

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

15/09/2009

Date In: 05/09/2009 15:24	Job description	Date & Time Completed	Done by
Ref No: NBS/INC/9015246/Y	SAS e-filing		
Veh No: SR 73804	E-mail (e-filing 3hrs, AIC 2hrs)		
D.O.A: 04/09/2009 17:28	I-Motor Claims Form	mt/106/137-001	05/09/2009 15:47
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: PCN779	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%. P: 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:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Action

Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	6) TR: Re-inspection \$75	
Tel: 2 / 3	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	TP (NI) : TP (Non INC) against INC \$20	
	9) NI2: Idao Mobile \$30	
	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	05/09/2019 15:24
Date Of Accident	04/09/2019 17:25
Exact Location Of Accident	COLLEGE ROAD TURNING TO CTE (AYE) TOWARDS JURONG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR7380U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUDDY TRANS SERVICES
Co Reg No	53329820B
Email Address	DAVELEE_SG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96268559
Alternative Phone No	OFFICE-96268559
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	AXIO
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093708050-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE CHEE YIN (LI ZHIXIAN)
NRIC No	S7623014E
Date Of Birth	27/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96268559
Fax Number	
Contact Number	OTHERS-96268559
EMail Address	DAVELEE_SG@YAHOO.COM

Address	BLK 12 JALAN BUKIT MERAH #03-5044
Postcode	150012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Passenger 1	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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC7477G
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUFYAN
NRIC/Passport Number	
Contact Number	96362546
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1



## 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**.
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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:

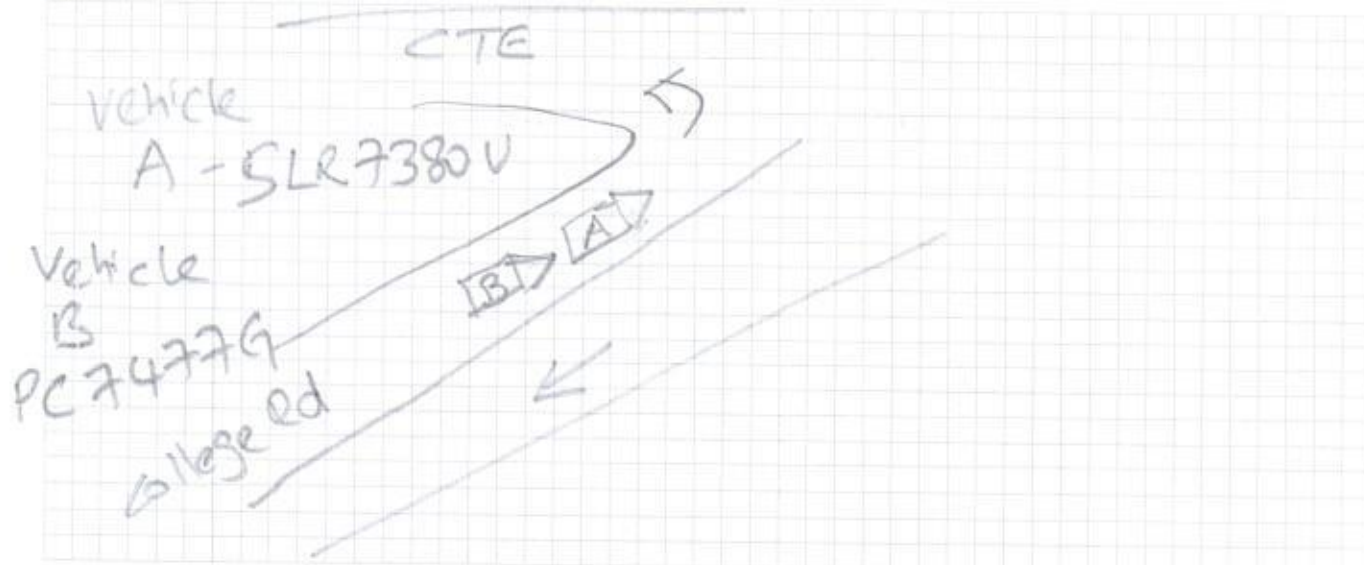
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

5/9/19

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B bang on vehicle A when vehicle A is at complete stop.

Vehicle A is at College Rd turning to slip rd to CTE (Jurong Ave) direction.

Road condition is dry and not raining.

I am vehicle A driver after picked up a Grab booking at Block 6/7 SGT to Jurong West.

