

NATIONAL Assessment Centre Services. [ver 1 Jan 05] MMA 119060196.

Date In: 9/5/19 14:30	Job description	Date & Time Completed	Done by
Ref No: NA11MC19008184/h4.	SAS e-filing		
Veh No: PC 3455X	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 8/5/19 16:30	I-Motor Claim Form	MT/1043730 ⁰⁰¹	9/5/19 15:29
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: GBE 1599H	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%; R: 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: ()

Reminders: (INC Machine 67890616)

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

Injury: _____

Date/Time	Actions

NA1903285	Invoice Ref: NA1903285	Amo (\$)	Amo (\$)
Client's Particulars:	1) AR: Accident Reporting (\$10)	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N3: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Inc on INC) against INC \$20		
	9) NI12: Idas 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	09/05/2019 14:30
Date Of Accident	08/05/2019 16:30
Exact Location Of Accident	PIE TWDS TUAS AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3455X
Insured/Policyholder	
Name Of Registered Owner	SQ TRANSPORT SERVICES
Co Reg No	53357806W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86880232

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5091783233-01
Cover Note Number	-

Driver

Name of Driver	MOHAMED NOOR BIN MADON
NRIC No	S1472492C
Date Of Birth	28/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	26/06/1991
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87667509
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 344 CLEMENTI AVE 5 #05-110
Postcode	120344
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	WET

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)	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 ATTACHED STATEMENT.

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	GBE1599H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	SKH6549Y
-----------------------------	----------

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 MOHAMED NOOR BIN MADON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? PC3455X

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.

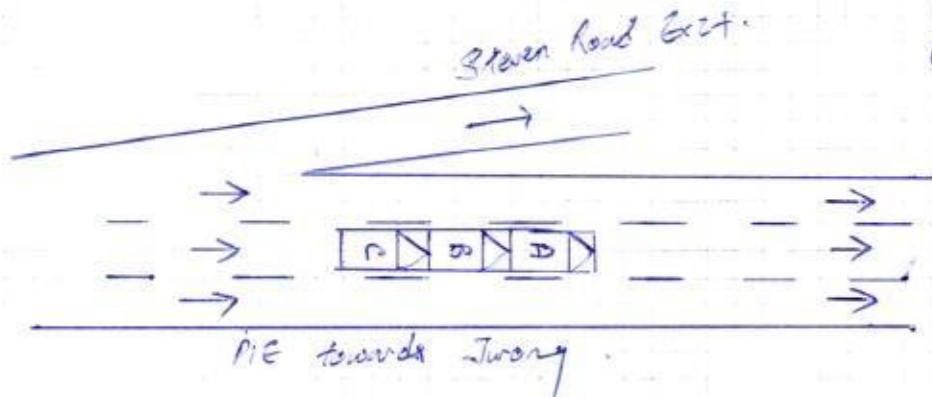


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



- (A) PC 3455X.
- (B) GBE 1599H
- (C) SKH 6549Y.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/05/19 at @ 1630 hrs, I was travelling in my vehicle (PC 3455X) along PIE towards Jurong after Steven Road exit on the centre lane. I slow down and stopped due to accident ahead. I saw the lorry behind me stopped too from my rear mirror. Suddenly, I felt a great impact from the rear. I got down from my vehicle and found it was a chain collision involving 3 cars.



DECLARATION

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

Lee Chang Teck

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle No.	PC 3455X	Model / Make	Toyota Hrace.
Date of Accident	08 / 05 / 19		
Time of Accident	1630 HRS		
Location of Accident	PIE towards Tuas after Steven Road exit.		
Exact purpose use during accident	Commercial Used.		
Name of Owner	SG TRANSPORT SERVICES		
Telephone No.	H/P: 8688 0232 Home:	Office:	
NRIC	53357806W		
Address	406 TAMPINES ST 41 #10-15 SUN PLAZA GREEN S(520406)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft		
Policy No.	5001783233-01		
Name of Driver	As Above If No, Mohamed Noor Bin Maden		
NRIC	S 1472492 C	Any Passengers:	N.A.
Date of birth	28/06/1961		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	18/11/2016		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 8766 7509 Home:	Office:	
Address	BLK 344 Clementi Ave S #05-110 (S) 120344		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	<u>Employee</u> , If no, state		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	Dry <u>Wet</u> Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Mohamed Noor Bin Maden (H/P: 8766 7509)		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	GBE 1599 H	Any Passengers:	N.A.
Name of Driver		Contact No.:	
Vehicle C No.	SKH 6549 Y	Any Passengers:	N.A. CI
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A	Witness Contact:	N.A.
Accident Portion	Rear Portion		
Camera Recorder	Yes <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Tang		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1472492C**

Name:

MOHAMED NOOR BIN MADON

Birth Date: **28 Jun 1961**

Issue Date: **19 Feb 2013**



REPUBLIC OF SINGAPORE IDENTITY CARD NO. **S1472492C**



Name:

MOHAMED NOOR BIN MADON



Race:

MALAY

Date of birth:

28-06-1961

Country/Place of birth:

SINGAPORE

Sex:

M

S1472492C



Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1472492C**

Name: **MOHAMED NOOR BIN MADON**

Issue Date: **18/11/2016**

Please visit www.lta.gov.sg to check the status of this vocational licence



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 29 Jun 1991



NP 428A



NRIC No: **S1472492C**



Date of issue:
27-05-2013

**APT BLK 344 CLEMENTI AVENUE 5 #05-110
SINGAPORE 120344**

S1472492C

28/10/2013

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	18/11/2016
04	BUS ATTENDANT	18/11/2016



income
made different

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 : 5091783233-01

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : Comprehensive |
| 2. Chassis Number | : PC3455X |
| 3. Name of Policyholder | : JTFST22P200022661 |
| 4. Effective Date of Insurance | : 5Q TRANSPORT SERVICES |
| 5. Expiry Date of Insurance | : 09 Jun 2018 |
| 6. Persons or Classes of Persons entitled to drive* | : 08 Jun 2019 |
| (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 the carriage of passengers in connection with the Policyholder's business. | |
| (b) Limited to carry 13 passengers | |

This Policy does not cover

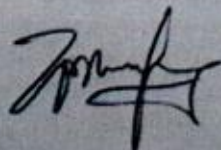
- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.
- * Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TATCO 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)

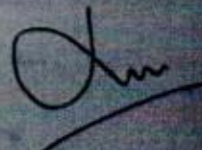
Agency : HAIPA INTERNATIONAL (00000571814)
Date of Issue : 30 May 2018 10:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1043730

Policy No.	5091783233-01	Vehicle No.	PC3455X	GST Registration No.	533571
Certificate No.					
Policyholder Name	SQ TRANSPORT SERVICES			Policyholder NRIC	533571
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	86880232	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
MCD Protection	No	MCD Entitlement(%)	10	Private Hire	No

▼ Accident Details

Report Date	09/05/2019 15:17	Accident Report Within 24 hrs	Yes	Accident Type	Chain C
Date of Accident	08/05/2019	Time of Accident hh:mm	16:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWOS TUAS AFTER STEVEN RD EXIT				

▼ Excess

Own Damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	09/05/2019 15:21:48 System changed GST Registered from Yes to No 09/05/2019 15:21:48 System changed GST Registration No. from 53357806W to null 09/05/2019 15:21:48 System changed GST Registration Date from 06/03/2017 to null		

▼ Policyholder Mailing Address

Address 1	BLK 406 #10-15	Address 2	TAMPINES STREET 41	Address 3	SUN PL
Address 4	SINGAPORE 520406	Address Type	Singapore address	Post Code	520406
Unit No.	10-15	Related Policy Number	5091476582-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED NOOR BIN MADON	Driver NRIC	S1472492C	Driver DOB	28/06/
Register Date of Driver License	26/06/1991	Driver Age	57	Driving Experience	27
Contact No.(Mobile)	87667509	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 344 #05-110	Address 2	CLEMENTI AVENUE 5	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	120346
Unit No.	05-110				
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 checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---------------------------------------------------------------

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SQ TRANSPORT SERVICES
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	PC3455X
Claim Description	PC3455X / GBE1599H ON 8 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	09/05/2019 15:29
			LIEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1043730	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

Yes

No

Upload Date

09/05/2019 15:29

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

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
09 May 2019 15:29

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-5-9

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
09 May 2019 15:29

SAS

Normal

SAS 2019-5-9

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
09 May 2019 15:29

Photos

Normal

Photos 2019-5-9

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
09 May 2019 15:29

Photos

Normal

Photos 2019-5-9

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
09 May 2019 15:29

Photos

Normal

Photos 2019-5-9

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
09 May 2019 15:29

Photos

Normal

Photos 2019-5-9

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
09 May 2019 15:29

Photos

Normal

Photos 2019-5-9

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
09 May 2019 15:29

Photos

Normal

Photos 2019-5-9

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
09 May 2019 15:29

Photos

Normal

Photos 2019-5-9

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading