

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

25/1/2019/33810

| | | | |
|---------------------------|--|-----------------------|------------|
| Date In: 09/10/2019 12:41 | Job description | Date & Time Completed | Done by |
| Ref No: N89/2019/2805/4 | SAS e-filing | | |
| Veh No: STJ 3210R | E-mail (w/da 3hrs, A/C 3hrs) | | |
| D.O.A: 08/10/2019 08:10 | I-Motor Claims Form | mtub65915-002 | 08/10/2019 |
| OID: TP / Reporting Only | I-Motor W/O (Within: OD 3hrs, TP 4hrs) | | 14.28 |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whan | | |

| | | |
|--|---|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: STJ 3210R | 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 repair. |
| () 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: | |
| | |
| | |
| | |
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| | |
| | |

| | | |
|---------------------------------|---|-------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120 | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming against INC Only (wef 10 Jan 2005) | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idao DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | ON: | |
| | *NS: Courtesy Car / Tpt Allowance \$3 | |
| | *NG: Repairs Coordination \$10 | |
| | *NT: Post Repair Inspection \$25 | |
| | *ND: DV / Collect Excess Coordination \$3 | |
| | TP (NI) / TP (Non INC) against INC \$20 | |
| | *N12: Idao Mobile \$0 | |
| | 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 | 09/10/2019 12:41 |
| Date Of Accident | 08/10/2019 08:10 |
| Exact Location Of Accident | SENGKANG EAST DR TURNING LEFT TOWARDS KPE CITY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SJU5875E |
| Insured/Policyholder | |
| Name Of Registered Owner | SRS AUTO HOLDINGS PTE. LTD. |
| Co Reg No | 201709236H |
| Email Address | APPLEMEI8168@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91812042 |
| Alternative Phone No | OFFICE-91812042 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | HYUNDAI |
| Model | AVANTE |
| 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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5108747945 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | YEOH BEE LENG |
| NRIC No | S2160688Z |
| Date Of Birth | 02/12/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 08/05/1979 |
| Driving Experience | 40 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91812042 |
| Fax Number | |
| Contact Number | OTHERS-91812042 |
| Email Address | APPLEMEI8168@GMAIL.COM |

| | |
|---|--|
| Address | BLK 537 CHOA CHU KANG STREET 51 #12-166 |
| Postcode | 680537 |
| 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) | 2 |
| Passenger 1 | NAME: : COLLEAGUE |
| | 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 | SJY3210R |
| Vehicle Make/Model/Colour | RENAULT SCENIC |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHIENG CHIN YI |
| NRIC/Passport Number | S8061242G |
| Contact Number | 96510693 |
| 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:

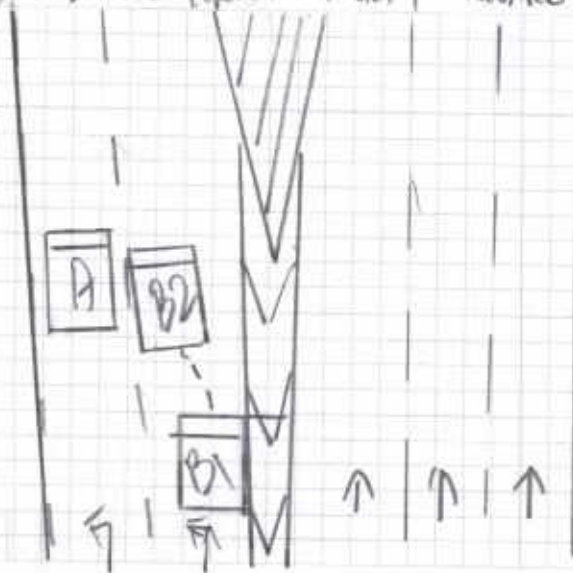
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *Resha*
NRIC/FIN No.: *9910/2018*

SKETCH PLAN SENGKANG EAST DRIVE TURNING LEFT TOWARDS KPE (CITY)

A) SJU 5875E

B) SJY 3210R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 8/10/2019, at 8.10am, at SENGKANG EAST WAY TOWARDS KPE, I ~~WE~~ WERE DRIVING ON LANE 1 (EXTREME LEFT), GOING TO WORK. Suddenly I FELT A BANG ON MY RIGHT AND STOPPED IMMEDIATELY. AND EXCHANGED PARTICULARS (I/C) WITH THE INVOLVED DRIVER THAT BANG MY CAR. THEN BOTH CARS LEFT. NO INJURIES, NO POLICE REPORT MADE.

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

Accident MT/1065919

| | | | | | |
|---------------------|-----------------------------|---------------------|-------------|----------------------|------------|
| Policy No. | SV08747945 | Vehicle No. | SVU5873E | GST Registration No. | 201709236H |
| Certificate No. | SV08747945-000062 | | | | |
| Policyholder Name | BR3 AUTO HOLDINGS PTE. LTD. | Cover Type | Third Party | Policyholder NRIC | 201709236H |
| Product Code | PLST MASTER INSURANCE | Contact No.(Office) | | Issued | 0 |
| Contact No.(Mobile) | Nil | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | | eCode | Rs * |
| KPI | < No Yes | NCD Endorsement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private Hire | Yes |

Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|-----------|
| Report Date | 09/10/2019 15:34 | Accident Report Within 24 hrs | Yes | Accident Type | Unknown |
| Date of Accident | 08/10/2019 | Time of Accident Minimum | 08:10 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ALONG SLIP ROAD TO BUANGKOK EAST DRIVE | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|----------|--------------------|----------------|
| Excess Type | Per Accident | Whichever Excess | 0.00 | Driver is Covered? | Not Applicable |
| OD Standard Excess | 0.00 | TP Standard Excess | 1,300.00 | | |
| VIED OD Excess | | VIED TP Excess | | | |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | 1,300.00 | | |

Benefits

GST Registered Information

| | | | |
|----------------------|------------|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/05/2017 |
| GST Registration No. | 201709236H | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|---------------------|-----------------------|---------------------|-----------|------------------|
| Address 1 | 5 BLINS CRONIN ROAD | Address 2 | #04-01 BR3 BUILDING | Address 3 | SINGAPORE 159142 |
| Address 4 | | Address Type | Singapore address | Post Code | 159142 |
| Unit No. | | Related Policy Number | SV12164206 | | |

OI 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) | | 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: 002 OD-MX **Acc**

Claim Type *

Contact No.(Mobile)

Email Address:

Claim Description

Preferred Workshop **Insured Liability** **Partially at Fault** **Insured** **SVU5873E / SV12164206 ON 8 Oct 2019** **Insured NRIC** **201709236H** **Contact No. (Office)** **83482644** **TP** **SVU5873E** **Vehicle Number** **SV12164206** **Name of Preferred Workshop**

Date Registered **09/10/2019 14:36** **Claim Close Date** **09/10/2019 00:00** **Date Received** **09/10/2019 00:00** **Workshop Repairer** **ROSLI WAHAB** **Total Loss But Repaired**

Report Taken By

Print Ack letter

Save Submit

Attachment

| | | | | | | | |
|--------------------|----------------|-------------|------------------|------------|---------------|-----------|---------------|
| Accident No. | MT/1065919 | Claim No. | 002 | Category * | Confidential | Urgency * | Description * |
| Last Doc. Received | Yes No | Upload Date | 09/10/2019 15:34 | Clear | Please Select | NO | Normal |
| Path * | | | | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | | | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | | | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | | | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | | | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | | | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | | | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | | | Clear | Please Select | NO | Normal |
| Message Read | | | | Clear | Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent (CO) |
|------------|--|-----------------------|---------|---------------------------------|---------------|
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 15:24 | SAS | Normal | SAS 2019-10-9 | |
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 14:28 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-10-9 | |
| | NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 14:29 | Photos | Normal | Photos 2019-10-9 | |

|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 14:28 | Photos | Normal | Photos 2019-10-9 |
|---|--|-----------|--------|------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 14:28 | Photos | Normal | Photos 2019-10-9 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 14:28 | Photos | Normal | Photos 2019-10-9 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 14:28 | Photos | Normal | Photos 2019-10-9 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 14:28 | Photos | Normal | Photos 2019-10-9 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 14:28 | Photos | Normal | Photos 2019-10-9 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 14:28 | Photos | Normal | Photos 2019-10-9 |
| Video List | | | | |
| Uploaded By/Date | Folder Date | File Name | Source | Action |
| <div>Display in New Window</div> <div>Scan and uploading</div> | | | | |

ACCIDENT STATEMENT

ACCIDENT DATE: 08/10/2019 (DD/MM/YYYY), TIME: 08:10 (HH:MM)

LOCATION: KPE Turnings from Sengkang Road Drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU 5875 E
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HYUNDAI AVANTE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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: YEON BEE LAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S21606882 CONTACT: 9181042
 c) ADDRESS: BLK 537 CHH CHU KAH ST 51 # 12-166
5680537

*d) DATE OF BIRTH: 02/12/1956 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 8/5/1979

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CL

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: SJY 3210 R MODEL: RENAULT SCENIC
 b) DRIVER'S NAME: CHIENH CHIN YI
 c) NRIC/FIN/PASSPORT: 580612426 CONTACT: 96510693

9. THIRD PARTY VEHICLE

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

Email = appiemei8168@gmail.com

VIDEO

Policy Query

| | | | |
|---------------------------------------|---|--------------------|---|
| Policy No. | <input type="text" value="5108747945"/> | Date of Accident | <input type="text" value="08/10/2019 12:36"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJU5875E"/> | 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 checked="" type="radio"/> | 5108747945 | 5108747945-000062 | SRS AUTO HOLDINGS PTE. LTD. | 201709236H | GFM | Third Party | SJU5875E | SJU5875E | 04/09/2019 | 07/04/2020 |