

# NATIONAL Assessment Centre Services. [wef 1 Jan 2003] MMA 118138655

Date In: 25/10/18 13:27	Job description	Date & Time Completed	Done by
Ref No: MA/INC 18019411/164	SAS e-filing		
Veh No: SJR 1882 B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/10/18 17:00	i-Motor Claim Form	MT/10/16/220-002	26/10/18 10:41
OD / TP / Reporting Only	i-Motor W/O (Within: OD 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: SJN 9046 S	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% 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 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

MA1806905	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Ref 1:	TE (N11): TP (Non INC) against INC \$20		
Ref 2 / 3:	9) N12: Idac Mobile \$0		
	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 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. 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	25/10/2018 13:27
Date Of Accident	17/10/2018 17:00
Exact Location Of Accident	JUNC OF SIMS WAY & GEYLANG RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR1882B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JUN EXPRESS GROUPS PTE. LTD.
Co Reg No	201420728H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92270221
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	LANCER 1.5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100550628
Cover Note Number	-
<b>Driver</b>	
Name of Driver	MOHD HASHIM BIN SURNAN
NRIC No	S1614822I
Date Of Birth	31/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1988
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90044341
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 276 CHOA CHU KANG AVE 2 #02-305
Postcode	680276
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 TO REAR
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?	
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

I WAS WAS TRAVELLING ALONG SIMS WAY WHILE APPROACHING TRAFFIC JUNCTION OF GEYLANG RD, THE LIGHT WAS GREEN, ALL OF A SUDDEN, VEH B (BEARING NO SJN9046S) JAMMED BRAKE BEFORE THE JUNCTION. I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION.

#### 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	SJN9046S
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:

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

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

Geplang Rd

A = SJR 1882B

B = SJN 9046

Sims Way

B = 5 JM 90 46 S

### Sims way

Please Refer to statement

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

NRIC/FIN No.:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S16148221**

Name: **MOHD HASHIM BIN SURNAN**

Birth Date: **31 Jul 1963**

Issue Date: **10 Jul 2003**

10006433168



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S16148221**

Name: **MOHD HASHIM BIN SURNAN**

محمد هاشم بن سورنن

Race: **BOYANESE**

Date of Birth: **31-07-1963**

Sex: **M**

Country of Birth: **SINGAPORE**

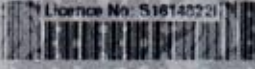



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	22 Jul 1997
Class 2A	Motorcycles between 201 cc and 400 cc	22 Jul 1997
Class 3	Motor Cars and Motor Tractors the weight of which untaden does not exceed 2500 kilogram	04 Oct 1998

Licence No: **S16148221**

NP 428A



0879949

Barcode

NRIC No: **S16148221**

Blood Group: **B+**

Date of Issue: **08-04-1993**

APR BLK 276 CHOA CHU KANG AVENUE 2 #02-305  
SINGAPORE 680276

NRIC No: **S16148221**

Date: **03-08-2004 (R)** No: **5004236**



## 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:** 5100550628

**Cover :** drive CLASSIC

- |   |                                |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJR1882B                     |
| Chassis Number  | : JMYSRCY2A9U004312            |
| 2. Name of Policyholder   | : JUN EXPRESS GROUPS PTE. LTD. |
| 3. Effective Date of Insurance  | : 09 May 2018                  |
| 4. Expiry Date of Insurance   | : 08 May 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,000
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	: LAKE-VIEW CREDIT PTE LTD
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 : YAN XUDONG (00000630999)  
Date of Issue : 07 May 2018 15:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

## Claim Handling

Accident MT/1016220

Policy No.	5100550628	Vehicle No.	SJR1882B	GST Registration No.	
Certificate No.					
Policyholder Name	JUN EXPRESS GROUPS PTE. LTD.			Policyholder NRIC	201421
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFX	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	18/10/2018 16:44	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	17/10/2018	Time of Accident hh:mm	17:05	Country of Accident	Singap
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	SIMS WAY TOWARDS GEYLANG				
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	19/10/2018 11:06:54 Nur Shahira Hassan changed GST Status Verified from No to Yes				
▼ Policyholder Mailing Address					
Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-08 ARK@KB	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	41789H
Unit No.	01-16	Related Policy Number	5104164155		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHD HASHIM BIN SURNAN	Driver NRIC	51614822I	Driver DOB	31/07/
Register Date of Driver License	04/10/1988	Driver Age	55	Driving Experience	30
Contact No.(Mobile)	90044341	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 276 #02-305	Address 2	CHOA CHU KANG AVENUE 2	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	68027H
Unit No.	#02-305				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	JUN EXPRESS GROUPS PTE. LTD.
Contact No.(Mobile)	81383333	Contact No.(Home)	NIL
Email Address	junexpressgroups@gmail.com	OI Vehicle Number	SJR1882B
Claim Description	SJR1882B / SJN9046S ON 17 Oct 2018		
Preferred Workshop No.	0	Insured Liability	Fully at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	26/10/2018 10:39
Report Taken By		Claim Close Date	
			LEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No. MT/1016220 Claim No. 002

10/26/2018

Last Doc. Received

Yes

No

Claim Handling( Claim Task )

Upload Date

26/10/2018 10:41

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 \*

Clear

Please Select

NO

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NO

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NO

Normal

Clear

Please Select

NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:41	SAS	Normal	SAS 2018-10-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:41	Photos	Normal	Photos 2018-10-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:40	Photos	Normal	Photos 2018-10-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:40	Photos	Normal	Photos 2018-10-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:40	Photos	Normal	Photos 2018-10-26
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:40	Photos	Normal	Photos 2018-10-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2018 10:40	Photos	Normal	Photos 2018-10-26

Video List

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

Scan and uploading