## DECLARATION

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

Policyholder's Signature

Date & Time: 5/9/19

STANDARD SIGNATURE V3



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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

08/09/2019

Rashid



Claim Handling

Accident MT/1061137

Policy No.	5093708050-02	Vehicle No.	SLR7380U	GST Registration No.	533298208
Certificate No.					
Policyholder Name	BUDDY TRANS SERVICES			Policyholder NRIC	533298208
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96268559	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Report Date	05/09/2019 15:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/09/2019	Time of Accident hh:mm	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COLLEGE ROAD TURNING TO CTE (AYE) TOWARDS JURONG				

Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	1,500.00		

GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	05/09/2019 15:38:27 System changed GST Registration No. from 533298208 to null 05/09/2019 15:38:27 System changed GST Registration Date from 23/02/2016 to null 05/09/2019 15:38:27 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address					
Address 1	BLK 12 #03-5044	Address 2	JALAN BUKIT MERAH	Address 3	SINGAPORE 150012
Address 4		Address Type	Singapore address	Post Code	150012
Unit No.	03-5044	Related Policy Number	5093708050-02		

OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/07/1976
Unnamed driver Name	LEE CHEE YEN (LI ZHIKIAN)	Driver NRIC	S7623014E	Driving Experience	22
Register Date of Driver License	06/09/1996	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	96268559	Contact No.(Office)		Address 3	SINGAPORE 150012
Address 1	BLK 12 #03-5044	Address 2	JALAN BUKIT MERAH	Post Code	150012
Address 4		Address Type	Foreign address		
Unit No.	03-5044				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLR7380U	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	BUDDY TRANS SERVICES	Insured NRIC	533298208
Contact No.(Mobile)	96470620	Contact No.(Home)		Contact No.(Office)	N/A
Email Address		OT Vehicle Number	SLR7380U	TP Vehicle Number	PC7477G
Claim Description	SLR7380U / PC7477G ON 4 Sept 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Selected No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	05/09/2019 15:45
Report Taken By				Date Received	05/09/2019 00:00















Print AK letter

Save Submit

Attachment

Accident No.	MT/1061137	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	05/09/2019 15:47
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 05 Sep 2019 15:47	Photos	Normal	Photos 2019-9-5		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 05 Sep 2019 15:47	Photos	Normal	Photos 2019-9-5		

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Sep 2019 15:46	Photos		Normal	Photos 2019-9-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Sep 2019 15:46	Photos		Normal	Photos 2019-9-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Sep 2019 15:46	Photos		Normal	Photos 2019-9-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Sep 2019 15:46	Photos		Normal	Photos 2019-9-5
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Sep 2019 15:45	Photos		Normal	Photos 2019-9-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Sep 2019 15:45	Photos		Normal	Photos 2019-9-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Sep 2019 15:45	Photos		Normal	Photos 2019-9-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Sep 2019 15:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-5
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Sep 2019 15:45	SAS		Normal	SAS 2019-9-5

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				



# ACCIDENT STATEMENT

17 27

ACCIDENT DATE: (4, 9, 19) (DD/MM/YYYY), TIME: ( ) (HH:MM)

LOCATION: College Rd turning to Cte (Ave) Junction Direction

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 7380 U  
 b) INSURANCE COMPANY:   
 c) POLICY NUMBER: 5092708050-02.  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Corolla Axio  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: Buddy Tria Services (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S3329820B CONTACT:   
 c) ADDRESS:   
  
 \* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER ~~Buddy~~ LEE CHEE YIN  
 a) NAME: (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7623014E CONTACT: 96268559  
 c) ADDRESS: 121 Jln Rct Merah, #03-5044  
 S150012

\* d) DATE OF BIRTH: (27/07/1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 6/9/90

## 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)  
 IF YES, PLEASE STATE WHICH POLICE STATION:   
 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC 7477G MODEL: Nissan Van  
 b) DRIVER'S NAME: Sufyan  
 c) NRIC/FIN/PASSPORT: CONTACT: 96362546

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:   
 e) DRIVER'S NAME:   
 f) NRIC/FIN/PASSPORT: CONTACT:   
  
 email = davelee\_sg@yahoo.com  
 VIDEO

PAX (F)

\* No of passengers  
 (including driver)  
 (2)

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

\* No of passengers  
 (including driver)  
 ( )

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5093708050-02
The Policyholder	: BUDDY TRANS SERVICES BLK 12 #03-5044 JALAN BUKIT MERAH SINGAPORE 150012

Period of Insurance	: 25 Aug 2019 To 24 Aug 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,325.79

#### Interest Insured

Cover Type	: drive CLASSIC		
Primary Driver	: N/A		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/COROLLA AXIO	Capacity	: 1500cc
Registration Number	: SLR7380U	Registration Year	: 2017
Chassis Number	: NRE1610020262	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$2,000	NCD Entitlement	: 50%
Excess (Section 2)	: S\$1,500	NCD Protection	: Yes(Free)
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: No

**Memo A** : The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.

- 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
- 2) Section 1 clause 8 on Unnamed driver excess will not apply.

**Endorsement Operative** : M4

Agency	: S & M ALLIANCE PTE LTD (00000614373)
Date of Issue	: 22 Jul 2019 14:09 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive