

# NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

15/04/19/27/17

Date In: 25/09/2019 16:04	Job description	Date & Time Completed	Done by
Ref No: N/A/19/01/18/2019	SAS e-filing		
Veh No: PC 5749K	E-mail (24hrs, A/C 2hrs)		
D.O.A. 24/09/2019 15:20	I-Motor Claims Form	MY/11063015-001	25/09/2019 16:19
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: SL24 A6C 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 ( )

( ) 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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time: ( )

( )

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## 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	25/09/2019 16:04
Date Of Accident	24/09/2019 15:20
Exact Location Of Accident	LENGKOK BAHRU CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5749K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MURNI LIMO SERVICES
Co Reg No	53388255M
Email Address	GOHENGGUAN1965@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84374871
Alternative Phone No	OFFICE-91238881

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
Exact Purpose for which vehicle was being used at time of accident	PARKING OF VEHICLE
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	5104426650
Cover Note Number	

### Driver

Name of Driver	GOH ENG GUAN
NRIC No	S1689519I
Date Of Birth	10/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/03/1992
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84374871
Fax Number	
Contact Number	OTHERS-91238881
Email Address	GOHENGGUAN1965@GMAIL.COM

Address	BLK 93 HENDERSON ROAD #03-226
Postcode	150093
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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	SLZ4396C
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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.



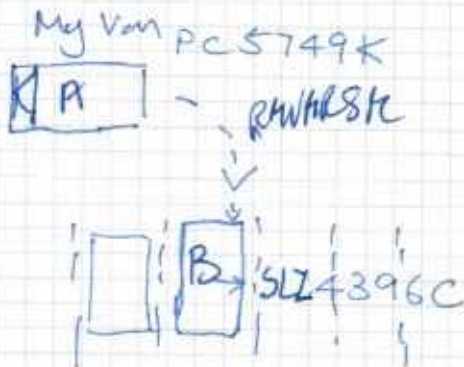
Policyholder's Signature  
Date & Time:

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

25/10/2019  
Reporting Centre Personnel's Signature  
Name: *Rafael Lim*  
NRIC/FIN No.:

SKETCH PLAN

CHUNGKOK BAYEN CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the day 24/09/2019 around 3-20pm, I want to reverse to park at the lot but I misjudge and acciendtly hit the vehicle no SLZ 4396 C. The ~~side~~ right side of the car was damage and the right head light broken. There are no driver in the car. I leave a note and he contact me later.

DECLARATION

I/We declare the following 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.:

25/09/2019  
Roshan

## Claim Handling

Accident HT/1063995

Policy No.	91044254TR	Vehicle No.	PCS749K	GST Registration No.	
Certificate No.					
Policyholder Name	MURNI LIMO SERVICES			Policyholder NRIC	S2388255M
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Leading	0
Contact No.(Mobile)	84374871	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	Yes = No	TCA	Yes = No	eCode Reason	
NCD Protection	No	NCD Entitlement(N)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	25/09/2019 16:15	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	24/09/2019	Time of Accident (hh:mm)	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	LENGKOK BAHU CARPARK				
<b>Excess</b>					
Owl damage Excess	1,000.00	Additional Excess		Windscreen Excess	500.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,000.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	25/09/2019 16:17:45 System changed GST Status Verified from No to Yes				

## Policyholder Mailing Address

Address 1	BLK 93 #03-225	Address 2	HENDERSON ROAD	Address 3	SINGAPORE 150093
Address 4		Address Type	Singapore address	Post Code	150093
Unit No.	03-225	Related Policy Number	9104426050		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	GOH ENG GUAN	Driver NRIC	S188951R	Driver DOB	10/07/1968
Register Date of Driver License	25/03/1992	Driver Age	54	Driving Experience	27
Contact No.(Mobile)	91236880	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 93 #03-225	Address 2	HENDERSON ROAD	Address 3	SINGAPORE 150093
Address 4		Address Type	Foreign address	Post Code	150093
Unit No.	03-225				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	PCS749K	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

## Modification History

Claim 001 **New**

Claim Type *	DO-MR	Injured Name	MURNI LIMO SERVICES	Injured NRIC	S2388255M
Contact No.(Mobile)	89379871	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	PCS749K	TP Vehicle Number	SL7439WC
Claim Description	PCS749K / SL7439WC ON 24 Sept 2019				
Preferred Workshop		Injured Liability	Fully at Fault	GIA report	Received
Workshop No.		Repair Option	Preferred Workshop, Name unknown		
Finalisation	Yes				
Date Registered	25/09/2019 16:19	Claim Close Date		Date Received	25/09/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AR letter

Save Submit

## Attachment

Accident No.	HT/1063995	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/09/2019 16:20
Path *			
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Message Read		Clear	Please Select *

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CDS)
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 16:20	Photos	Normal	Photos 2019-9-25	
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 16:20	Photos	Normal	Photos 2019-9-25	
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 16:20	Photos	Normal	Photos 2019-9-25	

Send Message

9/25/2019

## Claim Handling(accident reporting Claim Task )

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 16:19	Photos		Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 16:19	Photos		Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 16:19	Photos		Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 16:20	Photos		Normal	Photos 2019-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 16:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 16:19	SAS		Normal	SAS 2019-9-25

Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 24/09/19 (DD/MM/YYYY), TIME: 15:20 (HH:MM)

LOCATION: Lengkok baru car park

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC5749K  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5104426650  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Hiace Commuter GL 3.0  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Parking  
 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: Murni Indranani (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8278606/E CONTACT: 84370871  
 c) ADDRESS: Blk 93 Henderson Rd, #03-226  
80150093

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Goh Eng Guan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S16895197 CONTACT: 91238881  
 c) ADDRESS: Blk 93 Henderson Rd #03-226  
80150093

\* d) DATE OF BIRTH: 10/07/1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SLZ4396C MODEL: Honda  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

No of passengers  
 (including driver)  
(1)

No of passengers  
 (including driver)  
(0)

No of passengers  
 (including driver)  
(0)

Email = Goh Eng Guan 1965@gmail.com

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** : 5104426650

**Cover** : Comprehensive

- |  |                       |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle   | : PC5749K             |
| Chassis Number   | : KDH2230029142       |
| 2. Name of Policyholder  | : MURNI LIMO SERVICES |
| 3. Effective Date of Insurance   | : 10 Oct 2018         |
| 4. Expiry Date of Insurance  | : 09 Oct 2019         |
| 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.<br>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 the carriage of passengers in connection with the Policyholder's business.   |                       |
| (b) Limited to carry 14 passengers   |                       |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

\* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MOTOR CREDIT PTE LTD
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 : HON BROTHERS MOTOR (00000571733)  
 Date of Issue : 09 Oct 2018 15:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive

**Annex A**

Transaction ref 20181017130751271979

The owner and vehicle particulars for Vehicle No. PC5749K as at 17 Oct 2018 are as follows:

1. Name	: MURNI LIMO SERVICES
2. Identification No. Type	: Business
3. Identification No.	: 53388255M
4. Country/Region	: -
5. Vehicle No.	: PC5749K
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 17 Oct 2018
8. Original Registration Date	: 27 Apr 2017
9. First Registration Date	: 27 Apr 2017
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: HIACE COMMUTER GL 3.0 AUTO
17. Year of Manufacture	: 2016
18. Primary Colour	: Silver
19. Secondary Colour	: -
20. Passenger Capacity	: 13
21. Chassis/Trailer Chassis No.	: KDH2230029142 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 1KD2636685 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 2140