

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

INAP419039707

Date In: 26/03/2019 17:35	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/900541814	SAS e-filing		
Veh No: SLR 6825K	E-mail (4 jobs 3hrs, 1st 2hrs)		
D.O.A: 26/03/2019 15:25	1-Motor Claim Form	11/1037616-001	21/03/2019
QID: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:06
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SGP 3992	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )

Date of Claim: ( )	
Assessment: ( )	
Survey: ( )	
Repair: ( )	
QC: ( )	
Invoice: ( )	
Payment: ( )	

Driver/Owner:	
Contact No:	
Damaged Portion:	

QC Checked by (Engi-In-Charge):	
Additional Comments:	
Signature:	
Date:	

1) AR: Accident Reporting (330)	
2) DA: Damage Assessment (5100)	INC (530)
3) TP: Towing Fee	340/345
4) FT: Follow-Through Survey	120
5) FT: Follow-Through Survey (Resurvey)	330
For claiming against INC Only (ver 10 Jun 2005)	
6) TR: Re-inspection	375
7) NI: Idea DA + SMRT Survey	160
8) NTUC Additional Services:	
ON:	
9) NS: Courtesy Car / Transport Allowance	31
10) NG: Repairs Co-ordination	510
11) NP: Post Repair Inspection	525
12) ND: DV / Collect Excess Co-ordination	55
13) TP (NI): TP (NI) INC	520
14) NI: Idea Mobile	30
Invoice dated	
Invoice dated	

FOR:



## 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	26/03/2019 17:39
Date Of Accident	25/03/2019 15:25
Exact Location Of Accident	TUAS CHECKPOINT JB TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6825K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAI JIAJIA
NRIC No	S8301031B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90557388
Alternative Phone No	OTHERS-90557388

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093879974-01
Cover Note Number	

### Driver

Name of Driver	CHUA SEE CHEE
NRIC No	S0227979G
Date Of Birth	12/06/1950
Occupation	INDOOR
Date Of Driving Pass	10/03/1971
Driving Experience	48 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90557388
Fax Number	
Contact Number	OTHERS-90557388
Email Address	NOEMAIL

Address	BLK 228 BUKIT BATOK CENTRAL #05-29
Postcode	650228
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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: : TJU BUT KEN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190326/7015

#### 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	SGP3199Z
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJN8801K  
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)

#### DETAILS OF INJURED PERSON 1

Name CHUA SEE CHEE  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLR6825K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TJU BUT KEN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLR6825K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## 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.: \_\_\_\_\_

TUAS CHECK POINT  
JB to Singapore

A - SLR 68251K  
B - SGP 31992  
C - SJN 8801K

on the stated date and time, 1 vehicle 'A' was travelling on my designated lane along twas checkpoint JB to Singapore, traffic was standstill, after stationary for about 5min, suddenly felt an huge impact from my rear right, That all. i would like to state that i felt only one impact during this accident.

POLICE REPORT 7/20190326/7015

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

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





**SINGAPORE  
POLICE FORCE**



T/20190326/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190326/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/03/2019 15:24		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHUA SEE CHEE			Address: APT BLK 228 BUKIT BATOK CENTRAL #05-29 SINGAPORE 650228		
ID Type / ID No.: NRIC NO / S0227979G			Contact No.: Home/Office: Mobile: 90557388		
Nationality: SINGAPORE CITIZEN			Email: chuaseechee50@gmail.com		
Sex: Male	Age: 68	Date of Birth: 12/06/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2019 15:25	Type of Location: Straight Road
Location:  SECOND LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGP3199Z	Car					0
SJN8801K	Car					0
SLR6825K	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190326/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190326/7015

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	TJU BUT KEN	ID No.	S2203106F
Related Vehicle	SLR6825K (Car)	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/03/2019	Date Discharge	26/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	CHUA SEE CHEE	ID No.	S0227979G
Related Vehicle	SLR6825K (Car)	Contact No.	90557388
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/03/2019	Date Discharge	26/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the stated date and time, i vehicle A was travelling on my designated lane along tuas checkpoint towards singapore. Traffic was standstill as such i followed suit for about 5 mins. As i was being stationary i suddenly felt a huge impact hitting me on my rear. I got down from my vehicle to realised that i was involved in a 3 car chain collision.





**SINGAPORE  
POLICE FORCE**



T/20190326/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190326/7015

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
26/03/2019 15:24

Classification Of Case:

## Claim Handling

Accident HT/1037818

Policy No.	SDN379974-01	Vehicle No.	SLR6825K	GST Registration No.	
Certificate No.					
Policyholder Name	CAI JIAHA			Policyholder NRIC	883010318
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Insured	0
Contact No. (Mobile)	87761914	Contact No. (Office)		Contact No. (Home)	
Insured Address		Special Remarks		ECode	No *
4FR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Endowment(%)	50	Private Ins	No
<b>Accident Details</b>					
Report Date	27/03/2019 09:45	Accident Report within 24 hrs	Yes	Accident Type	Chen Collision
Date of Accident	23/03/2019	Time of Accident Incident	15:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	TUAS CHECKPOINT JB TOWARDS SINGAPORE				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
Coverage		Sum Insured	5000000.00		
Excess Waiver			5000000.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 134B #20-011	Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	SKYLINE @ BUKIT BATOK
Address 4	SINGAPORE 632194	Address Type	Singapore address	Post Code	632194
Unit No.	20-011	Related Policy Number	3003079974-01		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	CHUA SEE CHEN	Driver NRIC	512278195	Driver DOB	12/06/1990
Register Date of Driver License	18/03/1971	Driver Age	58	Driving Experience	48
Contact No. (Mobile)		Contact No. (Office)		Contact No. (Home)	
Address 1	BLK 235 #05-29	Address 2	BUKIT BATOK CENTRAL	Address 3	SINGAPORE 650228
Address 4		Address Type	Foreign address	Post Code	650228
Unit No.	05-29				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SLR6825K	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CAI JIAHA	Insured NRIC	883010318
Contact No. (Mobile)	87761914	Contact No. (Home)	83159949	Contact No. (Office)	
Email Address	edther_842@hotmail.com	Vehicle Number	SLR6825K	TP Vehicle Number	SGP11952
Claim Description	SLR6825K / SGP11952 CH 25 Mar 2019				
Preferred Workshop	Yes	Preferred Workshop, Name unknown	UIR	Received	
Contact No. (Mobile)	87761914	Repair Option			
Date Registered	27/03/2019 09:51	Claim Case Class		Date Received	27/03/2019 00:00
Report Taken By	BOB7 WAKAB	Workshop Repaired		Total Loss Not Reported	
Print All Letter					

Save Submit

## Attachment

Accident No.	HT/1037818	Claim No.	001																												
Last Conf. Received	Yes No	Upload Date	27/03/2019 10:06																												
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Category *	Confidential	Urgency *	Description *	Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal	
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Video List

NAC_BUKIT_MERAH_BUDGETS( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 10:04	SAS	Normal	SAS 2019-3-27
NAC_BUKIT_MERAH_BUDGETS( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 10:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-27
NAC_BUKIT_MERAH_BUDGETS( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 09:52	Photos	Normal	Photos 2019-3-27
NAC_BUKIT_MERAH_BUDGETS( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 09:51	Photos	Normal	Photos 2019-3-27
NAC_BUKIT_MERAH_BUDGETS( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 09:51	Photos	Normal	Photos 2019-3-27
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NAC_BUKIT_MERAH_BUDGETS( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 09:51	Photos	Normal	Photos 2019-3-27

Updated By/Date

Folder Date

File Name

Source

Action

[Display in New Window](#)
[Open and updating](#)

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25/03/19 (dd/mm/yy) Time of Accident: 15:25 (24-HR-FORMAT)  
Vehicle No.: SLR6825K Vehicle Make & Model: MAZDA 3  
Exact location of Accident: TUAS CHECKPOINT JB TO SINGAPORE  
Policyholder's Name / IC No.: CAI JIAJIA  
Driver's Name / IC No.: CHUA SEE CHEE S0227979G (As Above) ☐  
Driver's Contact No.: 90557388 Company Contact No.:  
Driver's Address: APT BLK 228 BUKIT BATOK CENTRAL #05-29 SINGAPORE 650228  
Insurance Company: NTUC Income Email address (if any):

Relationship between Owner & Driver: Parents 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?

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 02

Passenger Name: TJU BUT KEN  
Passenger Name:

Gender: Female  
Gender:

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: SGP3199Z

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

2. Driver's Name / IC No.: Vehicle No: SJN8801K

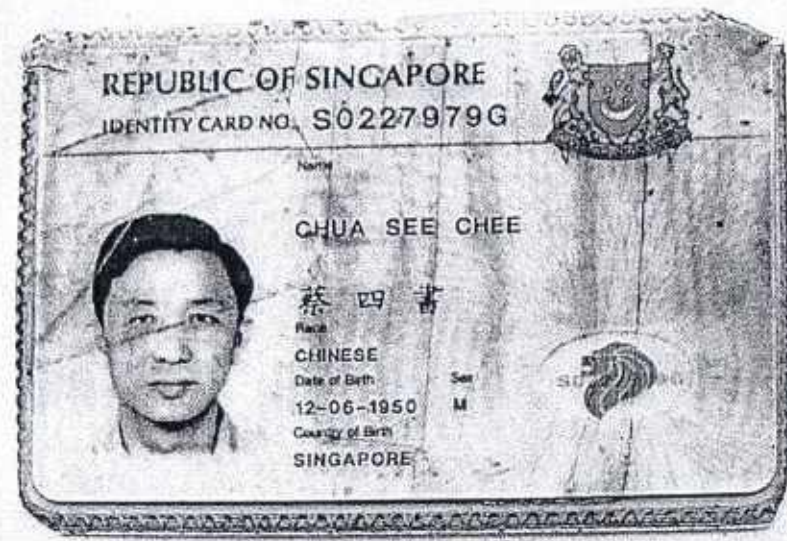
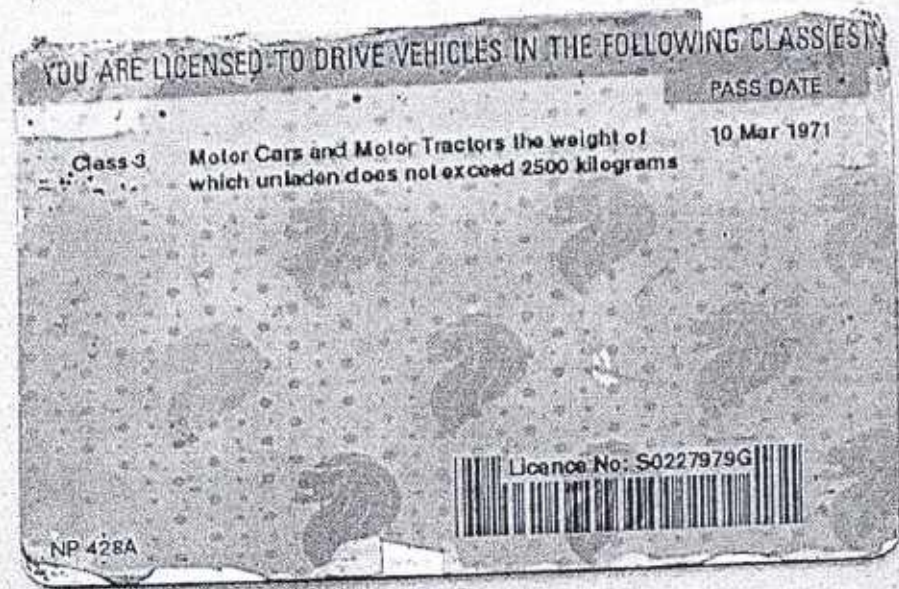
Driver's Contact No.: Insurance Company (If any):

\*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

IDENTITY CARD NO. S8301031B



Name

CAI JIAJIA

蔡佳佳

Race

CHINESE

Date of birth

23-01-1983

Sex

F

S8301031B

Country/Place of birth

SINGAPORE



5182744

NRIC No. S8301031B

Date of issue

08-05-2013

APT BLK 194B BUKIT BATOK WEST AVENUE 6 #20-241  
SINGAPORE 652194

NRIC No: S8301031B

Date: 17/04/2017



### 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: 5093879974-01

Cover : drive CLASSIC

- |                                                                                             |                     |
|---------------------------------------------------------------------------------------------|---------------------|
| 1. Index mark and Registration Number of Vehicle                                            | : SLR682SK          |
| Chassis Number                                                                              | : JM6BL1021A0106202 |
| 2. Name of Policyholder                                                                     | : CAI JIAJIA        |
| 3. Effective Date of Insurance                                                              | : 08 Jun 2018       |
| 4. Expiry Date of Insurance                                                                 | : 07 Jun 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)	: N/A
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	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CAI JIAJIA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : JZ ASSURE PTE. LTD. (00000573155)  
 Date of Issue : 28 May 2018 21:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: M180419039701 Vehicle Registration No: SLR 6825K  
Name (as shown in NRIC): CHUA SUE CHIA NRIC/FIN/Passport No: S02279794  
(\*) Vehicle Driver / Vehicle Owner (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96557388  
Email Address: \_\_\_\_\_  
Date of Accident: 25/03/2019 Time of Accident: 15:25  
Place of Accident: Tuas Checkpoint JB Towards Singapore  
Insurance Company: NAM

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① DRIVER HOME ADDRESS SHOULD BE BUKIT BANGK CENTRAL
- ② Tuas Checkpoint JB Malaysia Jarak dari Jakarta

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rosli Ibrahim  
NRIC/FIN No.:  
Date: 21/03/2019