

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

NAI/9057090

Date In: 20/01/09 11:15	Job description	Date & Time Completed	Done by
Ref No: NAI/90069214	SAS e-filing		
Veh No: SMK 2452	E-mail (Within 3hrs, AIC 2hrs)		
D.O.A: 18/04/2009 15:20	I-Motor Claim Form	mm/10/0912-001	20/01/09
OID: 11 Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		11:37
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBP 75064	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: (1) Apply for Transport Allowance () / Courtesy Car ()		
(2) QC Check / Post Repair Inspection ()		
(3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NAI/902852	1) AR: Accident Reporting (\$30)	
Claimants Particulars:	2) DA: Damage Assessment (\$100) INC (\$10)	
Driver/Owner:	3) TP: Towing Fee \$40/\$43	
Contact No:	4) PT: Follow-Through Survey \$120	
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI1): TP (N1a INC) against INC \$20	
	9) NI12: Idea Mobile \$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged
	Invoice dated	Fee Charged
Auditors Comments:		
Ref: 1:		
2/3		

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	20/04/2019 11:15
Date Of Accident	18/04/2019 15:20
Exact Location Of Accident	GUILLEMARD ROAD TOWARDS PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK245Z
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92987805
Alternative Phone No	OFFICE-92987805

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108559276
Cover Note Number	

Driver

Name of Driver	MUHAMAD SANUSI BIN SAMSUDIN
NRIC No	S2204851A
Date Of Birth	20/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/08/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92987805
Fax Number	
Contact Number	OTHERS-92987805
Email Address	NOEMAIL

Address	BLK 756 PASIR RIS ST 71 #06-154
Postcode	510756
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 (including own vehicle) 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	GBF7506G
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THANGADURAI S/O MANICKAM
NRIC/Passport Number	S1291380Z
Contact Number	94480792
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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.

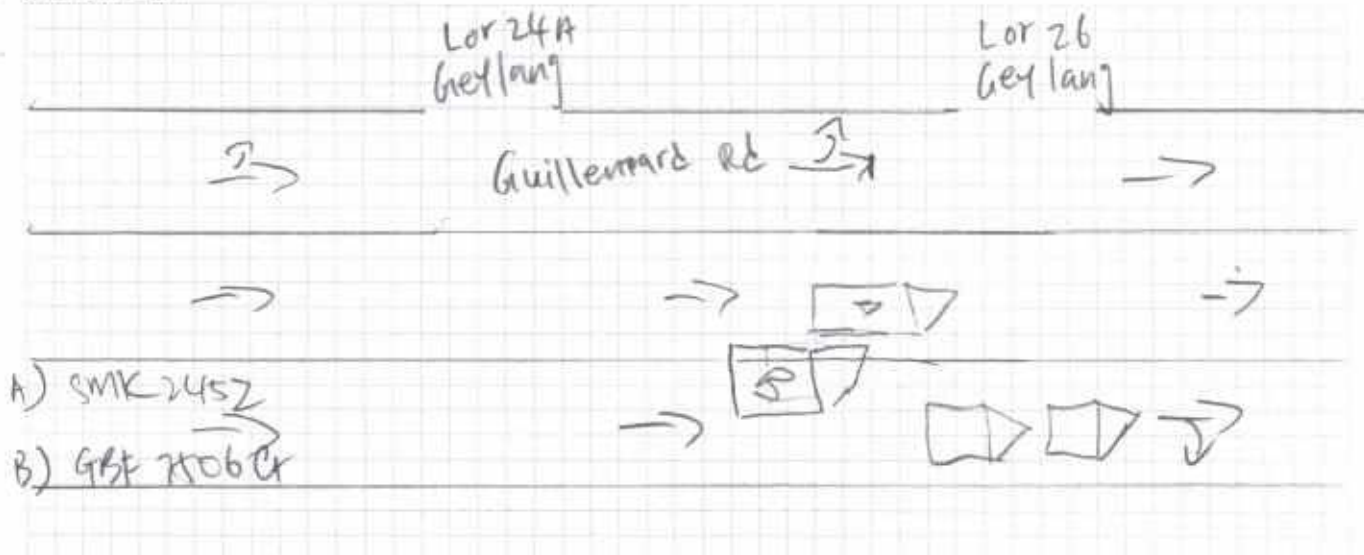


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18/04/2019 AT ABOUT 15:20 HRS. I WAS TRAVELLING ALONG GUILLEMAR ROAD TOWARDS POYA LUTAR ROAD. I WAS AT THE CENTRAL LANE OF 3 LANE ROAD. THE VAN GRF 7506G SWITCH LANE & HIT MY CAR SMK 2452 RIGHT HAND SIDE.

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

Accident MT/1040912

Policy No.	5108559276	Vehicle No.	SMK245Z	GST Registration No.
Certificate No.				
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	92987805	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<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

Accident Details

Report Date	20/04/2019 11:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/04/2019	Time of Accident hh:mm	15:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	GUTLEEMARD ROAD TOWARDS PAYA LEBAR ROAD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	1,500.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/201
GST Registration No.	201709236H	GST Status Verified	Yes
Modification History	20/04/2019 11:33:18 System changed GST Registration No. from NA to 201709236H 20/04/2019 11:33:18 System changed GST Registration Date from 01/01/2015 to 01/09/2017 20/04/2019 11:33:18 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	60 UB1 CRESCENT	Address 2	#01-01	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108747945	

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMAD SANUSI BIN SAMSUE	Driver NRIC	S2204851A	Driver DOB
Register Date of Driver License	10/08/2010	Driver Age	51	Driving Experience
Contact No.(Mobile)	92987805	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 756 #06-154	Address 2	PASIR RIS STREET 71	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	06-154			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SMK245Z	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SRS AUTO
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Vehicle Number	SMK245Z
Claim Description	SMK245Z / GBF7506G ON 18 Apr 2019		
Preferred Workshop		Insured Liability	Not at Fault
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	20/04/2019 11:34

Report Taken By

ROSLE WAHAB

Print AK letter

Save Submit

Attachment

Accident No.	MT/1040912	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/04/2019 11:37
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/>
Message Road			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:37	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:37	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:37	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:37	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:37	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:37	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:35	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:35	NRJC/ Driving License	Normal	NRJC/ Driving Li

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading



ACCIDENT STATEMENT

ACCIDENT DATE: (18/4/19) (DD/MM/YYYY). TIME: (15:20) (HH:MM)

LOCATION: Guillemard Road To Paya Lehar Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Smk 245 Z
 b) INSURANCE COMPANY: Ntuc
 c) POLICY NUMBER: S10 855 9276
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan Teana
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 1520pm
 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: SRS Auto Holdings Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD SANUSI BIN SAM SUDIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 52204851A CONTACT: 92987805
 c) ADDRESS: B1K 756 PASIR RIS STREET 71 # 06-154
 (S) S10756

* d) DATE OF BIRTH: (20/06/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10 Aug 2010

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: GBF 7506 G1 MODEL: TOYOTA van
 b) DRIVER'S NAME: THANASURATI S/O MANICKAM
 c) NRIC/FIN/PASSPORT: S1291380Z CONTACT: 94480792

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

email = Regita

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2204851A



MUHAMAD SANUSI BIN
SAMSUDIN


Race
BOYANESE

Date of Birth 20-06-1967 Sex M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE

S2204851A



MUHAMAD SANUSI BIN
SAMSUDIN

Birth Date: 20 Jun 1967
Issue Date: 28 Oct 2003

1000953631K

S220402



MNC No. S2204851A



Nationality
MALAYSIAN

Blood Group O+ Date of Issue 09-04-1998

APT BLK 75B PASIR RIS STREET 71 #08-154
SINGAPORE 510750

S2204851A 26-11-2007

PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles <= 200 CC	26 Nov 1999
Class 2A	Motorcycles between 201 CC and 400 CC	20 Mar 2001
Class 2	Motorcycles > 400 CC	04 Mar 2004
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	10 Aug 2010

S / No. 9000128698

S2204851A

425A

1000953631K

Licence No. S2204851A

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: 5108559276

Cover : Third Party

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMK245Z |
| Chassis Number | : JN18DUJ32Z0001268 |
| 2. Name of Policyholder | : SRS AUTO HOLDINGS PTE. LTD. |
| 3. Effective Date of Insurance | : 29 Mar 2019 |
| 4. Expiry Date of Insurance | : 28 Mar 2020 |
| 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 : SININS AGENCY PTE. LTD. (00000615123)

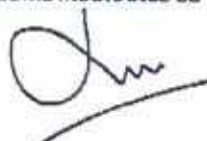
Date of Issue : 29 Mar 2019 17:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive