

**NATIONAL Assessment Centre Services** (part 1 Jan 2015) *M4049103522*

Date In: <i>07/05/2019 11:42</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NB81/INC/1901388914</i>	SAS e-filing		
Veh No: <i>SST 6321K</i>	E-mail (within Mhrs, AIC 2hrs)		
D.O.A: <i>06/01/2019 23.20</i>	I-Motor Claim Form	<i>M4/1057584</i>	
OD: <i>TP</i> Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		
TP Insurers:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to <u>Owner/Wksu</u>		

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

TP Particulars: ( ) Veh No: *SST0157D* INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Times: ( )

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 repairs.

( ) 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:** \_\_\_\_\_

Defect Line	Actions

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In Bill	Added
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: 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		
	For claimant against INC Only (wef 10 Jan 2015)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) NI: Idnu DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	N12: Idnu Mobile \$0		
	Invoice dated: _____		
	For Charged _____		
	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	07/08/2019 17:42
Date Of Accident	06/08/2019 23:20
Exact Location Of Accident	ALONG SOPHIA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6321K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	ERNEST.CARPENTRY.SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81004193
Alternative Phone No	OFFICE-81004193

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5108747945
Cover Note Number	

### Driver

Name of Driver	TAN ZUN ZIN (CHEN ZUNREN)
NRIC No	S8518941G
Date Of Birth	17/06/1985
Occupation	INDOOR
Date Of Driving Pass	05/10/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81004193
Fax Number	
Contact Number	OTHERS-81004193
EMail Address	ERNEST.CARPENTRY.SG@GMAIL.COM

Address	BLK 142 SIMEI STREET 2 #10-106
Postcode	520142
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	SHD1517D
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM TOW CHENG
NRIC/Passport Number	S0532615Z
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.

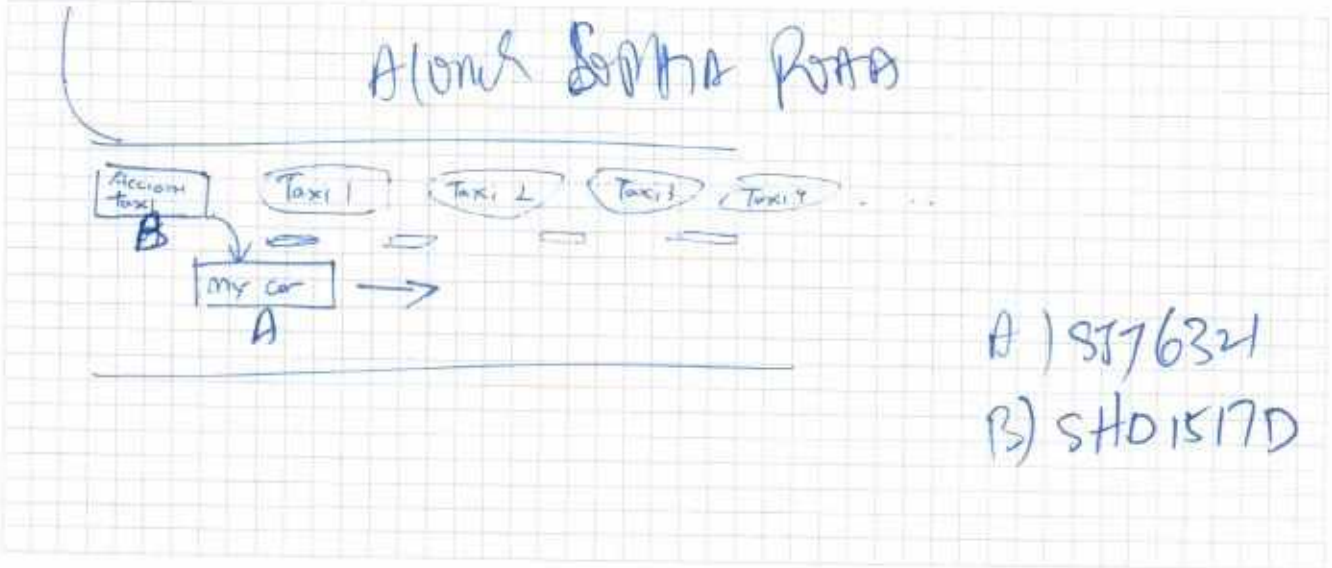


Policyholder's Signature  
Date & Time:

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

This is a Two lane road along Sophia Road. I was driving on outer lane and the taxi saw there is a line of taxi in front of him decided to turn right to outer lane so he can cut the queue of taxis. However he did not see my car on the outer lane and he hit my car rear wheel.

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

*[Handwritten Signature]*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

rsbm

**From:** rsbm <rsbm@lkkauto.com>  
**Sent:** Monday, 19 August, 2019 3:40 PM  
**To:** 'Hazalysa Binte Ibrahim'  
**Subject:** RE: Non-payment of Claims not Registered in eBao system made on 7 August 2019

Ok noted ebao cannot be created thanks.

Thanks & Best Regards,  
**ROSLI WAHAB**  
NACS Bukit Merah  
Tel: 6898 0055  
Fax: 6271 8802  
Email: [rsbm@lkkauto.com](mailto:rsbm@lkkauto.com)

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**From:** Hazalysa Binte Ibrahim [<mailto:hazalysa.ibrahim@income.com.sg>]  
**Sent:** Thursday, 15 August, 2019 11:13 AM  
**To:** [rsbm@lkkauto.com](mailto:rsbm@lkkauto.com)  
**Cc:** Desmond Foo Guo Hui; Patrick Tan Teck Boon; Clarence Richard Anthony; Clement Ng  
**Subject:** Non-payment of Claims not Registered in eBao system made on 7 August 2019

Dear Sir/Mdm,

We will not be paying the following reporting fee as the claim file was not submitted in our system.

We have registered them in our system after 2 working days, so please do not submit the case(s) to our system anymore.

No.	CASE REFERENCE	DOA	EFILE DATE	VEH/NO	REPORTING C
1	MNA419103922	6/8/2019 23:20	7/8/2019 17:51	SJT6321K	National Assessment Cen Merah)

As our Accident Reporting Centre, we require you to create the claim file on eBao-GCS by the next working day, after submitting the e-filling at Merimen system.

The reporting fees will be paid on case basis after you have registered the claims at both systems & uploaded the GIA report and photos at our system.

With effect from 1<sup>st</sup> Sep 2011, we will only pay the Reporting Fees if and only if:

- the claim is registered in both systems by the next working day;
- GIA report &/or photos is uploaded to our system.

Meanwhile, if you have any problem using our new claims system, please contact my colleagues for assistance:

- Patrick Tan ([patrick.tan@income.com.sg](mailto:patrick.tan@income.com.sg))
- Clarence Anthony ([clarence.anthony@income.com.sg](mailto:clarence.anthony@income.com.sg))

Warmest Regards

**Hazalya Bte Ibrahim**  
Admin Assistant, Motor Insurance  
T +65 6430 7902  
[www.income.com.sg](http://www.income.com.sg)



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Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ROGHR

cars stamp  
Inc

# ACCIDENT STATEMENT

ACCIDENT DATE: (06/08/09) (DD/MM/YYYY), TIME: (23:18) (HH:MM)

LOCATION: Along Sophia Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 6321K
- b) INSURANCE COMPANY: \_\_\_\_\_
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Toyota Y10S
- f) TYPE: (SAFARI / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) 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: TAN ZUN ZIN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: CS5189716 CONTACT: 810-4191
- c) ADDRESS: Blk 191 Sims St 2 #10-106 S(530142)

\*d) DATE OF BIRTH: (17/06/1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 05/10/2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

- 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) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 1517D MODEL: Hyundai
- b) DRIVER'S NAME: Lim Toni Cheng
- c) NRIC/FIN/PASSPORT: S0532615Z CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
- e) DRIVER'S NAME: \_\_\_\_\_
- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = [ernest.carpentry-sg@gmail.com](mailto:ernest.carpentry-sg@gmail.com)  
VIDEO



REPUBLIC OF SINGAPORE

IDENTITY CARD NO: **S8518941G**



**For LKK/NAC Use Only**

TAN ZUN ZIN  
(CHEN ZUNREN)

陈遵任

Race  
CHINESE

Date of birth  
17-06-1985

Sex  
M

Country/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Control Number: **S8518941G**

Name:  
TAN ZUN ZIN  
(CHEN ZUNREN)

**For LKK/NAC Use Only**

Birth Date: 17 Jun 1985  
Issue Date: 05 Oct 2009

1001791299F

5598100



MWD No: **S8518941G**

**For LKK/NAC Use Only**



Date of issue  
11-05-2016

Address  
APT BLK 142 SIMEI STREET 2  
#10-106  
SINGAPORE 520142

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE: 05 Oct 2009

Cars - 2000kg w.B. <= 47 passengers, exclusive of driver; and other motor vehicles <= 1500kg

**For LKK/NAC Use Only**

1001791299F

Licence No: S8518941G

**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: 5108747945-000022

Cover : Third Party

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJT6321K</b>             |
| Chassis Number  | : MRO53HY9305136618           |
| 2. Name of Policyholder   | : SRS AUTO HOLDINGS PTE. LTD. |
| 3. Effective Date of Insurance  | : 22 May 2019                 |
| 4. Expiry Date of Insurance   | : 21 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)	: 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 : 08 Apr 2019 14:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.	<input type="text" value="5108747945"/>	Date of Accident	<input type="text" value="06/08/2019 15:35"/>
Vehicle No.(For Motor)	<input type="text" value="SJT6321K"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5108747945	5108747945-000022	SRS AUTO HOLDINGS PTE. LTD.	201709236H	GFM	Third Party	SJT6321K	SJT6321K	22/05/2019	07/04/2020

Continue