

Start: 30/10/19 10:03	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 19019122/64	SAS e-Mailing		
Car No: SMH 1691 C	E-mail (within 3hrs, AIC 2hrs)		
End: 29/10/19 10:35	I-Motor Claim Form	MT/1069129 <sup>001</sup>	30/10/19 13:57
TP # Report Only	I-Motor W/O (within 60 hrs, TP #hrs)		
TP Incent	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Whan ref Whan INC Assign Whan / GW: ( Tel: Fax: )

TP Particulars: Vch No: SLH 345 X. 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%; 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 repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC 19019122/64)

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

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

Date/Time	Actions

MA1908144	Invoice Registration Credit	Am (\$)	PAID (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/245		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Sign-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$10		
Auditors Comments:	For claiming assist INC Only (ver 19 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NS: Repair Co-ordination \$10		
	*NF: Post Repair Inspection \$25		
	*NS: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) NI: Idas 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	30/10/2019 10:03
Date Of Accident	29/10/2019 10:35
Exact Location Of Accident	SLIP RD OF QUEENSWAY & COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1691C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ISKANDAR B SISAN
NRIC No	S7327597J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93854985
Alternative Phone No	OFFICE-93854985

#### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4L AT TSI 1T32B4
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	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107165234
Cover Note Number	

#### Driver

Name of Driver	ISKANDAR B SISAN
NRIC No	S7327597J
Date Of Birth	06/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	03/11/1998
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93854985
Fax Number	
Contact Number	OFFICE-93854985
EEmail Address	NOEMAIL

Address	BLK 833 JURONG WEST ST 81 #03-01
Postcode	640833
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?	
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: : UNKNOWN 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

REFER TO STATEMENT.

#### Attachment(s)

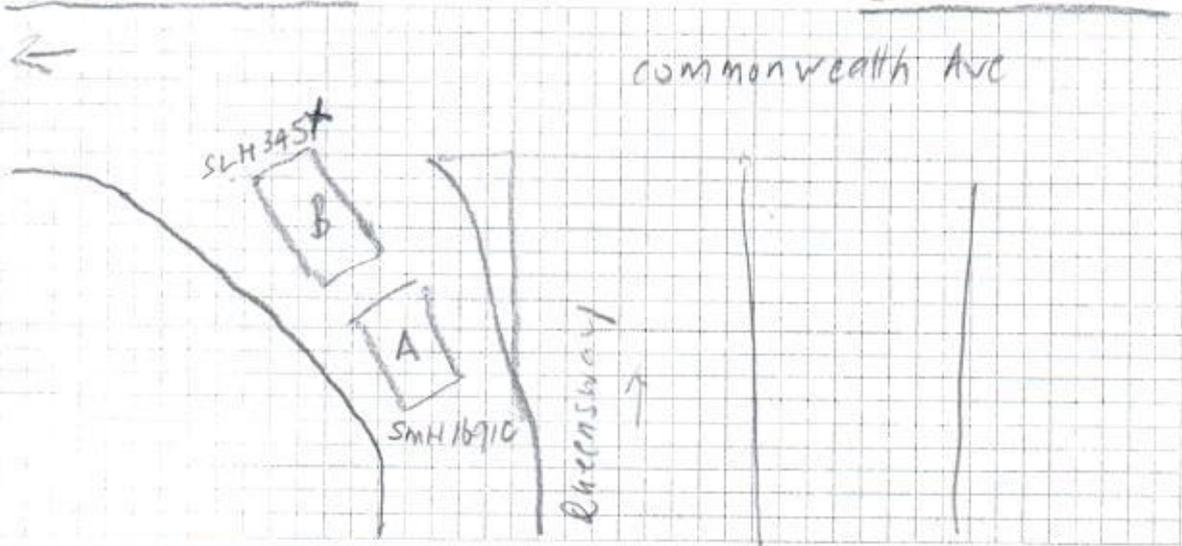
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH345X
Vehicle Make/Model/Colour	
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, driver of car SMH 16910, was driving into the filter lane along Queensway. ~~when~~ I saw car SLH 345X in front of me suddenly jam brake. I could not brake in time and collided into his rear. The traffic and weather was fine and clear. We exchange particulars the driver, Mr Wilson, was not injured and was all OK. ~~The passenger~~ the passenger in my car was also OK and not injured. I continue to ferry the passenger to her destination.

DECLARATION

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

Policyholder's Signature  
 Date & Time:  
 29/10/19, 12:50

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (29, 10, 2019) (DD/MM/YYYY), TIME: (10:35 AM) (HH:MM)

LOCATION: Left filter lane junction of Queensway & Commonwealth Ave

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH 1691C
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5107165234
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: \_\_\_\_\_
- f) TYPE: (HATCHBACK / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Personal use
- 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: Iskandar B Sison (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7327597J CONTACT: 93854985
- c) ADDRESS: Apt B1c 832 Tunjung West H 81 #03-01  
(S) 640833

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

## DRIVER

- a) NAME: As above. (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

- \*d) DATE OF BIRTH: (06/08/1973) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_
- WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner
- 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: SLH 345X MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: \_\_\_\_\_
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

#No of passengers  
(including driver)  
(2)

DLI pass doc.  
class 3 3/11/1998  
Issue 03/4/2014

#No of passengers  
(including driver)  
(1)

#No of passengers  
(including driver)  
( )

Email = dreamisk@hotmail.com  
fax = \_\_\_\_\_  
VIDE.O = \_\_\_\_\_

**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:** 5107165234

**Cover :** drivo CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SMH1691C          |
| Chassis Number  | : WVGZZZ1TZBW043224 |
| 2. Name of Policyholder   | : ISKANDAR B SISAN  |
| 3. Effective Date of Insurance  | : 22 Jan 2019       |
| 4. Expiry Date of Insurance   | : 21 Jan 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 business or profession.   |                     |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ISKANDAR BIN SISAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : INDEX AGENCY PTE LTD (00000572017)  
Date of Issue : 22 Jan 2019 10:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Authorised Officer



Chief Executive

Countersigned By:

**Claim Handling**

**Accident NT/1069129**

Policy No.	5107165234	Vehicle No.	SMH1691C	GST Registration No.	
Certificate No.					
Policyholder Name	ISKANDAR B SISAN			Policyholder NRIC	S7327597J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93854985	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

▼ **Accident Details**

Report Date	30/10/2019 13:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/10/2019	Time of Accident hh:mm	10:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD OF QUEENSWAY & COMMONWEALTH AVE				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	BLK 833 #03-01	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640833
Address 4		Address Type	Singapore address	Post Code	640833
Unit No.		Related Policy Number	5107165234		

▼ **OJ Driver Info**

Driver Name	ISKANDAR BIN SISAN	Driver Type	Main Driver	Driver DOB	06/08/1973
Unnamed driver Name		Driver NRIC	S7327597J	Driving Experience	20
Register Date of Driver License	03/11/1998	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	93854985	Contact No.(Office)		Address 3	SINGAPORE 640833
Address 1	BLK 833 #03-01	Address 2	JURONG WEST STREET 81	Post Code	640833
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ISKANDAR B SISAN	Insured NRIC	S7327597J
Contact No.(Mobile)	93854985	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	dreamisk@hotmail.com	OJ Vehicle Number	SMH1691C	TP Vehicle Number	SLH34
Claim Description	SMH1691C / SLH34SX ON 29 Oct 2019				
Preferred Workshop	0	Insured Liability	Fully at Fault		
WORKS No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	30/10/2019 13:56	Date Received	30/10/2019
Report Taken By	LEW SHAN HUI				

Print AK letter

Save Submit

**Attachment**

Accident No.	NT/1069129	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	30/10/2019 13:57
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

▼ **Attachment List**

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:57	SAS		Normal	SAS 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:57	Photos		Normal	Photos 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:57	Photos		Normal	Photos 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:57	Photos		Normal	Photos 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:57	Photos		Normal	Photos 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:56	Photos		Normal	Photos 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:56	Photos		Normal	Photos 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:56	Photos		Normal	Photos 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:56	Photos		Normal	Photos 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:56	Photos		Normal	Photos 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:56	Photos		Normal	Photos 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:56	Photos		Normal	Photos 2019-10-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Oct 2019 13:56	Photos		Normal	Photos 2019-10-30

Video List

Uploaded By/Date	Folder Date	File Name		Source
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