

22/07/2012

ASS. REC. BY:

REF:

CS/INC19019289/A+23

Special Instruction:

Surveyor: Adnan

ASSIGNMENT (Office)

From (Person): Hazalyea Bte Ibrahim NTUC

Date/Time: 31/10/2019

Estimated Cost: Bill to:

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLD 5790G

Insured: SLI 6566 A.

at Workshop m/s Fong Motore

Tel: 67485648

of No. 1 Kaki Bukit Ave 6 #01-45

Policy No:

Claim No:

Sum Insured:

Excess:

D.O.A. 30/10/2019

Make of Veh:

(Client's Record)

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Date/Time: 31/10

Person Contacted:

Siew Cheng

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction Estimate (✓)

SLD 5790G - X

SLI 6566A - X.

Pending Adnan finalize.

ASS. REC. BY:

REF: INC

ASSIGNMENT

From:

Date:

1.11.2019

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

SLD 57906

at Workshop m/s

Fong motors

of

NO1 Kaki Bukit Ave 1 #01-45

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

my!

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLD 57906

Yr Regn:

2016 June

Type: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Sienta

C.C. 1496

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

55525

T/Radio: Insured / Std / NI / NA

Eng/No:

NSP1707029885

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/50R16

R:

205/50R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

01/11/18

Survey held at

Fong motor

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear n/s, u/c

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

TP INC.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Rep. Format:

Emp. Sign / L.D.:

☐ : Prel. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Nivitha (LKK Auto)

From: Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>
Sent: Thursday, 31 October 2019 4:12 PM
To: Admin-D (LKKAuto); assignments
Subject: FW: PRI for SLD5790G
Attachments: img-191030174042.pdf

Dear LKK,

Please assist to survey the vehicle on 1/11/19

Warmest Regards

Hazalysa Bte Ibrahim

Admin Assistant

Motor Department

T +65 6430 7902

www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

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yo

From: MTSurvey
Sent: Thursday, 31 October 2019 9:07 AM
To: 'FONG MOTORS' <fongmotors@gmail.com>
Cc: MTCL@income.com.sg
Subject: RE: PRI for SLD5790G

Dear Workshop,

Thank you for contacting the NTUC Income Survey Team.
The Physical Survey appointment will be arranged on 01/11/19

Aside to MTCL,

Please create

Warmest Regards

Hazalya Bte Ibrahim

Admin Assistant

Motor Department

T +65 6430 7902

www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers



From: FONG MOTORS [<mailto:fongmotors@gmail.com>]

Sent: Wednesday, 30 October 2019 5:58 PM

To: MTSurvey <MTSurvey@income.com.sg>

Subject: PRI for SLD5790G

Dear Sir,

Kindly arrange PRI for above mentioned vehicle and please us have your list of surveyor.
Thank you.

Regards
Siew Cheng
Fong Motors

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Date: 30/10/19

To, NTUC Income

From, Fong Motors

Attention: Motor Claims Department

Dear,

RE: TRAFFIC ACCIDENT INVOLVING VEHICLE NO. 8LD 5790G & 8LJ 6566A
ALONG 80th ECP After Ford Road Exit
ON 30/10/19 @ 9.05am

I am the owner of the vehicle no. 8LD 5790G which was involved in the above mentioned accident.

According to the Registry Of Vehicle you are the insurers of vehicle no. 8LJ 6566A

My motor vehicle has been sent for repair and is now lying at messers.

Fong Motors
No. 1, Kaki Bukit Avenue 6
01-45, Autobay@Kaki Bukit
Singapore 417883
Tel: 67485648 - Goh Siew Cheng
fongmotors@gmail.com

Please take notice that unless you instruct your surveyor to inspect my vehicle (without the estimated cost of repair) (REFER TO NON-INJURY MOTOR ACCIDENT (NIMA) PROTOCOL 01 MAY 2011) within TWO (2) WORKING DAYS from the date hereof, I shall instruct my repairers to proceed with the repair without further delay

Thank You,

Yours Faithfully,

Surveyed by:

From: _____

Name: _____

Contact no.: _____

Date And Time: _____

Name: ZAININRIC NO.: S7027840A

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 15:16
Date Of Accident	30/10/2019 09:05
Exact Location Of Accident	ECP AFTER FORD ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5790G
Insured/Policyholder	
Name Of Registered Owner	ZAINI BIN ABDUL WAHAB
NRIC No	S7027890A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93858774
Alternative Phone No	OFFICE-93858774

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER USE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112923926
Cover Note Number	

Driver

Name of Driver	ZAINI BIN ABDUL WAHAB
NRIC No	S7027890A
Date Of Birth	17/08/1970
Occupation	INDOOR
Date Of Driving Pass	10/05/1988
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93858774
Fax Number	
Contact Number	OFFICE-93858774
Email Address	NOEMAIL

Address	BLK 137 #11-162 YISHUN RING ROAD
Postcode	760137
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
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: : 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 ATTACHED

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	SLJ6566A
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OH SWEE HONG
NRIC/Passport Number	S9044265A
Contact Number	81015105
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME99780
Vehicle Make/Model/Colour	SUZUKI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI HUI
NRIC/Passport Number	S8877244Z
Contact Number	83387406
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHB3232Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ZAINI BIN ABDUL WAHAB
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLD5790G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 137 #11-162 YISHUN RING ROAD
Postcode	760137

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 willful 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 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.
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 purposes:
 - (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 cited 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 insurer and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (ii) to all insurer and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (iii) to all insurer and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (iv) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time

30/10/19

@ 1:10pm

GIA HVC Stamp - 30/10/19

Driver's Signature
(If driver is not the policyholder, in "Date & Time")

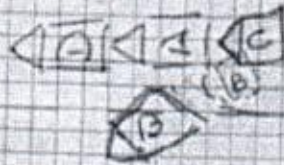
30/10/19

@ 1:10pm

Reporting Centre Personnel's Signature
Name

NRIC/PIN No:

SKETCH PLAN



A - SLI 51906

B - SLI 6566A

C - SUE 9978P

D - SHB 3332Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along ECP towards Changi after Fort Road Exit
the car in front stop and I stop behind the taxi. SHB 3332Y

When the first hit by Mazda SLI 6566A J forward

and kiss the taxi. then the 2nd hit by the Suzuki

SUE 9978P I wave forward and kiss the taxi

again. Then the taxi check his car like not serious like

at much damage

and he drove off and I have not take down his

phone no. My car was badly damage on the

left portion and rear, and front

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature

Date & Time

30/10/19

@ 1:10pm

Driver's Signature

(If driver is not the policyholder)

Date & Time

30/10/19

@ 1:10pm

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.



SINGAPORE POLICE FORCE



T/20191030/2139

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4

Report No. T/20191030/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2019 16:23		Vide Report No.:		Station Diary No.: 88
Informant's Particulars				
Name of Informant: ZAINI BIN ABDUL WAHAB		Address: APT BLK 137 YISHUN RING ROAD #11-162 SINGAPORE 760137		
ID Type / ID No.: NRIC NO / S7027890A		Contact No.: Home/Office: Mobile: 93858774		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 17/08/1970	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2019 09:10	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY				
Towards Changi, after Fort Road Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB3232Y	Car	HYUNDAI		Yellow		0
SLD5790G	Car	TOYOTA	SIENTA 1.5X A	Black	Seriously Damaged	1
SLJ6566A	Car	MAZDA		Black		0
SME9978P	Car	SUZUKI		Blue		0



SINGAPORE POLICE FORCE



T/20191030/2139

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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Report No. T/20191030/2139

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD5790G	NTUC Income Insurance Co-Operative Limited	5112923926	26/09/2019	25/09/2020

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	TAY LYE CHONG	ID No.	S1236943C
Related Vehicle	SHB3232Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver

Name	ZAINI BIN ABDUL WAHAB	ID No.	S7027890A
Related Vehicle	SLD5790G (Car)	Contact No.	93858774
Hospital/Clinic	CARE MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/10/2019	Date Discharge	30/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Driver

Name	OH SWEE HONG	ID No.	S9044265A
Related Vehicle	SLJ6566A (Car)	Contact No.	81015105
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20191030/2139

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

3 of 4

Report No. T/20191030/2139

CONTINUATION OF REPORT

Driver			
Name	LI HUI	ID No.	S8877244Z
Related Vehicle	SME9978P (Car)	Contact No.	83387406
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/10/2019 at about 0910hrs, I was driving my Grab car along ECP and was headed towards Changi and after I passed the Fort Road exit, a car in front of me (SHB3232Y) suddenly stopped. I managed to stop in time to avoid colliding into the rear of the taxi but a car (SLJ6566A) suddenly knocked onto the rear of my car before it stopped on the lane on the left beside my car. The impact caused my car to move forward to knock into the taxi in front of me. Thereafter, another car (SME9978P) also knocked onto the rear of my car. I immediately checked on my passenger who informed that she was not injured and did not require any immediate medical attention.

There was no traffic police or ambulance at scene, and the collisions caused some severe damages on the rear of my car and some minor damages on the front of my car. There was a dash camera installed in my car but the footage cannot be viewed, as informed by my car workshop. While I was at my car workshop at about 1200hrs on the same day, I felt some stiffness at the back of my neck. I then proceeded to Care Medical Pte Ltd and was issued with 5 days of MC from 30/10/2019 to 03/11/2019.

I am therefore lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20191030/2139

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

4 of 4

Report No. T/20191030/2139

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 3 ANNA ANTHONY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
30/10/2019 16:23

Classification Of Case: