

NATIONAL Assessment Centre Services

MAF 418104817

Date In: 24/08/2018 16:33	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/18015451/Y	SAS e-filing		
Veh No: SGD 9461 P	E-mail (within 8hrs; AIC 2hrs)		
D.O.A: 23/08/2018 13:55	i-Motor Claim Form	MY11008102-001	24/08/2018
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:13
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: YN1783Y 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	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

MA1805356

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	6) TR: Re-inspection \$75		
Date 2/3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/A INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	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	24/08/2018 16:33
Date Of Accident	23/08/2018 13:55
Exact Location Of Accident	ALONG RAFFLES BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD9461P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KAVAN SERVICES PTE. LTD.
Co Reg No	201525926C
Email Address	JUNJIE84@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91733452
Alternative Phone No	OFFICE-91733452

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102429706
Cover Note Number	

### Driver

Name of Driver	LEE LAY KHIM CINDY (LI LIQIN CINDY)
NRIC No	S7417993B
Date Of Birth	09/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91733452
Fax Number	
Contact Number	OTHERS-91733452
E-Mail Address	JUNJIE84@YAHOO.COM

Address	BLK 894D WOODLANDS DRIVE 50 #10-29
Postcode	733894
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

#### 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	YN1783Y
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JUMAT BIN SIJO
NRIC/Passport Number	S1178901C
Contact Number	96390755
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## 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)**

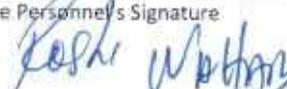
I understand, acknowledge, agree and consent that:

- (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:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/08/2018

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

SKETCH PLAN

AWALK RAFFLES BOULEVARD



A) SGD 9461P

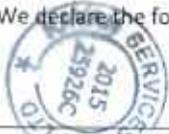
B) YN 1783Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along raffles boulevard and I am going straight from the most right lane suddenly a truck YN 1783Y swerve to the right and hit on the whole left side of my car. the impact push my car to the right

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*  
24/08/2018  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
24/08/2018  
Reporting Centre Personnel's Signature  
Name: *Roshni Wathoo*  
NRIC/FIN No.:

**Claim Handling**

Accident NT/1008702

Policy No.	5102429706	Vehicle No.	SGD9461P	GST Registration No.	
Certificate No.					
Policyholder Name	KAVAN SERVICES PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201373926C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91733452	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Endowment(%)	10	eCode Reason	
MCD Protection	No			Private Hire	Yes

**Accident Details**

Report Date	24/08/2018 18:13	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/08/2018	Time of Accident (Local)	13:55	Country of Accident	Singapore
Reporting Centre		Orange Fence		ICM No.	
Accident Location	ALONG RAFFLES BOULEVARD				

**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		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	302 TIONG BAHRU ROAD	Address 2	#02-101 TIONG BAHRU PLAZA	Address 3	SINGAPORE 168732
Address 4		Address Type	Singapore address	Post Code	168732
Unit No.	01-01	Related Policy Number	5102429706		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/06/1974
Unnamed driver Name	LEE LAY KHIM CINDY (L111210)	Driver NRIC	07417993B	Driving Experience	10
Register Date of Driver License	12/11/2007	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	91733452	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK B940 #10-29	Address 2	WOODLANDS DRIVE 50	Address 3	SINGAPORE 733894
Address 4		Address Type	Foreign address	Post Code	733894
Unit No.	10-29	Driver Vehicle No.	SGD9461P	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No				

**Declaration**

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

**Modification history**

Claim 001 **New**

Claim Type *	DD-NR	Insured Name	KAVAN SERVICES PTE. LTD.	Insured NRIC	201373926C	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)		
Email Address:		OI Vehicle Number	SGD9461P	TP Vehicle Number	7N178	
Claim Description	SGD9461P / YN1783Y ON 23 Aug 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Salvage No. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered				Claim Close Date	24/08/2018 18:00	
Report Taken By					BCSLI WANAB	

Print All later

Save Submit

**Attachment**

Accident No.	NT/1008702	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Updated Date	24/08/2018 18:13
Path *		Category *	
Choose File No file chosen		Confidential	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Choose File No file chosen		Urgency *	Normal
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			

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 24 Aug 2018 18:13		Photos	Normal	Photos 2018-8-24	M



# ACCIDENT STATEMENT

ACCIDENT DATE: 23/08/2018 (DD/MM/YYYY), TIME: 13:55 <sup>PM</sup> (HH:MM)

LOCATION: Along Raffles Boulevard

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGD 9461 P  
b) INSURANCE COMPANY: Incom 2  
c) POLICY NUMBER: 5102429706  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Altis  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Grab  
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: Kavan Services Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Lee Lay Khim Cindy (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7417993B CONTACT: 91733452  
c) ADDRESS: Blk 894D Woodlands DR 50 #10-29

\*d) DATE OF BIRTH: 09/06/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 Nov 2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hired

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: VN 17834 MODEL: Lorry  
b) DRIVER'S NAME: Jumat BIN Sijo  
c) NRIC/FIN/PASSPORT: S1178901 C CONTACT: 96390755

## 9. THIRD PARTY VEHICLE

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

Corporate @ seiki.com.sg  
junjie84@yahoo.com  
email = Cindyleek@gmail.com  
fax =

Passenger  
1M  
1F

No of passengers  
(including driver)  
(2)

No of passengers  
(including driver)  
(1)

No of passengers  
(including driver)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7417993B



Name

LEE LAY KHIM CINDY  
(LI LIQIN CINDY)

Race

CHINESE

Date of birth

09-06-1974

Sex

F

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7417993B

Name

LEE LAY KHIM CINDY  
(LI LIQIN CINDY)

Birth Date: 09 Jun 1974

Issue Date: 12 Nov 2007



001543122F

3559217



NRIC No: S7417993B



Date of issue

14-07-2004

Address

APT BLK 894D WOODLANDS DRIVE 5D  
#10-29  
SINGAPORE 733894

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

PASS DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver, and other motor vehicles  $\leq$  2500kg 12 Nov 2007



Licence No: S7417993B

NP 428A

### 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:** 5102429706

**Cover :** Third Party

- |   |                            |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SGD9461P                 |
| Chassis Number  | : MR0532EC107115677        |
| 2. Name of Policyholder   | : KAVAN SERVICES PTE. LTD. |
| 3. Effective Date of Insurance  | : 27 Jul 2018              |
| 4. Expiry Date of Insurance   | : 26 Jul 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.

# 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)

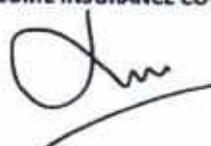
Agency : GOLDEN PRIME INSURANCE AGENCY (00000613808)  
 Date of Issue : 27 Jul 2018 17:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive