

NATIONAL Assessment Centre Services [wef 1 Jan'05] **NA1904808**

| | | | |
|-----------------------------------|--|-----------------------|----------------------|
| Date In: 21/01/09 - 11:48 | Job description | Date & Time Completed | Done by |
| Ref No: AM/INC/PA011384/24 | SAS e-filing | | |
| Veh No: 5J244617 | E-mail (within 3hrs, AIG 2hrs) | | |
| D.O.A: 21/01/09 - 11:17 | i-Motor Claim Form | M7/1050820-001 | 21/6/09 12:25 |
| OD: (TP) / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **6856383X** 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 ()

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: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|----------|
| | | | In Bill | Add Bill |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | | |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| Damaged Portion: | 3) TF : Towing Fee \$40/\$45 | | | |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120 | | | |
| Auditors' Comments :- | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | |
| Date 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Date 2 / 3: | 6) TR : Re-inspection \$75 | | | |
| | 7) NI : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | OD: | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| | TP (N11) : TP (Non INC) against INC \$20 | | | |
| | 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 willful 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 | 27/06/2019 11:48 |
| Date Of Accident | 26/06/2019 21:10 |
| Exact Location Of Accident | JUNC RAFFLES QUAY & CROSS ST |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SJQ4461T |
| Insured/Policyholder | |
| Name Of Registered Owner | STARK EXPRESS PTE LTD |
| Co Reg No | 201434355Z |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | HYUNDAI |
| Model | HD AVANTE 1.6 A |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 50837825759-02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TERENCE TAN WEI LENG |
| NRIC No | S7630402E |
| Date Of Birth | 23/09/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/11/2016 |
| Driving Experience | 2 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98800993 |
| Fax Number | |
| Contact Number | OFFICE-98800993 |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 103 BUKIT BATOK CENTRAL #07-243 |
| Postcode | 650103 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| 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 | 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? | |
| 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

ON STATED DATE AND TIME, AS I APPROACHED THE JUNCTION OF RAFFLES QUAY, THE TRAFFIC JUNCTION WAS GREEN. I PROCEED TO MAKE A RIGHT TURN TWDS CROSS ST. VEHICLE B WAS TRAVELLING ALONG 2ND LANE WHICH 2ND LANE IS ONLY TURN RIGHT LANE ONLY. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE RIGHT 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 Witness 1

| | |
|---------------|----------|
| Name | MR ONG |
| Phone Number | 81572212 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBB6383X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | YAP HENG MOH |
| NRIC/Passport Number | S7788284G |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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:

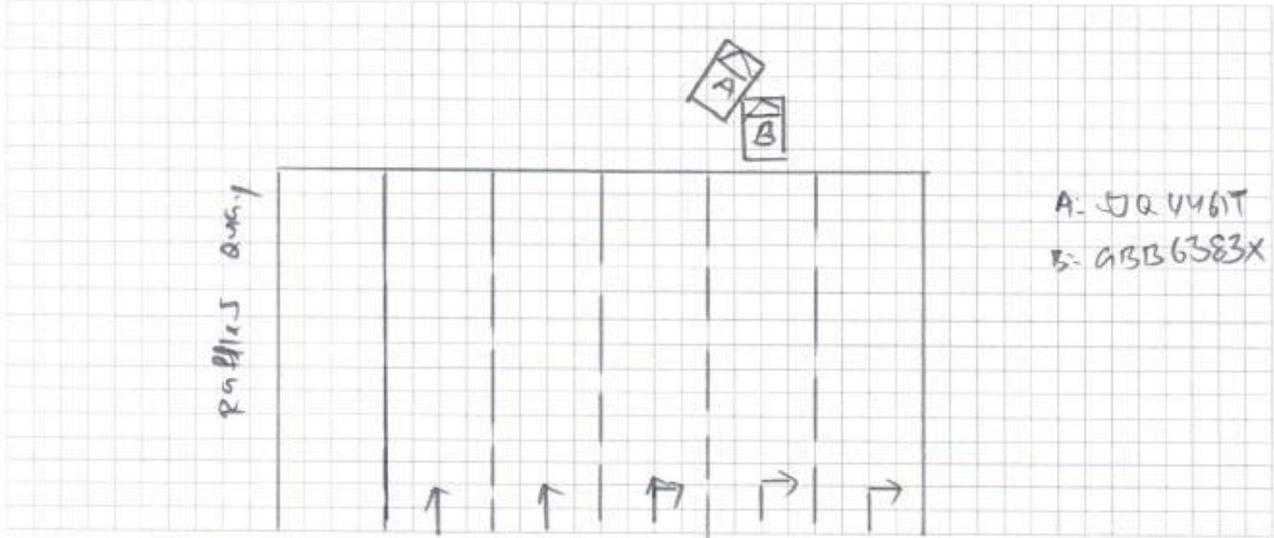


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statements.

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.:

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7630402E



Name
TERENCE TAN WEI LENG

陈伟龙

Race
CHINESE

Date of birth
23-09-1976

Country of birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7630402E**

Name
TERENCE TAN WEI LENG

Birth Date: **23 Sep 1976**

Issue Date: **09 Nov 2016**

002627739B




For LKK/NAC Use Only

4908930




NRIC No: **S7630402E**

Date of issue
28-11-2012

Address
**APT BLK 103 BUKIT BATOK CENTRAL
 #07-243
 SINGAPORE 650103**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | EFFECTIVE DATE |
|--|----------------|
| Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg | 09 Nov 2016 |

NP 428A

Licence No: S7630402E



For LKK/NAC Use Only

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5083782759-02 | | STARK EXPRESS PTE. LTD. | 201434355Z | GFT | Third Party | SJQ4461T | SJQ4461T | 06/09/2018 | |

Continue

Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|-------------------------|----------------------------------|------------------|
| Policy No. | 5083782759-02 | Policyholder Name | STARK EXPRESS PTE. LTD. | Policyholder NRIC | 201434355Z |
| Certificate No. | | | | | |
| Address | 63 UBI AVENUE 1 #07-03B 63@UBI SINGAPORE 408937 | | | | |
| Product Name | FLEET INSURANCE | Plan | Group Policy Flag N | | |
| Policy Issue Date | 03/09/2018 | Effective Date | 06/09/2018 00:00 | Expiry Date | 05/09/2019 23:59 |
| Excess Type | All Claims Excess | | | | |
| Third Party Excess | 1500.00 | Own damage Excess | 0.00 | Windscreen Excess | 0.00 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 0.00 | Outside Singapore TP Excess | 1500.00 | Young/Inexperience Driver Excess | |
| Agent | IVAN INSURANCE AGENCY PTE. | Agent Tel. | 64400220 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 63 UBI AVENUE 1 | Address 2 | #07-03B 63@UBI | Address 3 | SINGAPORE 408937 |
| Address 4 | | Address Type | Singapore address | Post Code | 408937 |
| Unit No. | 06-19 | Related Policy Number | 5083782759-02 | | |

Insured Object: SJQ4461T

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|--------------------|----------------------------|--|
| 1 | 06/09/2018 00:00 | Basic Information Endorsement | 000001286896057 | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGM895H 06-09-2018 \$1,947.40 In view of this amendment, an additional premium of \$1,947.40 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. |
| 2 | 19/09/2018 00:00 | Basic Information | 000001286905457 | Endorsement Take | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP8774U 19-09-2018 \$1,715.52 In view of this amendment, an additional premium of \$1,715.52 (inclusive of GST) is payable under your policy. Please ignore this premium payment |

Claim Handling

Exit

Accident MT/1050820

| | | | | | |
|-----------------------------------|---|-------------------------------|---|-----------------------|----------------------------|
| Policy No. | 5083782759-02 | Vehicle No. | SJQ4461T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | STARK EXPRESS PTE. LTD. | | | Policyholder NRIC | 2014343552 |
| Product Code | FLEET INSURANCE | Cover Type | Third Party | Loading | 0 |
| Contact No. (Mobile) | 0 | Contact No. (Office) | 0 | Contact No. (Home) | 0 |
| 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 | Yes |
| Accident Details | | | | | |
| Report Date | 27/06/2019 12:03 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Cross Junction |
| Date of Accident | 26/06/2019 | Time of Accident hh:mm | 21:10 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNC RAFFLES QUAY & CROSS ST | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 0.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration No. | | GST Registration Date | |
| Modification History | | GST Status Verified | Yes | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 63 UBI AVENUE 1 | Address 2 | #07-038 63@UB1 | Address 3 | SINGAPORE 408937 |
| Address 4 | | Address Type | Singapore address | Post Code | 408937 |
| Unit No. | 06-19 | Related Policy Number | 5083782759-02 | | |

OI Driver Info

| | | | | | |
|---|---|----------------------|---------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | TERENCE TAN WEI LENG | Driver NRIC | S7630402E | Driver DOB | 23/09/1976 |
| Register Date of Driver License | 05/11/2016 | Driver Age | 42 | Driving Experience | 2 |
| Contact No. (Mobile) | 98800993 | Contact No. (Office) | 0 | Contact No. (Home) | 0 |
| Address 1 | BLK 103 | Address 2 | BUKIT BATOK CENTRAL | Address 3 | SINGAPORE 650103 |
| Address 4 | | Address Type | Singapore address | Post Code | 650103 |
| Unit No. | 07-243 | | | | |
| Does he own a Singapore Registered Car? | <input type="radio"/> Yes <input checked="" 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 001 **New**

| | | | | | | |
|---|------------------------------------|-------------------------|----------------------------------|----------------------|----------------------------|--|
| Claim Type * | OD-MX | Insured Name | STARK EXPRESS PTE. LTD. | Insured NRIC | 2014343552 | |
| Contact No. (Mobile) | 98872374 | Contact No. (Home) | | Contact No. (Office) | NIL | |
| Email Address | | OI Vehicle Number | SJQ4461T | TP Vehicle Number | G886383X | |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | | |
| Claimant Name * | | Claimant NRIC * | | | | |
| Claimant Address | | | | | | |
| Claim Description | SJQ4461T / G886383X ON 26 Jun 2019 | | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GJA report | Received | |
| Date Registered | 27/06/2019 12:05 | Claim Close Date | | Date Received | 27/06/2019 00:00 | |
| Report Taken By | Jackson | | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|---------------|------------------|
| Accident No. | MT/1050820 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 27/06/2019 12:07 |
| Path * | | Category * | |
| | Browse... Clear | Please Select | NO |
| | Browse... Clear | Please Select | NO |
| | Browse... Clear | Please Select | NO |
| | | Clear | Please Select |

