

NATIONAL Assessment Centre Services.

[ver 1 Jan 2001]

MAY 20013336

Date In: 30/01/2000 U.S.B.	Job description	Date & Time Completed	Done by
Ref No: NBA/NC2000159874	SAS e-illing		
Veh No: SUP 8046R	E-mail (Update this, AIC this)		
D.O.A: 28/01/2000 0850	I-Motor Claim Form	nr/1087167-001	30/01/2000
OD: TP Reporting Only	I-Motor W/O (Withfor OD 2hrs, TP 4hrs)		P.Y.G.
TP Insurer:	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: SUP 8081.B	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 ()	
() 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 > \$9000] ()	

Injury: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$110	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: IDAO DA + SMRT Survey \$140	
	8) NTUC Additional Services:	
	• NI: Cautionary Car / Tpl Allowance \$3	
	• NI: Repairs Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$3	
	• TP (NI) / TP (Non INC) against INC \$20	
	9) NI: IDAO Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

2/2

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	30/01/2020 11:59
Date Of Accident	28/01/2020 08:50
Exact Location Of Accident	JALAN BUKIT MERAH TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8046R
Insured/Policyholder	
Name Of Registered Owner	GT PTE. LTD.
Co Reg No	2XXXXX568K
Email Address	COLLINLEEMC@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93899125
Alternative Phone No	OFFICE-94870204

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5111772470
Cover Note Number	

Driver

Name of Driver	LEE MUN CHENG
NRIC No	SXXXX714E
Date Of Birth	01/04/1967
Occupation	INDOOR
Date Of Driving Pass	22/04/1988
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93899125
Fax Number	
Contact Number	OTHERS-94870204
EMail Address	COLLINLEEMC@YAHOO.COM.SG

Address	BLK 159 HOUGANG STREET 11 5-27
Postcode	530159
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	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)	3
Passenger 1	NAME: : EUGENE LIM GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALEXANDRA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4739999 - FAX NO: 64713569
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND NOTICE OF REPORTING REF(32)

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	SLP2081B
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUNIAPPILLAI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

Veh A: SJY 8046 R

Veh B: SLP 2081 B

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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

GTPT LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/01/2020
0930am

Reporting Centre Personnel's Signature

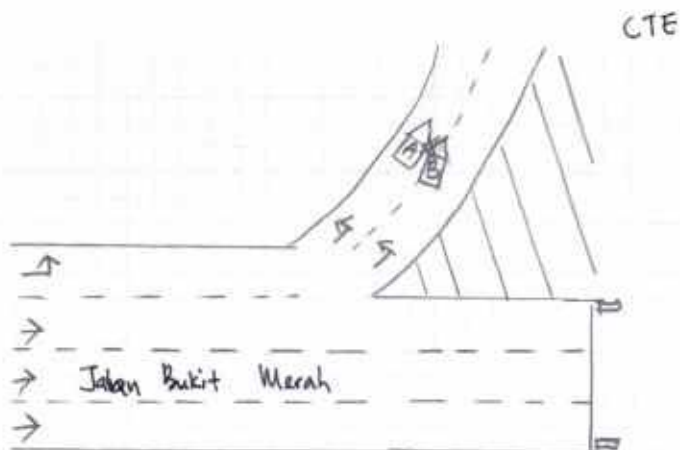
Name:

NRIC/FIN No:

SKETCH PLAN
Veh A: SJY 8046 R
Veh B: SLP 2081 B

Veh B: SLP 2081 B

Veh B: SLP 2081 B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Notice of Reporting S/O Ref: 32, Police Post Unit: Alexandra NPP.

