

NATIONAL Assessment Centre Services

Date In: 12/12-16/16	Job description	Date & Time Completed	Done by
Ref No: 4A/INC 2002462/24	SAS e-filing		
Veh No: 45295507	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/12-12/00	i-Motor Claim Form	17/1084512-001	12/12/16 16:37
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5JWS28X	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: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors Comments:-			
Dat. 1:			
Dat. 2 / 3:			

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	12/02/2020 16:16
Date Of Accident	11/02/2020 20:00
Exact Location Of Accident	LOYANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9550T
Insured/Policyholder	
Name Of Registered Owner	ART DECOR PAINTING
Co Reg No	5XXXX920K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97687727
Alternative Phone No	OFFICE-97687727

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 2.8 DX 5DR AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5113245547
Cover Note Number	

Driver

Name of Driver	JACKIE ONG JUN JIE
NRIC No	SXXXX844G
Date Of Birth	21/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	03/08/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97687727
Fax Number	
Contact Number	OFFICE-97687727
EMail Address	NOEMAIL

Address	BLK 217 ANG MO KIO AVENUE 1 #08-969
Postcode	560217
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	CHAIN COLLISION
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	3
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)	8
Passenger 1	NAME: : MIA ROBEL GENDER: : MALE
Passenger 2	NAME: : HAQUE MD EMDADUL GENDER: : MALE
Passenger 3	NAME: : JONI GENDER: : MALE
Passenger 4	NAME: : HASSAN AMRAN GENDER: : MALE
Passenger 5	NAME: : HUSSIN GENDER: : MALE
Passenger 6	NAME: : CEDRIC SIAH YI GENDER: : MALE
Passenger 7	NAME: : DARREN TAY JUN WEI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200211/2148.

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 SJW5208X
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMK7117P
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)

DETAILS OF INJURED PERSON 1

Name JACKIE ONG JUN JIE
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? GBJ9550T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MIA ROBEL
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? GBJ9550T
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name HAQUE MD EMDADUL

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBJ9550T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name JONI

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBJ9550T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name HASSAN AMRAN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBJ9550T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 6

Name HUSSIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBJ9550T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 7

Name CEDRIC SIAH YI

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBJ9550T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 8

Name DARREN TAY JUN WEI

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

GBJ9550T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


SKETCH PLAN


• IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

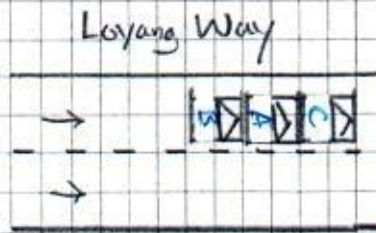
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.


Policy holder's signature
Date / time:


Driver's signature
(if driver is not policy holder)
Date / time:


reporting centre personnel's Signature
Date / time:

SKETCH PLAN



A: 6BJ95507
B: SJW5208X
C: SMK7117P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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


Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:


reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	11-02-2020	(DD/MM/YY)
Time of accident	2000 HRS	(HH:MM)
Exact location of accident	Loyang Way	

DETAILS OF VEHICLE

Vehicle registration number	GBJ 9550T		
Vehicle make and model	Toyota Hi Ace		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number	S113245547		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Art Ocer Pwning	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	53380920K		
Contact	9768 7727		
Address	Blk 217 #08-969 Ang Mo Kio Avenue 1 (S) 560217		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Jackie Ong Jun Jie	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S95378446		
Contact	9768 7727		
Address	Blk 217 #08-969 Ang Mo Kio Avenue 1 (S) 560217		
Email address	Jackieongjunjie@hotmail.com		
Date of birth	21-10-1995		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	03-08-2018		

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, relationship of the driver and insured: _____	
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	08 (Inclusive of driver)

PASSENGER 1

Name	MIA ROBEL
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	Haque Md Emadul
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	Soni
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	Hassan Amran
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	Hussin
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	Cedric Siah Yi
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger - Darren Tay Jun Wei (M)

OTHER INFORMATION

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1

Vehicle registration number	SMK 7117P (C)
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2

Vehicle registration number	SJW 5208K (B)
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	Jackie Ong Jun Jie
Injuries sustained	B & N
Which vehicle person in?	GBJ 9550T
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2

Name	Mra Robel
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3

Name	Haque Md Emdadul
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4

Name	Joni
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5

Name	Hassan Amran
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6

Name	Hussin
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 7 - Cedric Seah Yi

Injured person 8 - Darren Tay Jun Wei



**SINGAPORE
POLICE FORCE**



T/20200211/2148

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4
Report No. T/20200211/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2020 22:44	Vide Report No.:	Station Diary No.: 123
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Informant's Particulars

Name of Informant: JACKIE ONG JUN JIE			Address: APT BLK 217 ANG MO KIO AVENUE 1 #08-969 SINGAPORE 560217		
ID Type / ID No.: NRIC NO / S9537844G			Contact No.: Home/Office: Mobile: 97687727		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 21/10/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Painter			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2020 20:20	Type of Location: T-Junction
Location: Along Road 1 LOYANG WAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ9550T	Van	TOYOTA	HI ACE	Orange	Seriously Damaged	7
SJW5208X	Car	MAZDA	MAZDA 3	Grey		0
SMK7117P	Car	BMW		White		0



SINGAPORE POLICE FORCE



T/20200211/2148

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200211/2148

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JACKIE ONG JUN JIE	ID No.	S9537844G
Related Vehicle	GBJ9550T (Van)	Contact No.	97687727
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/02/2020	Date Discharge	11/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	FOO JIN WEI JUSTIN	ID No.	S8531350I
Related Vehicle	SJW5208X (Car)	Contact No.	88205954
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	REGINALD WOO YI YUN	ID No.	S9304822I
Related Vehicle	SMK7117P (Car)	Contact No.	87777117
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 11.02.2020 AT 2020HRS, I WAS DRIVING ALONG LOYANG WAY TOWARDS A TRAFFIC LIGHT JUNCTION. THE TRAFFIC LIGHT WAS RED AND THERE WAS A VEHICLE, SMK7117P, A WHITE BMW STOPPED AT THE JUNCTION. I STOPPED MY VEHICLE BEHIND IT AS THE LIGHT WAS RED. WHILE WAITING FOR THE LIGHT TO TURN GREEN, SUDDENLY ANOTHER VEHICLE, SJQ5208X, A GREY IN COLOUR MAZDA 3 HIT MY REAR VEHICLE AND HAD CAUSED MY VEHICLE TO HIT THE VEHICLE IN FRONT OF ME. I HAD 7 PASSENGERS IN MY VEHICLE WHO ARE MY COLLEAGUES. ALL 3 DRIVERS EXCHANGED PARTICULARS AND CONTACT NUMBERS. WE LEFT THE SCENE AMICABLY. NO GOVT PROPERTY WAS DAMAGED AND NO ONE WAS CONVEYED. 5 OF MY



**SINGAPORE
POLICE FORCE**



T/20200211/2148

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20200211/2148

CONTINUATION OF REPORT

PASSENGERS HAD GONE TO OUR FAMILY PHYSICIAN CLINIC AND SURGERY AND HAD GOTTEN MCs. BELOW ARE THEIR DETAILS.

PASSENGER 1:
MIA RUBEL, G2179021X, M/28
HP: 84305036, 5 DAYS MC

PASSENGER 2:
HAQUE MD EMDADUL, G8467461W, M/32
HP: 83462654, 5 DAYS MC

PASSENGER 3:
JONI, G7021600R, M/40
HP:84050731, 3 DAYS MC

PASSENGER 4:
HASSAN AMRAN, G2173969W,M/30
HP:84554395, 3 DAYS MC

PASSENGER 5:
HOSSIN, G8498850U, M/37
HP:85788157, 3 DAYS MC



**SINGAPORE
POLICE FORCE**



T/20200211/2148

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200211/2148

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

SA
No

Signature

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MUHAMMAD FARHAN BIN MAZLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

11/02/2020 22:44

Classification Of Case:



Authentication Stamp

NP168

SIGNATURE

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 : 5113245547

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : Comprehensive |
| Chassis Number | : To Be Advised |
| 2. Name of Policyholder | : GDH2011012853 |
| 3. Effective Date of Insurance | : ART DECOR PAINTING |
| 4. Expiry Date of Insurance | : 18 Oct 2019 |
| 5. Persons or Classes of Persons entitled to drive# | : 17 Oct 2020 |

- (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	: UNITED OVERSEAS BANK LIMITED
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 : NET LINK COMMERCIAL PTE. LTD. (00000615136)
Date of Issue : 17 Oct 2019 15:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113245547		ART DECOR PAINTING	53380920K	GCV	Comprehensive	GBJ9550T	GBJ9550T	18/10/2019	17/10/2020

Policy Information

Policy No.	5113245547	Policyholder Name	ART DECOR PAINTING	Policyholder NRIC	53380920K
Certificate No.					
Address	BLK 217 #08-969 ANG MO KIO AVENUE 1 SINGAPORE 560217				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	17/10/2019	Effective Date	18/10/2019 00:00	Expiry Date	17/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	NET LINK COMMERCIAL PTE. LT.	Agent Tel.	66599463	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 217 #08-969	Address 2	ANG MO KIO AVENUE 1	Address 3	SINGAPORE 560217
Address 4		Address Type	Singapore address	Post Code	560217
Unit No.	08-969	Related Policy Number	5113245547		

Insured Object: GBJ9550T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	18/10/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 18 Oct 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: UNITED OVERSEAS BANK LIMITED CHASSIS NUMBER: GDH2011012853 ENGINE NUMBER: 1GD8324353 VEHICLE REGISTRATION NUMBER: GBJ9550T ORIGINAL REGISTRATION DATE: 18 Oct 2019

Continue

Cancel

Claim Handling

Accident MT/1084097

Policy No.	S113245547	Vehicle No.	GB19550T	GST Registration No.	
Certificate No.					
Policyholder Name	ART DECOR PAINTING			Policyholder NRIC	53380920K
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97687727	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	12/02/2020 16:35	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	11/02/2020	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG WAY				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	12/02/2020 16:36:42 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 217 #08-969	Address 2	ANG MO KIO AVENUE 1	Address 3	SINGAPORE 560217
Address 4		Address Type	Singapore address	Post Code	560217
Unit No.	08-969	Related Policy Number	S113245547		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JACKIE ONG JUN JIE	Driver NRIC	SXXXX844G	Driver DOB	21/10/1995
Register Date of Driver License	03/08/2018	Driver Age	24	Driving Experience	1
Contact No.(Mobile)	97687727	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 217	Address 2	ANG MO KIO AVENUE 1	Address 3	SINGAPORE 560217
Address 4		Address Type	Singapore address	Post Code	560217
Unit No.	08-969				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ART DECOR PAINTING	Insured NRIC	53380920K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	N/L
Email Address		OI Vehicle Number	GB19550T	TP Vehicle Number	57WS208X
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GB19550T / 57WS208X ON 11 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/02/2020 16:37	Claim Close Date		Date Received	12/02/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit














Attachment

Accident No.	MT/1084097	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/02/2020 16:38

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:38	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:38	SAS	Normal	SAS 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:38	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:38	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:38	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:38	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:38	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:38	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:37	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:37	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:37	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:37	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Feb 2020 16:37	Photos	Normal	Photos 2020-2-12	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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