

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

29 MAY 19/2006

Date In: 19/09/2009 10:36	Job description	Date & Time Completed	Done by
Ref No: N/A/10019016535/4	SAS e-filing		
Veh No: SY 2046Y	E-mail (by date time, AIC 2hrs)		
D.O.A: 18/09/2009 14:30	I-Motor Claim Form	N/A/10019016535/4	19/09/2009 11:27
OD: TP / 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/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHC 87117	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 reprior.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()	

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Date/Time:	Actions:

N/A/1907108	
Driver/Owner:	1) AL: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TF: Towing Fee \$40/\$45
	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (N11): TP (N11) INC against INC \$20
	9) N13: Idas Mobile \$0
QC Checked by (Engr-In-Charge):	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	19/09/2019 10:36
Date Of Accident	18/09/2019 14:30
Exact Location Of Accident	SLIP ROAD FROM JLN BUKIT MERAH TO HENDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2046Y
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81202340
Alternative Phone No	OFFICE-81202340

Vehicle Particulars

Manufacturer	BMW
Model	318I 2.0L A/T ABS D/AIRBAG 2WD 4DR
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	REPORTING ONLY
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	RAMDZAN BIN MOHAMED
NRIC No	S1796520D
Date Of Birth	25/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	02/03/1990
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81202340
Fax Number	
Contact Number	OTHERS-81202340
Email Address	NOEMAIL

Address	BLK 121 BUKIT MERAH VIEW #03-86
Postcode	151121
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)	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	SHC8711T
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN MUI
NRIC/Passport Number	S0665141J
Contact Number	97655361
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.



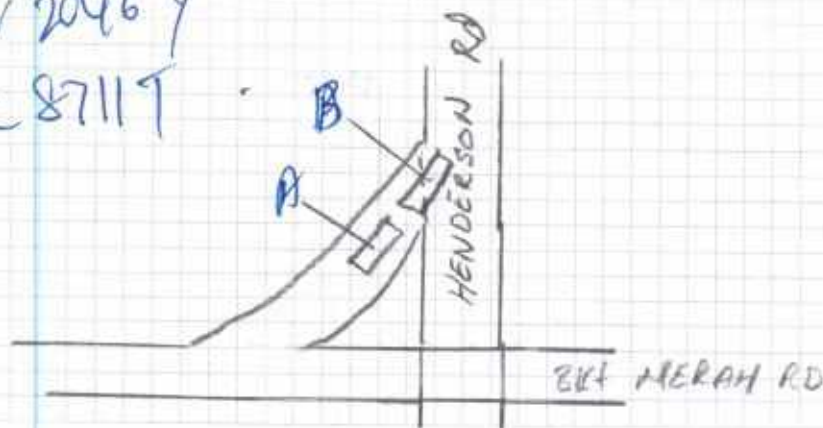
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A) SLV 2046 Y
B) SHC 8711 T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bkt Merah Rd and making a left turn towards Henderson Rd. Infront of me there was a taxi jam brake out of sudden. So I hit the taxi from behind. I was alone on that particular time.

DATE : 18092019

TIME : 1430 HRS

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.:

Claim Handling

The premium on this policy has not been collected.

Accident NT/1083078

Policy No.	5108747945	Vehicle No.	SLV2046Y	GST Registration No.	201709236H
Certificate No.	5108747945-000087				
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.			Policyholder NRIC	201709236H
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Leading	C
Contact No.(Mobile)	81202340	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFR	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	0	Private Hire	No

Accident Details

Report Date	18/09/2019 10:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/09/2019	Time of Accident (hh:mm)	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD FROM JLN BUKIT PERAH TO HENDERSON ROAD				

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2017
GST Registration No.	201709236H	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	3 KUNG CHONG ROAD	Address 2	#04-01 SRS BUILDING	Address 3	SINGAPORE 159142
Address 4		Address Type	Singapore address	Post Code	159142
Unit No.		Related Policy Number	1112184296		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/12/1987
Unnamed driver Name	RANDZAN BIN MOHAMED	Driver NRIC	91799520D	Driving Experience	29
Register Date of Driver License	02/03/1990	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	81202340	Contact No.(Office)		Address 1	SINGAPORE 151121
Address 1	BLK 121 #03-06	Address 2	BUKIT PERAH VIEW	Address 3	
Address 4		Address Type	Foreign address	Post Code	151121
Unit No.	03-06				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLV2046Y	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 OD-MX **NEW**

Claim Type *	OD-MX	Insured Name	SRS AUTO HOLDINGS PTE. LTD.	Insured NRIC	201709236H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	88482446
Email Address		DI Vehicle Number	SLV2046Y	TP Vehicle Number	SHCB711T
Claim Description	SLV2046Y ON 18 Sept 2019				
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
Damage No. Registration	Yes	Preferred Workshop, Name unknown			
Date Registered	19/09/2019 11:25	Claim Close Date		Date Received	19/09/2019 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss Declared	

Print All letter

Save Submit
















Attachment

Accident No.	NT/1083078	Claim No.	001
Last Doc. Received	Yes No	Upload Date	19/09/2019 11:27
Path *			
Choose File No file chosen	Clear	Category *	Confidential
Choose File No file chosen	Clear	Urgency *	Normal
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
NAC_BUKIT PERAH, ROAD(S) NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT PERAH) on 19 Sep 2019 11:27		Photos	Normal
			Photos 2019-9-19

Send Message

9/19/2019

Claim Handling(accident reporting Claim Task 001 OD-MX)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:27	Photos		Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:27	Photos		Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:27	Photos		Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:28	Photos		Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:28	Photos		Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:28	Photos		Normal	Photos 2019-9-19
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:28	Photos		Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:28	Photos		Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:28	Photos		Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:28	Photos		Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 11:28	SAS		Normal	SAS 2019-9-19

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 18.09.2019 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: HENDERSON RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 2046 Y
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NOT)
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: RAMPZAN B. MOHAMED (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1746520 JD CONTACT: 81202340
c) ADDRESS: BLK 121 BUKIT MEHARI VIEW # 03-86

* d) DATE OF BIRTH: 25/12/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 02-03-1990

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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: SHL 8711 T MODEL: HYUNDAI
b) DRIVER'S NAME: CHIAN MUI
c) NRIC/FIN/PASSPORT: S 0665141 J CONTACT: 97655361

9. THIRD PARTY VEHICLE

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

email =

VIDEO

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: 5108747945-000057

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SLV2046Y
Chassis Number : WBAPF72020A793487
2. Name of Policyholder : SRS AUTO HOLDINGS PTE. LTD.
3. Effective Date of Insurance : 30 Aug 2019
4. Expiry Date of Insurance : 29 Aug 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

Policy Query

Policy No.	<input type="text" value="5108747945"/>	Date of Accident	<input type="text" value="18/09/2019 10:33"/>
Vehicle No. (For Motor)	<input type="text" value="SLV2045Y"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108747945	5108747945-000057	SRS AUTO HOLDINGS PTE. LTD.	201709236H	GFM	Third Party	SLV2046Y	SLV2046Y	30/08/2019	07/04/2020