DECLARATION

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

GT PTE LTD

Policyholder's Signature _____

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 30/01/2020
0930 am

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 28/01/20 *Time of Accident: 0850am
*Accident Location: Jalan Bukit Merah CTE
Towards

Vehicle Details

*Vehicle Number: SJY 8046R *Make & Model: TOYOTA Vios Auto

Insured / Policyholder

*Owner Name: GT Pte Ltd *NRIC: 201622568K
*Address: _____
*Email: _____ *HP: 9389 9125
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

Driver () same as above

*Driver Name: LEE MUN CHENH *NRIC: S18287141E
*Address: Buk 159 #05-27 HOUHITH ST 11 (530159)
*Date of Birth: 01041967 *Driving Pass Date: 0603 2003 *HP: 94870204
*Email: collinleemc@yahoo.com.sg *Gender: Male Female
*Occupation: Grahy Driver (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: Eugene Lim (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: Unknown (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: NTUC *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SLP 2081B
Make & Model: Honda
Vehicle Category: Muniappillai
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

NOTICE OF REPORTING

This is to confirm that Lee Mun Cheng, S1828714E, HP:94870204, has reported to the Police a non-injury traffic accident which occurred along Jalan Bukit Merah towards CTE, give-way lane on 28/01/2020 at about 0850hrs involving the following vehicles:

On 28/01/2020 at about 0850hrs, I was driving my vehicle SJY8046R along Jalan Bukit Merah towards CTE, on the most left of give-way lane and there was a vehicle SLP2081B (Driver namely Muniappillai S/O Ganapathy Pillay, NRIC: S21736751) on the right side of my vehicle. The said vehicle was on the first lane of the give-way lane. The driver of the said vehicle suddenly swerved to the left. I honked however, the front left side of the vehicle had collided onto the right side of my vehicle. There were passengers in each vehicles however, no one sustained injury. No visible injuries on all parties. There is in-car camera install in my vehicle.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt2 T170205 Hidayat Bin Selamat

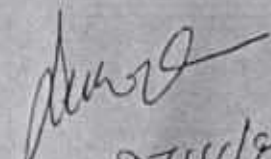
Date: 28/01/2020 Time: 1450hrs

S/D Ref: 32

Police Post/Unit : Alexandra NPP

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police


S1828714/E

Claim Handling

Accident MT/1082167

Policy No.	5111772470	Vehicle No.	SJY8046R	GST Registration No.
Certificate No.	5111772470-800025			
Policyholder Name	GT PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93899125	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	+ No Yes	TCA	+ No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	30/01/2020 12:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/01/2020	Time of Accident hh:mm	08:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN BUKIT MERAH TOWARDS CTE			

▼ Total Excess Applicable

Excess Type	Per Accident	Wingscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	1500.00	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	2B PAGODA STREET	Address 2	SINGAPORE 059188	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111772470	

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE MUJ CHENG	Driver NRIC	SXXXX714E	Driver DOB
Register Date of Driver License	22/04/1988	Driver Age	32	Driving Experience
Contact No.(Mobile)	94870204	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 159 #05-27	Address 2	HOOGEANG STREET 11	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	05-27			
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SJY8046R	Driver Insurer Company

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes + No

Modification History

Claim 001 New

Claim Type *	CC-MX	Insured Name	GT PTE. LTD.
Contact No.(Mobile)		Contact No.(Home)	
Email Address		O1 Vehicle Number	SJY8046R
Claim Description	SJY8046R / SLP20R18 ON 28 Jan 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Preferred No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By			
Print AK letter			

Save Submit

Attachment

Accident No.	MT/1082167	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/01/2020 12:49

Path *

Category *

Confidential

Urgency *

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

Clear

Please Select ▼

NO ▼

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NO ▼

Normal

Clear

Please Select ▼

NO ▼

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NO ▼

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Please Select ▼

NO ▼

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 12:49	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 12:49	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 12:49	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 12:49	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 12:49	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 12:48	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 12:48	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 12:48	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 12:48	Photos		Normal	Photos 2020-1-30
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 12:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2020 12:48	SAS		Normal	SAS 2020-1-30

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	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: 5111772470-000025

Cover : drivo CLASSIC

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SJY8046R |
| Chassis Number | : MR053HY9305168801 |
| 2. Name of Policyholder | : GT PTE. LTD. |
| 3. Effective Date of Insurance | : 07 Nov 2019 |
| 4. Expiry Date of Insurance | : 06 Nov 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\$1,500
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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 07 Aug 2019 16:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive