443J



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8837611J

Name
YOO ZHI REN, TERRENCE

姓 志 任

Race
CHINESE

Date of birth
26-09-1988

Country of birth
SINGAPORE

Sex
M



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg

PASS DATE
10 Mar 2006

License No: S8837611J

NP 428A

3406033

NRIC No: S8837611J

Date of issue
29-09-2003

APT BLK 207C PUNGBOL PLACE #06-968
SINGAPORE 823207
NRIC No: S8837611J **Date:** 05/04/2013 **No:** 7246852

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: 5091378938-01

Cover : Third Party

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJV682Y |
| Chassis Number | : 1N2C948806 |
| 2. Name of Policyholder | : WORK WORK PRIVATE LIMITED |
| 3. Effective Date of Insurance | : 06 Mar 2018 |
| 4. Expiry Date of Insurance | : 05 Mar 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 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. | |
| If 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 (SINGAPORE) PTE. LTD. (00000615327)

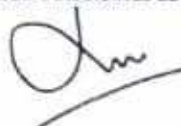
Date of Issue : 26 Mar 2018 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive