

NATIONAL Assessment Centre Services. (ver 1 Jan 00)

MAY 2000 276

Date In: 22/01/2020 10:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBS/TUC 20001302/4	E-mail (4 jobs 2hrs, AIC 2hrs)		
Veh No: GBE 9612A	I-Motor Claim Form	22/01/2020	10:48
DOA: 2001/2020 18:30	I-Motor W/O (Withlor: OD 2hrs, TP 4hrs)		
Q1: <u>Reporting Only</u>	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Whsp / INC Assign Whsp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SKV 3339H. 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 ()

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 > \$9000] ()

Injury: _____

NA2000737	1) All: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$40)	
	3) TP: Towing Fee \$40-49	
Driver/Owner:	4) PT: Follow-Through Survey \$120	
Contact No:	5) PT: Follow-Through Survey (Resurvey) \$30	
Damaged Portion:	For claim only against INC Only (ver 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Use DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	Q1:	
	* N5: Courtesy Car / Tpl Allowance \$5	
	* N6: Repairs Co-ordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$5	
	* N9: TP (NI) / TP (N+INC) against INC \$30	
	9) N12: Idea Mobile	
	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	22/01/2020 10:23
Date Of Accident	20/01/2020 18:30
Exact Location Of Accident	TRAFFIC LIGHT JUNCTION ALONG PUNGGOL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9612A
Insured/Policyholder	
Name Of Registered Owner	SUGAR DADDY GROUP PTE LTD
Co Reg No	2XXXXX989R
Email Address	SWEETS@SUGARDADDY.COM.SG
Mobile Phone No	(LOCAL) +65-98901005
Alternative Phone No	OFFICE-98901005

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	5081695879-03
Cover Note Number	

Driver

Name of Driver	LIM BU HAN
NRIC No	SXXXX721C
Date Of Birth	29/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1997
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98901005
Fax Number	
Contact Number	OTHERS-98901005
Email Address	SWEETS@SUGARDADDY.COM.SG

Address	BLK 22 HAVELOCK ROAD #14-685
Postcode	160022
Was driver an employee of the Insured's Company	YES
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	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)	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	SKV3339H
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM BEE CHENG
NRIC/Passport Number	SXXXX510G
Contact Number	96629893
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

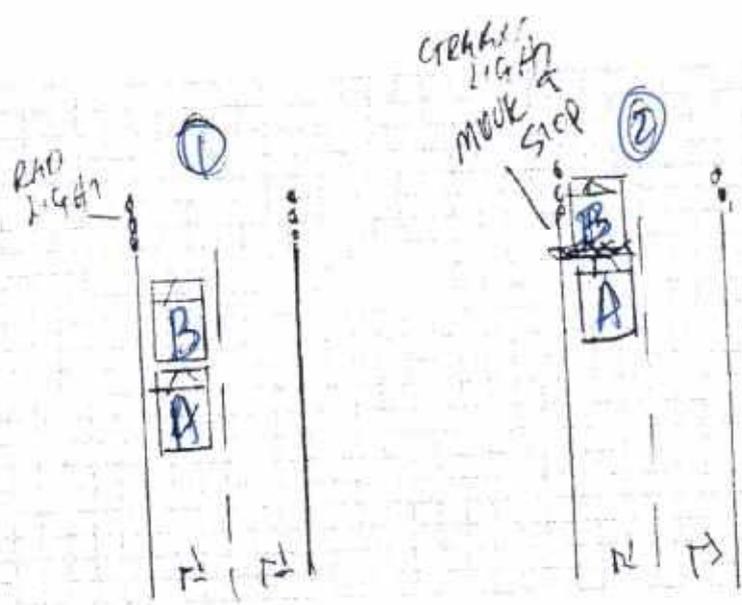
[Handwritten Signature]

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

[Handwritten Signature] 22/01/2020
Reporting Centre Personnel's Signature
Name: *[Handwritten Name]*
NRIC/FIN No.:

SKETCH PLAN

- A) GVE 9612A
- B) SKV 3339H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

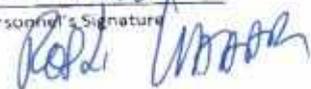
On 20/01/2020 AT ABOUT 18:30HRS I WAS AT PUNGROL DRIVE
 & STOP ON RED LIGHT, IN FRONT OF ME WAS A CAR SKV 3339H
 WHEN THE LIGHT CHANGED TO GREEN. THE CAR MOVED & I ALSO
 MOVED SUDDENLY WITH STOP THE CAR & I COULD NOT SWP
 ON TIME & MY VEH GVE 9612A HIT THE REAR OF
 THE SAID CAR THAT ALL.

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 Person's Signature
 Name: 
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 20/01/2020 (DD/MM/YYYY), TIME: 18:30 (HH:MM)
LOCATION: Pungol drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 9612A
b) INSURANCE COMPANY: Income
c) POLICY NUMBER: 5081695879-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Haze
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 18:30pm
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: Lim Bu Han (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7717721C CONTACT: 98901005
c) ADDRESS: Blk 22, HAURLOCK ROAD
#14-685

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sugar daddy Group Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 29/06/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1997

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

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: SKV 3339 H MODEL: Lexus
b) DRIVER'S NAME: Sim Bee Cheng
c) NRIC/FIN/PASSPORT: S7239510G CONTACT: 96629893

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
(4)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = sweets@sugardaddy.com.sg
VIDEO

Claim Handling

Accident MT/1081317

Policy No.	5081695879-03	Vehicle No.	GBE9612A	GST Registrati
Certificate No.				
Policyholder Name	SUGAR DADDY GROUP PTE LTD			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98901005	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(%)	15	Private Hire

Accident Details

Report Date	22/01/2020 10:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/01/2020	Time of Accident hh:mm	18:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TRAFFIC LIGHT JUNCTION ALONG PUNGGOL DRIVE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/0
GST Registration No.	201024989R	GST Status Verified	Yes
Modification History	22/01/2020 10:43:04 System changed GST Registered from No to Yes 22/01/2020 10:43:04 System changed GST Registration No. from null to 201024989R 22/01/2020 10:43:04 System changed GST Registration Date from null to 01/01/2011		

Policyholder Mailing Address

Address 1	114 LAVENDER STREET	Address 2	#10-03 CT HUB 2	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-03	Related Policy Number	5081695879-03	

GI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM BU HAN	Driver NRIC	SXXXX721C	Driver DOB
Register Date of Driver License	25/09/1997	Driver Age	42	Driving Experi
Contact No.(Mobile)	98901005	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 22 #14-685	Address 2	HAVELOCK ROAD	Address 3
Address 4	SINGAPORE 160022	Address Type	Foreign address	Post Code
Unit No.	14-685			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBE9612A	Driver Insurer

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SLI
Contact No.(Mobile)		Contact No. (Home)	
Email Address		DI Vehicle Number	GB
Claim Description	GBE9612A / SKV3339H ON 20 Jan 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Workshop No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GTA report
Date Registered	Received	22/01/2020 10:46	Claim Close Date
Report Taken By	ROSLI WAHAB		

Print AK letter

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 : 5081695879-03

Cover : Comprehensive

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : GBE9612A |
| Chassis Number | : KDH2010044016 |
| 2. Name of Policyholder | : SUGAR DADDY GROUP PTE LTD |
| 3. Effective Date of Insurance | : 09 May 2019 |
| 4. Expiry Date of Insurance | : 08 May 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN 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 : ABWIN PTE LTD (00000614234)
 Date of Issue : 24 Apr 2019 21:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive