

NATIONAL Assessment Centre Services (2011 - 2016) *MAY 19 08:05:59*

Date In: <i>28/06/2019 16:37</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/INC/90/150714</i>	SAS e-filing		
Veh No: <i>SJV 2958P</i>	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: <i>21/06/2019 21:40</i>	I-Motor Claim Form	<i>MT1051064001</i>	<i>28/06/2019</i>
OD: TP: <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>16:53</i>
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: Veh No: *SJV 875Z* 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
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	Am't (\$) in Bill	Am't (\$) Add. Bill
<i>NA/904880</i>	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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	Excess claim against INC Only (wof. 10 Jan 2019)		
Cat. J:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) NI: Idno DA + SMRT Survey \$160		
1/1/1	8) NTUC Additional Services:		
	* NI: Courtesy Car / Tpt Allowance \$5		
	* NI: Repair Co-ordination \$10		
	* NI: Post Repair Inspection \$25		
	* NI: DV / Collect Excess Coordination \$5		
	* TP (NI1): TP (Non INC) against INC \$20		
	* NI2: Idno Mobile \$0		
	Invoice date:	Pen Charged	
	Invoice date:	Fire 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	28/06/2019 16:37
Date Of Accident	27/06/2019 21:40
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (NEAR EUNOS EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2958P
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82289715
Alternative Phone No	OFFICE-82289715
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109140477
Cover Note Number	
Driver	
Name of Driver	ROSLAN BIN IBRAHIM
NRIC No	S1793876B
Date Of Birth	30/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1989
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82289715
Fax Number	
Contact Number	OTHERS-82289715
EEmail Address	NOEMAIL

Address	BLK 666A PUNGGOL DRIVE #06-554
Postcode	821666
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

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	SGU875Z
Vehicle Make/Model/Colour	TOYOTA RUSH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BOEY JUNJIE, DANIEL
NRIC/Passport Number	S9123971Z
Contact Number	98632962
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2
NAME: :
GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

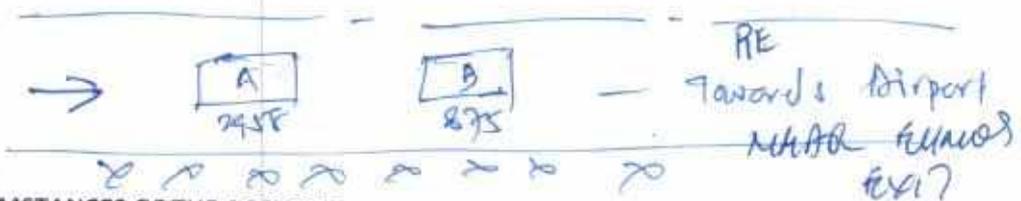
Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/6/19 @ 1400

Reporting Centre Person's Signature
Name: *Reski Lim*
NRIC/FIN No.:

SKETCH PLAN

A) SJV 2958P

B) SGU 875Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the said date, 27th June 2019 @ 2100 hrs, my vehicle SJV 2958 P was traveling along PIE, Lane 1, towards Changi, following behind vehicle SGU 875 Z.

My vehicle SJV 2958 P hit the rear of SGU 875 Z, as I am unable to brake on time when SGU 875 P apply emergency brakes.

DECLARATION

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



Policyholder's Signature
Date & Time:

amcm
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 27/6/19 @ 1100 hrs

[Signature] 28/06/2019
 Reporting Centre Personnel's Signature
 Name: *Keshu*
 NRIC/FIN No.:

Claim Handling

The premium on this policy has not been collected.

Accident **WT/1051064**

Policy No.	5109140477	Vehicle No.	SIV2958P	GST Registration No.	
Certificate No.	5109140477-000004				
Policyholder Name	TODDS PARTNERS PTE. LTD.			Policyholder NRIC	201533177E
Product Code	FLEET MASTER INSURANCE	Cover Type	Drive CLASSIC	Leading	0
Contact No.(Mobile)	82289715	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Encumbrance(%)	0	Private Hire	Yes

Accident Details

Report Date	28/06/2019 16:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/06/2019	Time of Accident hh:mm	21:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	RSE TOWARDS CHANGI AIRPORT (NEAR ELINDOS EXIT)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
VED OD Excess		VED TP Excess			
Additional Excess					
Total OD Excess Applicable	3000.00	Total TP Excess Applicable	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE (INDUSTRIAL)
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-75	Related Policy Number	5109206103		

01 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)	82289715	Contact 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 001 Rem

Claim Type *	OD-RX	Insured Name	TODDS PARTNERS PTE. LTD.	Insured NRIC	201533177E
Contact No.(Mobile)	87707613	Contact No. (Home)		Contact No. (Office)	
Email Address		01 Vehicle Number	SIV2958P	TP Vehicle Number	SG0875Z
Claim Description	SIV2958P / SG0875Z ON 27 Jun 2019				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault		
Samuel No. Finalisation	Yes	Preferred Repair Centre	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	28/06/2019 16:52
Report Taken By				Date Received	28/06/2019 00:00

Print Ack letter

Save Submit

Attachment

Accident No.	WT/1051064	Claim No.	001
Last Dis. Received	Yes No	Upload Date	28/06/2019 16:53

Path *

Category *	Confidential	Urgency *	Description *
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
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Jun 2019 16:53	Photos	Normal	Photos 2019-6-28	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Jun 2019 16:53	Photos	Normal	Photos 2019-6-28	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Jun 2019 16:53	Photos	Normal	Photos 2019-6-28	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 16:52	Photos	Normal	Photos 2019-6-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 16:52	Photos	Normal	Photos 2019-6-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 16:52	Photos	Normal	Photos 2019-6-28
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 16:52	Photos	Normal	Photos 2019-6-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 16:52	Photos	Normal	Photos 2019-6-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 16:52	SAS	Normal	SAS 2019-6-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 16:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-28

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

ACCIDENT STATEMENT

ACCIDENT DATE: 27/06/2019 (DD/MM/YYYY), TIME: 21:40 (HH:MM)

LOCATION: PIE (Toward's Airport - Near Eunoi bait)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSV 2958 P
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5109140477-000004
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA STREAM
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRABCAR
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ROSLAN B. IBRAHIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 51793376B CONTACT: 82289715
c) ADDRESS: 646A PUNGGOL DE #06-554 (821666)

* d) DATE OF BIRTH: 30/09/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14.12.1989

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: SGU 875 Z MODEL: TOYOTA RUSH

b) DRIVER'S NAME: BOEY JUNJIE, DANIEL

c) NRIC/FIN/PASSPORT: 591239712 CONTACT: 98632962

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

FAX (M)(F)

* No of passenger
(including driver)
(03)

* No of passenger
(including driver)
(02)

* No of passenger
(including driver)
()

email =
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1793876B



Name
ROS LAN BIN I BRAHIM



Race
MALAY

Date of Birth
30-09-1967

Sex
M

Country of Birth
SINGAPORE

For LKK/NAC Use Only

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
S1793876B

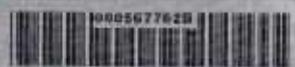
Name
ROS LAN BIN I BRAHIM



Exp. Date
30 Sep 1997

Issue Date
14 Jun 2003

100567762B



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2259075




NRIC No. S1793876B

Blood Group: O+ Date of issue: 10-08-1994

APT BLK 888A PUNGGOL DRIVE #06-554
SINGAPORE 821886

NRIC No: S1793876B Date: 08/01/2015

For LKK/NAC Use Only

For LKK/NAC Use Only

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

CLASS	DESCRIPTION	ISSUE DATE
Class 2B	Motorcycles not exceeding 200 cc	05 Jun 1991
Class 2A	Motorcycles between 201 cc and 400 cc	06 Jun 1991
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2,000 kilograms	14 Dec 1989

NP 428A

Licence No: S1793876B



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: 5109140477-000004

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV2958P**
Chassis Number : JHMRN6880AC200087
2. Name of Policyholder : TODDS PARTNERS PTE. LTD.
3. Effective Date of Insurance : 28 May 2019
4. Expiry Date of Insurance : 27 May 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 25 Apr 2019 17:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive