

# NATIONAL Assessment Centre Services. [ver 1 Jan'05]

NA 419156127

Date In: 26/11/2019 14:35	Job description	Date & Time Completed	Done by
Ref No: NBD 2019028905/4	SAS e-filing		
Veh No: SJV 428R	E-filing (Within 2hrs, AIC 2hrs)		
D.O.A: 22/11/2019 08:40	I-Motor Claim Form	26/11/2019 15:13	
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBD 9401Y	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 ( )	

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: ( )

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

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

Date/Time	Action

NA 1908878

Customer Particulars:	1) AR: 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	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against IIC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TE (NI): TP (Non INC) against IIC \$20	
	*N11: Idao Mobile \$30	
QC Checked by (Engr-In-Charge):	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	26/11/2019 14:35
Date Of Accident	22/11/2019 08:40
Exact Location Of Accident	ALONG NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4124R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97904257
Alternative Phone No	OFFICE-97904257

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109140477
Cover Note Number	

### Driver

Name of Driver	RABIAH BINTI YUNOS
NRIC No	S1539374B
Date Of Birth	31/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97904257
Fax Number	
Contact Number	OTHERS-97904257
Email Address	NOEMAIL

Address	BLK 248 HOUGANG AVENUE 3 #07-422
Postcode	530248
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 - 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?	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: : PASSENGER GENDER: : MALE

#### 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	GBD9401Y
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GUNALAN PATCHEPPAN
NRIC/Passport Number	G8703709L
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:

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



SKETCH PLAN

Niche Highway

V →



A-3JV 4124R  
B-6BD 9401Y

N →

→

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The front vehicle suddenly Jam brake, I follow to stop but not in time, when I alighted and ask the lorry driver why he suddenly stop, driver reply "the front vehicle Jam brake that why I also Jam brake".  
His damage were very minor and I wanted to pay for repairs however the office declined.  
The third party agreed to private settle but did not turn up to my effect.

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.:

26/11/2019  
Res L Wong

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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## ACCIDENT STATEMENT

Date Of Report  
 Date Of Accident / Time 20/11/14 08:40am  
 Exact Location Of Accident 404 My Niche Highway  
 Country/State of Loss

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV 4124R  
 Insured/Policyholder  
 Name Of Registered Owner / Company Todds  
 NRIC No / CO-REG NO.  
 Email Address  
 Mobile Phone No  
 Alternative Phone No  
 Vehicle Particulars  
 Manufacturer  
 Model  
 Exact Purpose for which vehicle was being used at time of accident TU ARTS work  
 Are you claiming under your own insurance policy for repair to your vehicle? ~~yes~~ reporting  
 If No, Please state action to be taken  
 Vehicle Category  
 Insurance Company  
 Name of Insurance Company  
 Type Of Coverage  
 Fleet Policy  
 Policy Number  
 Cover Note Number  
 Driver  
 Name of Driver Rabiah Binti Yunus  
 NRIC No S1539374B  
 Date Of Birth  
 Occupation Hired  
 Date Of Driving Pass 17/9/1998  
 Driving Experience  
 Gender Female 11  
 Mobile Number 97904257  
 Fax Number  
 Contact Number  
 EMail Address

- NO -

Address

Postcode

Was driver an employee of the Insured's Company

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

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of Intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Front to Rear  
Clear  
Dry

yes

2

NO

### DETAILS OF OTHER VEHICLE (PROPERTY 1)

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

6BD 94014

TY Dura

Arunalan Patcheppan

68703709L



## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1073083

Policy No.	5109140477	Vehicle No.	SJV4124R	GST Registrati
Certificate No.	5109140477-000022			
Policyholder Name	TODOS PARTNERS PTE. LTD.			Policyholder Ni
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97904257	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	= No Yes	TGA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	26/11/2019 15:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/11/2019	Time of Accident hh:mm	08:40	Country of Acc
Reporting Centre		Orange Force		ICH No.
Accident Location	ALONG NICOLL HIGHWAY			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
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 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code
Unit No.	01-75	Related Policy Number	5109206103	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	RABIAH BINTI YUNOS	Driver NRIC	S1539374B	Driver DOB
Register Date of Driver License	17/09/1998	Driver Age	57	Driving Experi
Contact No.(Mobile)	97904257	Contact No.(Office)		Contact No.(H
Address 1	BLK 248 #07-422	Address 2	HOUGANG AVENUE 3	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	07-422			
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJV4124R	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 \*

OD-MX

Insured Name

TDI

Contact No.(Mobile)

97707613

Contact No.

(Home)

Email Address

OI

Vehicle

Number

SJV

Claim Description

SJV4124R / GBO9401Y ON 22 Nov 2019

Preferred Workshop

Insured Liability

Fully at Fault

CONTACT No.

Yes

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

26/11/2019 15:11

Claim Close

Date

Report Taken By

ROSLI WAHAB

Print AK letter

## 4

001

26/11/2019-15:13

Confider

NO

NO

NO

NO

NO

NO

## Attachment

Urgency

Five

Phc

Phy

1154

100

494

**PINE**  
CLIFF

NR2C/ Dyriv

NRIC/ Driv

5



## Video List

Uploaded By/Date	Folder Date	File Name	
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="5109140477"/>	Date of Accident	<input type="text" value="22/11/2019 12:56"/>
Vehicle No. (For Motor)	<input type="text" value="SJV4124R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5109140477	5109140477-000022	TODDS PARTNERS PTE. LTD.	201533177E	GFM	drive CLASSIC	SJV4124R	SJV4124R	01/10/2019	27/04/2020

## 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:** 5109140477-000022

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV4124R**  
Chassis Number : **MR053ZEE106163362**
2. Name of Policyholder : **TODDS PARTNERS PTE. LTD.**
3. Effective Date of Insurance : **01 Oct 2019**
4. Expiry Date of Insurance : **30 Sep 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
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 : **SININS AGENCY PTE. LTD. (00000615123)**

Date of Issue : **25 Apr 2019 17:23 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive