

NATIONAL Assessment Centre Services.

(wet 1 Jan 00)

2/NA41916156

Date In: 06/12/2009 17:32	Job description	Date & Time Completed	Done by
Ref No: N38/NA41916156/4	SAS e-filing		
Veh No: 8KE 2962	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 06/12/2009 07:15	I-Motor Claim Form	06/12/2009 17:58	
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SMC 597114

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 repair.

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

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

Remarks:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Additional Remarks:

NA41909148

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Date:

2/3

Invoice Item	Amount	Invoice
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/43	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (over 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Issue DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpl Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (N11): TP (N11 INC) against INC	\$20	
9) N12: Issue Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

STAMP

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	06/12/2019 17:32
Date Of Accident	06/12/2019 07:15
Exact Location Of Accident	ALONG DRAYCOTT DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKE2196Z
Insured/Policyholder	
Name Of Registered Owner	SINCERE RENTAL
Co Reg No	53376089E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81888837
Alternative Phone No	OFFICE-90719960
Vehicle Particulars	
Manufacturer	HONDA
Model	INSIGHT
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	THIRD PARTY
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	5098058420-01
Cover Note Number	
Driver	
Name of Driver	AZLAN BIN YUSOF
NRIC No	S1544538F
Date Of Birth	04/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1985
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90719960
Fax Number	
Contact Number	OTHERS-81888837
Email Address	NOEMAIL

Address	BLK 653 JALAN TENAGA #02-58
Postcode	410653
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 - U-TURN
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?	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)	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC5971U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. HUANG
NRIC/Passport Number	
Contact Number	82287811
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	AZLAN BIN YUSOF
------	-----------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKE2196Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:



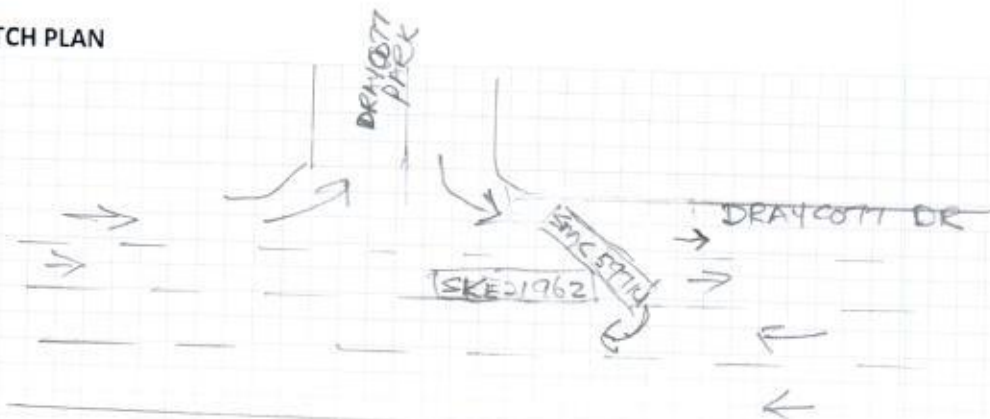
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 6/12/2019

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

[Signature] 06/12/2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 06/12/2019 AT ABOUT 07:15HRS I WAS AT DRAYCOTT DRIVE & SUDDENLY A CAR SMC 5971U MADE A U-TURN & THAT IS WHY MY CAR GOT DAMAGE THAT ALL.

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.:

[Signature] 06/12/2019

[Signature] 06/12/2019
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

ACCIDENT STATEMENT

ACCIDENT DATE: (06/12/2019) (DD/MM/YYYY), TIME: (07:15) (HH:MM)
LOCATION: DRAKEOTT DRIVE

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKE 21962
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5098058420
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA INSIGHT
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE
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: SINCERE RENTAL (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: CONTACT: 8188 8837
C) ADDRESS: 60 JALAN LAM HUA 7 CARROS CENTRE
#05-05 S (737869)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

d) NAME: AZLAN BIN YUSOF (MALE / FEMALE)
e) NRIC/FIN/PASSPORT: S1344538 F CONTACT: 8071 9960
f) ADDRESS: BLK 653 JALAN TENAGA
#05-58 S (410653)

* d) DATE OF BIRTH: (04/03/1963) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/09/1985

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEARLY 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: SMC 5971U MODEL:
b) DRIVER'S NAME: MR HWANG
c) NRIC/FIN/PASSPORT: CONTACT: 8228 7811

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

email =

VIDEO

Claim Handling

Accident MT/1074689

Policy No.	5098058420-01	Vehicle No.	SKE2196Z	GST Registrati
Certificate No.				
Policyholder Name	SINCERE RENTAL			Policyholder NI
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81888837	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	06/12/2019 17:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/12/2019	Time of Accident hh:mm	07:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG DRAYCOTT DRIVE			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	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 76 #12-174	Address 2	BEDOK NORTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-174	Related Policy Number	5112387939	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	AZLAN BIN YUSOF	Driver NRIC	S1544538F	Driver DOB
Register Date of Driver License	13/09/1985	Driver Age	57	Driving Experi
Contact No.(Mobile)	90719960	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 653 #02-58	Address 2	JALAN TENAGA	Address 3
Address 4	SINGAPORE 410653	Address Type	Foreign address	Post Code
Unit No.	02-58			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKE2196Z	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SIN
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SKI
Claim Description	SKE2196Z / SMC5971U ON 6 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

▼ Policy Information

Policy No.	5098058420-01	Policyholder Name	SINCERE RENTAL	Policyholder NRIC	53376089E
Certificate No.					
Address	BLK 76 #12-174 BEDOK NORTH ROAD SINGAPORE 460076				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/02/2019	Effective Date	09/02/2019 00:00	Expiry Date	08/02/2020 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 76 #12-174	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE 460076
Address 4		Address Type	Singapore address	Post Code	460076
Unit No.	12-174	Related Policy Number	5112387939		

► Insured Object: SKE2196Z

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	04/03/2019 00:00	Basic Information Endorsement	000001287019488	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLZ2030X 04-03-2019 \$1,584.07 In view of this amendment, a refund of \$1,584.07 (inclusive of GST) will be adjusted against the outstanding premium.
2	10/04/2019 00:00	Basic Information Endorsement	000001287046607	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SMK2056P 12-04-2019 \$1,399.60 In view of this amendment, an additional premium of \$1,399.60 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue

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: 5098058420

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKE2196Z**
Chassis Number : JHMEZE2850BS203589
2. Name of Policyholder : SINCERE RENTAL
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 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	: KENSO LEASING PTE LTD
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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 09 Feb 2018 17:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive