

# NATIONAL Assessment Centre Services.

Print 1 Jan 00

MAA 19/50299

Date In: 13/11/2019 17:13	Job description	Date & Time Completed	Done by
Ref No: N/A 1902081/4	SAS e-filing		
Veh No: SUV 1335T	E-mail (Vehicle 3hrs, AIC 2hrs)		
D.O.A: 13/11/2019 11:50	I-Motor Claim Form	17/11/2019 12:50	13/11/2019 17:28
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/Vhsn		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SST 504P	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 ( )	

( ) 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: _____
Time: _____
Location: _____
Weather: _____
Witness: _____
Signature: _____

NA 1908578	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2003)	6) TR: Re-inspection \$75	
7) NI: 1 Day DA + SMRT Survey \$160	8) NTUC Additional Services:	
9) NI: 1 Day Mobile	OD:	
10) NI: 1 Day Mobile	*NS: Courtesy Car / Tpl Allowance \$3	
11) NI: 1 Day Mobile	*NS: Repair Co-ordination \$10	
12) NI: 1 Day Mobile	*NT: Post Repair Inspection \$25	
13) NI: 1 Day Mobile	*NS: DV / Collect Excess Coordination \$3	
14) NI: 1 Day Mobile	TP (NI) / TP (Non INC) against INC \$20	
15) NI: 1 Day Mobile	TP (NI) / TP (Non INC) against INC \$20	
16) NI: 1 Day Mobile	TP (NI) / TP (Non INC) against INC \$20	
17) NI: 1 Day Mobile	TP (NI) / TP (Non INC) against INC \$20	
18) NI: 1 Day Mobile	TP (NI) / TP (Non INC) against INC \$20	
19) NI: 1 Day Mobile	TP (NI) / TP (Non INC) against INC \$20	
20) NI: 1 Day Mobile	TP (NI) / TP (Non INC) against INC \$20	



## 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	13/11/2019 17:13
Date Of Accident	13/11/2019 11:30
Exact Location Of Accident	ALONG TAMPINES AVENUE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1335T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	JOSEPH_0375@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96313965
Alternative Phone No	OFFICE-96313965

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY

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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5106523894
Cover Note Number	

### Driver

Name of Driver	TEO SENG BOON, JOSEPH
NRIC No	S8500375E
Date Of Birth	03/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2008
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96313965
Fax Number	
Contact Number	OTHERS-96313965
Email Address	JOSEPH_0375@HOTMAIL.COM

Address	BLK 442 CLEMENTI AVENUE 3 #04-89
Postcode	120442
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 - MAJOR/MINOR RD
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	SJT504P
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM TUAN TECK
NRIC/Passport Number	S1716871A
Contact Number	98520598
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.
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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**.
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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:

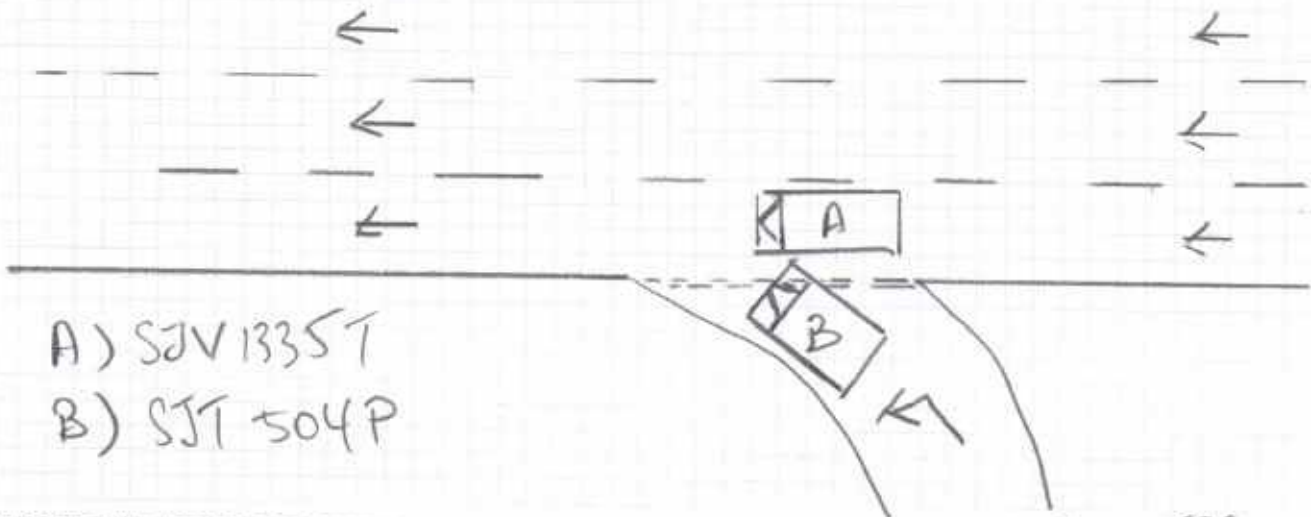
*Tosha* 13/11/2019  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*13/11/2019*  
Reporting Centre Personnel's Signature  
Name: *Rep. 2*  
NRIC/FIN No.:



SKETCH PLAN

Tampines Avenue 10



A) SJV 1335T

B) SJJ 504P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

EXIT FROM TPE

ON 13/11/2019 AT ABOUT 11:30HRS. I WAS AT TAMPINES AVENUE 10 & WANTED TO GO TO UBI BEFORE I REACH THE JUNCTION OF BEFORE I REACH. SUDDENLY A CAR SJJ 504P HAD GIVE WAY FROM THE EXIT OF TPE & CRASH AGAINST MY CAR / SJV 1335T. THAT ALL.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*Tosha* 13/11/2019  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 13/11/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 11 / 2019) (DD/MM/YYYY), TIME: (11 : 30) (HH:MM)

LOCATION: Tampines Ave 10

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJV 1335T  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5106523894  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: NISSAN / LONCAR  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY  
 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: TEO SEN4 BOON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8500375E CONTACT: 96313965  
 c) ADDRESS: Blk 442 Clementi AVE 3 #04-89

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

### DRIVER

- a) NAME: SRS AUTO HOLDINGS PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (03 / 01 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19/11/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Wife

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: SJT 504 P MODEL: KIA  
 b) DRIVER'S NAME: LIM TUAN TECK  
 c) NRIC/FIN/PASSPORT: S1716871A CONTACT: 98520598

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Email = Joseph - 0575@Hotmail.com  
 VIDAO

## Claim Handling

## Accident MT/1071250

Policy No.	5106523894	Vehicle No.	SIV1335T	GST Registrati
Certificate No.				
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	96313965	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		#Code
KFK	- No Yes	TCA	- No Yes	#Code Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	13/11/2019 17:20	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/11/2019	Time of Accident hh:mm	11:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG TAMPINES AVENUE 10			

## ▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	61/0
GST Registration No.	201709238H	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	5 KUNG CHONG ROAD	Address 2	#04-01 SRS BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112184296	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TEO SENG BOON, JOSEPH	Driver NRIC	S8500375E	Driver DOB
Register Date of Driver License	19/11/2008	Driver Age	34	Driving Experi
Contact No.(Mobile)	96313965	Contact No.(Office)		Contact No.(H
Address 1	BLK 442 #04-89	Address 2	CLEMENTI AVENUE 3	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	04-89			
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SIV1335T	Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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## Modification History

Claim 001

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair No. Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	SRI
	Contact No. (Home)	
	OI Vehicle Number	SJL

SIV1335T / SJT504P ON 13 Nov 2019

Insured Liability Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

13/11/2019 17:27

Claim Close Date

ROSLE WAHAB

Save Submit

## Attachment



[Attachment List](#)

Video List

5

### Scan and uploading





### 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: 5106523894

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SJV1335T  
 Chassis Number : JMYSRCY2AAU000684
2. Name of Policyholder : SRS AUTO HOLDINGS PTE. LTD.
3. Effective Date of Insurance : 26 Dec 2018
4. Expiry Date of Insurance : 12 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 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 : 20 Dec 2018 14:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive