

NATIONAL Assessment Centre Services.

Ref: 134003

MAA420000082-01

Date In: 02/01/2009 11:12	Job description	Date & Time Completed	Done by
Ref No: N3A/MC2000001914	SAS e-filing		
Veh No: SKE 4643L	E-mail (4 jobs 2hrs, AIC 2hrs)		
D.O.A: 29/12/2008 17:30	1-Motor Claim Form	ml/1077835-002	02/01/2009 11:19
OD: TP Reporting Only	1-Motor W/O (Withdr: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SUP 32125	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: ()

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

Injury: ()

Date/Time:	

NA20000117	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Additional Comments:	
Est. 1:	
Est. 2/3:	

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$40)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Issue DA + SMRT Survey	\$160
8) NTUC Additional Services:-	
ON:	
*N5: Courtesy Car / Tpl Allowance	\$35
*N6: Repair Coordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$5
TP (N11): TP (Fax INC) against INC	\$30
9) N12: Idea Mobile	
Invoice dated	
Invoice dated	

Fee Charged

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	02/01/2020 10:02
Date Of Accident	29/12/2019 17:30
Exact Location Of Accident	ALONG STILL ROAD TOWARDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE4643L
Insured/Policyholder	
Name Of Registered Owner	SUEDJATO TING KOK LEONG
NRIC No	SXXXX684E
Email Address	CLARENCETAN.TH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88339555
Alternative Phone No	OTHERS-85003832

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARREIR
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	5096054095-01
Cover Note Number	

Driver

Name of Driver	RUANPHROM SIRAPHON
NRIC No	SXXXX188F
Date Of Birth	12/09/1988
Occupation	INDOOR
Date Of Driving Pass	25/03/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88339555
Fax Number	
Contact Number	OTHERS-85003832
Email Address	CLARENCETAN.TH@GMAIL.COM

Address	11 LORONG KEMBANGAN
Postcode	417329
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : DAUGHTER 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

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	SLP3212J
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

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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**.
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:

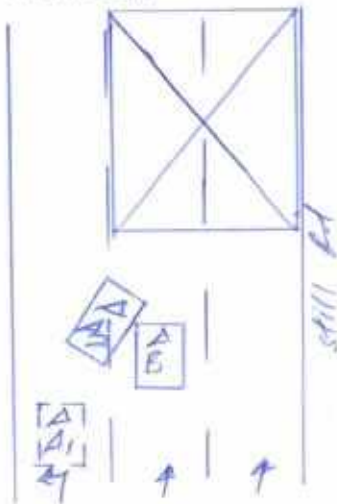
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:

02/01/2020
Reporting Centre Personnel's Signature
Name: *Rashid*
NRIC/FIN No. *123456789*

SKETCH PLAN




Vehicle A: SKE4643 L
Vehicle B: SLP3212 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A
was travelling at the stated location. As I
was changing lane, both my vehicle and
vehicle B collided.

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:

ACCIDENT STATEMENT

ACCIDENT DATE: 29/12/2017 (DD/MM/YYYY), TIME: 17:30 (HH:MM)

LOCATION: Still Rd towards ECP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE4693L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5096054095-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HARRIER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Sue diao Ting Kok Leong (MALE / FEMALE)
 b) NRIC/PIN/PASSPORT: S8857684E CONTACT: 8823 9555
 c) ADDRESS: 33 Leong Hill Rd #16-11 S(239191)

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Quang Pham Siaphon (MALE / FEMALE)
 b) NRIC/PIN/PASSPORT: S8857684E CONTACT: 8500 8822
 c) ADDRESS: 11 Leong Road, Leong Hill Rd #16-11 S(239191)

* d) DATE OF BIRTH: 12/09/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/03/2015

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: friend

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: SLP3212J MODEL:

b) DRIVER'S NAME:

c) NRIC/PIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/PIN/PASSPORT: CONTACT:

clarence tan.th@gmail.com

Email =

V1080

Claim Handling

Accident NT/1077889

Police No.	5096054095-01	Vehicle No.	SKE4643L	GST Registration No.	
Certificate No.				Policyholder NRIC	S8857684E
Policyholder Name	SUJAYATO TING KOK LEONG	Cover Type	From CARBIC	Unhappy	0
Product Code	PRIVATE CAR INSURANCE	Contact No (Office)		Contact No (Home)	
Contact No (Mobile)	815	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
idv	No Yes	NCD Entitlement(%)	10	Private Hire	Not available
NCD Protection	No				

Accident Details

Report Date	22/12/2019 06:50	Accident Report Within 24 hrs	Yes	Accident Type	Self Scope
Date of Accident	29/12/2019	Time of Accident (h:m)	17:45	Country of Accident	Singapore
Reporting Centre		Change Force		ICM No.	
Accident Location	22 MARINE PARADE RD SINGAPORE 339584				

Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

Coverage		Sum Insured	9999999.99
Excess Waiver			9999999.99
Transport Allowance			9999999.99

GST Registered Information

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

Policyholder Mailing Address

Address 1	22 SIN HING WALK	Address 2	KOB-11 THOMSON GRAND	Address 3	SINGAPORE 371916
Address 4		Address Type	Singapore address	Post Code	371916
Unit No.	08-15	Related Policy Number	5096054095-01		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No (Mobile)		Consent No. (Office)		Address 1	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 993 [View](#)

Claim Type *	OO-PR *	Insured Name	SUREJAYATO TING KOK LEONG	Insured NRIC	S8857684E
Contact No.(Mobile)	81093393	Contact No. (Home)		Contact No. (Office)	
Email address	CHRESTAL3456@GMAIL.COM	Vehicle Number	SKE4643L	TP vehicle number	SLP12121
Claim Description	SKE4643L / SLP32121 DM 29 Dec 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Insured No. Protection	Yes	Insured No. Protection	Excess Option	Preferred Workshop, Name unknown	QIA report
Date Registered		Claim Date	22/12/2019 11:19	Date Received	02/01/2020 06:00
Report Taken By			ROSLI WARAS		

Print As letter

Save Submit

Attachment

Accident No.	NT/1077889	Claim No.	002
Left Doc. Received	Yes No	Upload Date	02/01/2020 11:19
Path *		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		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CTY)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Jan 2020 11:19	Photos	Normal	Photos 2020-1-2		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Jan 2020 11:19	Photos	Normal	Photos 2020-1-2		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Jan 2020 11:19	Photos	Normal	Photos 2020-1-2		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Jan 2020 11:19	Photos	Normal	Photos 2020-1-2		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Jan 2020 11:19	Photos	Normal	Photos 2020-1-2		Edit

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: 5096054095-01

Cover : driva CLASSIC

1. Index mark and Registration Number of Vehicle : **SKE4643L**
Chassis Number : ACU300090501
2. Name of Policyholder : **SUEDJATO TING KOK LEONG**
3. Effective Date of Insurance : **04 Mar 2019**
4. Expiry Date of Insurance : **03 Mar 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)	: N/A
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	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: SUEDJATO TING KOK LEONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: CREATIVE AUTO
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 : IMOTOR INSURE (00000573595)


Date of Issue : 04 Mar 2019 14:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MIA420000082 Vehicle Registration No: 8KE 4643 C

Name (as shown in NRIC) : SUREJANO TING KOK LOON NRIC/FIN/Passport No : S8857684E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No.: 85003832

Email Address : _____

Date of Accident : 02/01/2020 Time of Accident : 10:02

Place of Accident : ALONG SILE ROAD TOWARDS ECP

Insurance Company : MTC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS TO CARACCIDENT.TA@gmail.com

Policyholder / Driver's Signature
Date:

02/01/2020
Reporting Centre Personnel's Signature
Name: ROSE LOH
NRIC/FIN No.:
Date: