

NATIONAL Assessment Centre Services		Tel: 190 77817	
Date In: 14/06/2019 19:31	Job description	Date & Time Completed	Done by
Ref No: N81904457	SAS e-filing		
Veh No: PA 106	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 13/06/2019 18:35	i-Motor Claim Form	M71049045-002	14/06/2019 19:31
OD: TK: 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: SGA 9074C	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: (\$ )	Landing: \$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

N81904457	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In Bill	Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
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) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claimant against INC Only (wef 10 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) N1: Idem DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	a) N1: Courtesy Car / Tpl Allowance \$5		
	b) N6: Repair Co-ordination \$10		
	c) N7: Post Repair Inspection \$25		
	d) N8: DV / Collect Excess Coordination \$5		
	e) TP (N11): TP (N in INC) against INC \$20		
	f) N12: Idem Mobile \$0		
	Invoice dated	Pen Charged	
	Invoice dated	Pen 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	14/06/2019 19:21
Date Of Accident	13/06/2019 18:35
Exact Location Of Accident	JUNCTION OF CTRL EXCHANGE GREEN/PORTSDOWN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA60G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BROOKE OFFSHORE PTE. LTD.
Co Reg No	200614025D
Email Address	GMGFONGLILI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96673688
Alternative Phone No	OFFICE-96673688

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	BLACK
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5052852815-07
Cover Note Number	

### Driver

Name of Driver	SHARIFF BIN SALLEH
NRIC No	S1488184J
Date Of Birth	31/05/1961
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1987
Driving Experience	32 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96673688
Fax Number	
Contact Number	OFFICE-96673688
Email Address	GMGFONGLILI@GMAIL.COM



Address	BLK 307 CLEMENTI AVENUE 4 #03-385
Postcode	120307
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	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

#### 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	SGH9074C
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.

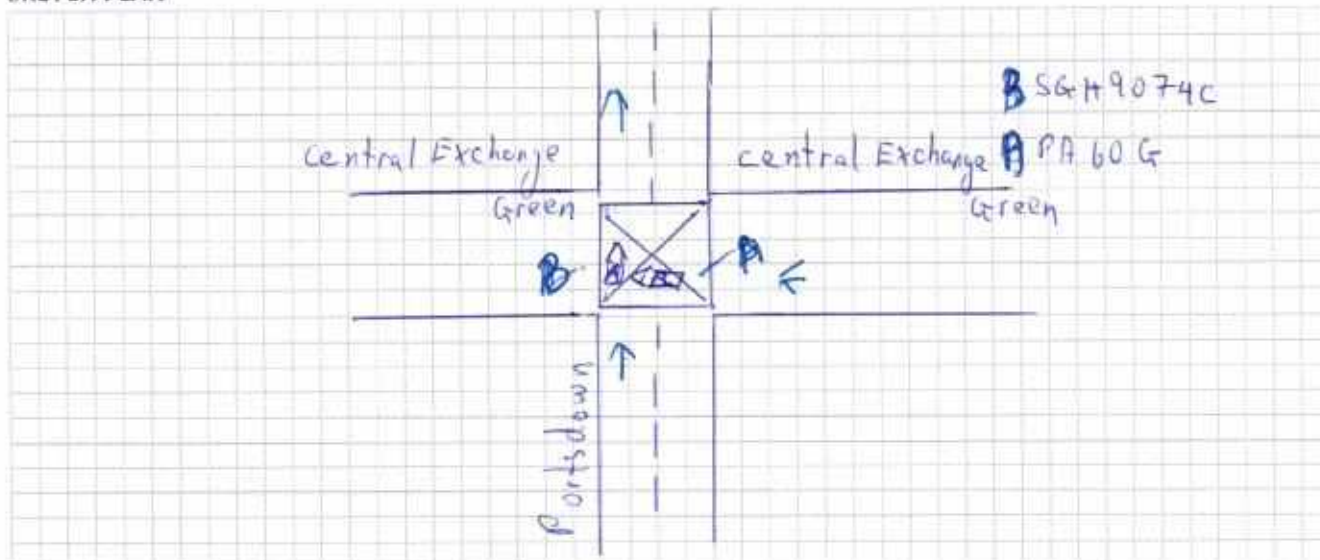


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CENTRAL

ON 13/06/2019 AT ABOUT 18:35 HRS I WAS AT EXCHANGE GREEN & WANTED TO GO STRAIGHT IT WAS RAINING HEAVILY & MY VISION WAS NOT CLEAR SUDDENLY I SAW A CAR SGH 9074C STOP AT THE YELLOW BOX I TAPED MY BRAKE BUT MY VAN STILL MOVED FORWARD & HIT THE REAR PASSENGER DOOR THAT ALL.

## 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.:



1007 Land 3



14/06/2009  
Ref 21 1007003

## Claim Handling

Accident MT/1040095

Policy No.	005/002815-07	Vehicle No.	PA00G	GST Registration No.	
Certificate No.					
Policyholder Name	BROCKE OFFSHORE PTE. LTD.	Driver Type	Third Party, Fire & Theft	Policyholder NRIC	2006140230
Product Code	BUS INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	NA	Special Remarks		Contact No. (Home)	
Email Address		TCA	No Yes	eCode	No *
ePE	No Yes	LCD Extension(%)	15	eCode Reason	
NCD Protection	No			Private Hire	Not available
<b>Accident Details</b>					
Report Date	14/06/2019 17:42	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/06/2019	Time of Accident (hr:min)	15:40	Country of Accident	Singapore
Reporting Centre		Orange Fence		OS No.	
Accident Location	JUNC OF CENTRAL EXCHANGE GREEN & PORTSWAY RD				
<b>Excess</b>					
Glass Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	14/06/2019 17:45:55 System changed GST Status verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	Nil	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.	00-07	Related Policy Number	005285/815-07		
<b>OT Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Uninsured Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Carman No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification history:

Claim 002 **Not**

Claim Type *	CG-MX	Insured Name	BROCKE OFFSHORE PTE. LTD.	Insured NRIC	2006140230
Contact No. (Mobile)	96186278	Contact No.		Contact No. (Office)	61718755
Email Address		OT		TP	SGH9074C
Claim Description	PA00G / SGH9074C ON 13 Jun 2019				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Settlement Option	Yes	Preferred Workshop, Name unknown			
Date Reported		GTA report	Received		
Report Taken By		14/06/2019 19:37	Claim Close Date		Date Received 14/06/2019 00:00
Print A4 letter		ROSLI WAHAB			

Save Submit

## Attachment

Accident No.	MT/1040095	Claim No.	002
Last Doc. Received	Yes No	Upload Date	14/06/2019 19:37
Path *		Category *	Confidential
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	Msg Sent? (CO)	
	NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:37	Photos	Normal	Photos 2019-6-14		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:37	Photos	Normal	Photos 2019-6-14		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:37	Photos	Normal	Photos 2019-6-14		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 19:37	Photos	Normal	Photos 2019-6-14		

6/14/2019

## Claim Handling( Claim Task )



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 14 Jun 2019 19:37

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 14 Jun 2019 19:37

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 14 Jun 2019 19:37

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S (BUKIT MERAH)) on 14 Jun 2019 19:37

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 14 Jun 2019 19:37

Photos

Normal

Photos 2019-6-14

Photos

Normal

Photos 2019-6-14

Photos

Normal

Photos 2019-6-14

Photos

Normal

Photos 2019-6-14

SAS

Normal

SAS 2019-6-14

NRIC Driving License

Normal

NRIC Driving License 2019-6-14

Video List

Uploaded By/Data

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

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

Date of Accident: 13 / 6 / 2019 (dd/mm/yy) Time of Accident: 18 : 35 (24-HR-FORMAT)

Vehicle No.: PA 604 Vehicle Make & Model: CHEV Private Hire: (Y/N)

Exact location of Accident: JUNCTION OF CTR EXULTATION ST / PORTER ROAD

Policyholder's Name / IC No.: BROOKE OFFSHORE P.T.E. LTD

Driver's Name / IC No.: Shariff bin Salleh 514881843 (As Above) ☐

Driver's Contact No.: 96673688 Company Contact No (Company Veh Only):

Driver's Address: Blk 307 Clementi Ave 4 #03-385 Sggor 120307

Email address: gmg bongili@gmail.com Insurance Company: NTUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative Employed / Hirer 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): 1

\*Passanger Name: -

Gender: Male / Female

\*Passanger Name: -

Gender: Male / Female

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: SGH 9074C

Driver's Contact No:  Insurance Company:

2. Driver's Name / IC No (If Any):  Vehicle No:

Driver's Contact No:  Insurance Company:

\*Independent Witness (If Any):  Contact No:

Preferred Workshop Name:  Contact No:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO S1488184J



Name

SHARIFF BIN SALLEH

Race

BOYANESE

Date of birth

31-05-1961

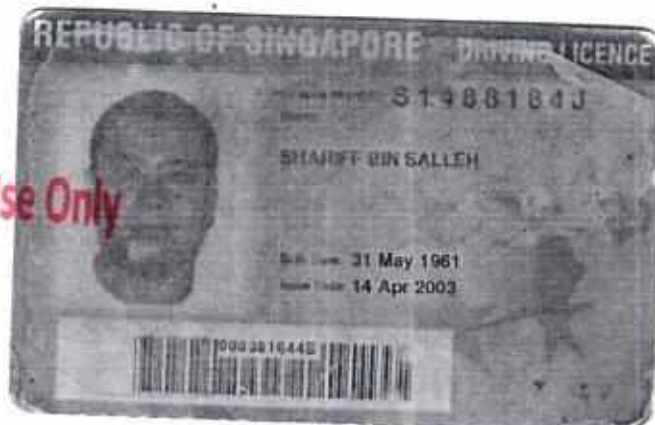
Country/Place of birth

SINGAPORE

Sex

M

For LKK/NAC Use Only



6208040



NRIC No S1488184J



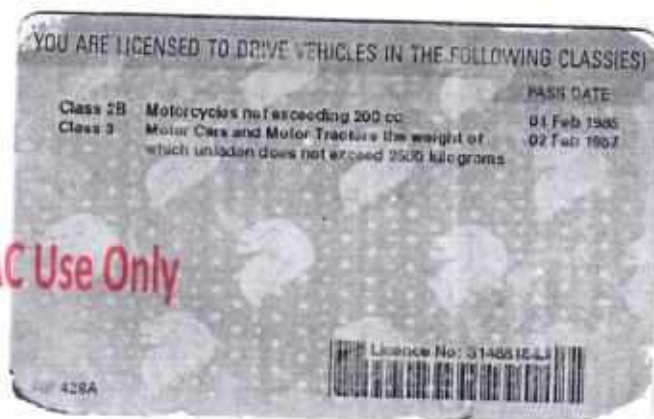
Date of issue

01-06-2019

Address

APT BLK 307 CLEMENTI AVENUE 4  
#03-385  
SINGAPORE 120307

For LKK/NAC Use Only





## 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** : 5052852815-07

**Cover** : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

PA60G

Chassis Number

KMFWBX7JMCU429789

2. Name of Policyholder

BROOKE OFFSHORE PTE. LTD.

3. Effective Date of Insurance

20 Jan 2019

4. Expiry Date of Insurance

19 Jan 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 the carriage of passengers in connection with the Policyholder's business

(b) Limited to carry 10 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)	N/A
EXCESS (SECTION II)	S\$3,000
INSURE WITH COE	YES
HIRE PURCHASE COMPANY	MAYBANK SINGAPORE 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 : KOMOCO TRADING PTE LTD (00000614810)

Date of Issue : 10 Jan 2019 12:04 hrs

Reprint : 10 Jan 2019 12:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive