

NATIONAL Assessment Centre Services (wef 1 Jan 03)

MANA 42003664

Date In: 25/03/2020 11:18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAB8/INC20004473/Y	E-mail (within 5hrs, A/C 2hrs)		
Veh No: SW 5268Y	I-Motor Claim Form: m/1089580001	25/03/2020	
D.O.A: 24/03/2020 09:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		11:58
OD (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: YA 4486K 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 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	Am't (\$) (In Bill)	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Est 1:	For claiming against INC Only (wef 10 Jan 2003)		
Est 2-3:	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QI:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NC: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	*NI2: Idno Mobile \$0		
	Invoice date / 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	25/03/2020 11:15
Date Of Accident	24/03/2020 09:30
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR EUNOS LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5268Y
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	2XXXXX236H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88944181
Alternative Phone No	OFFICE-88944181
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108747945
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD KHAIRAN BIN KAMAL ISHKANDAR
NRIC No	SXXXX178J
Date Of Birth	17/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88944181
Fax Number	
Contact Number	OTHERS-88944181
EMail Address	NOEMAIL

Address	BLK 240B JURONG EAST AVENUE 1 #05-11
Postcode	602240
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)	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	YN4486K
Vehicle Make/Model/Colour	mitsubishi fuso
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PEH KIAN SIA
NRIC/Passport Number	SXXXX259E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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)**

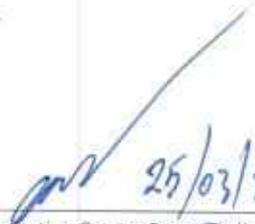
I understand, acknowledge, agree and consent that:

- (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:

 25/3 1543
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 25/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

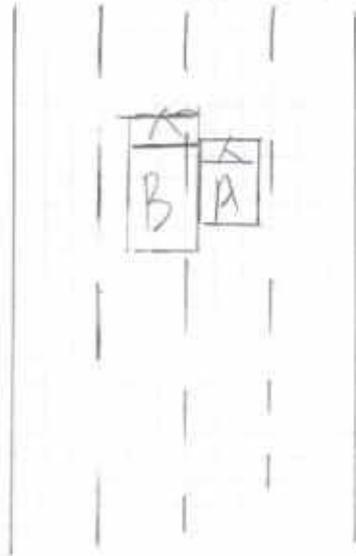


SKETCH PLAN

PIKE TOWARD CHONGI NIPAL KUNIOS LINK EXIT

A) SJW 5268Y

B) YN 4486K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along lane 2 and I noticed two lorry was beside me. I was travelling around 80 km/h and suddenly the lorry started to shift to the right. I didn't had time to react and the lorry right side clipped onto my car.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

[Signature] 25/03/2020
 Reporting Centre/Personnel's Signature
 Name:
 NRIC/FIN No.: *[Signature]*

ACCIDENT STATEMENT

ACCIDENT DATE: (24/3/20) (DD/MM/YYYY), TIME: (09:30) (HH:MM)

LOCATION: PIE Expressway near Exit Ginas Link

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW 52687
- b) INSURANCE COMPANY: NJUC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Honda FIT
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOTHD KHAIHAN B KAMAL (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 93501785 CONTACT: 8944181
- c) ADDRESS: 240B Juyong East Avenue 1 #05-11

*d) DATE OF BIRTH: (17/02/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 NOV 16

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

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: YN 4480 K MODEL: MITSUBISHI FUSO

b) DRIVER'S NAME: PEH KIAN SH

c) NRIC/FIN/PASSPORT: S1135259E CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email =
VIDEO

Claim Handling

Accident RT/1089536

Policy No	5108147945	Vehicle No.	61W52691	GCT Registration No.	011704239H
Certificate No.	5108147945-000000			Policyholder NRIC	JUL705259H
Policyholder Name	SBS AUTO HOLDINGS PTE. LTD.	Cover Type	Third Party	Loading	3
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	80441132	Special Feature	FLX	eCode	56
Email Address		NCD Entitlement(%)	0	eCode Reason	No
NRIC	No / Yes			Knock-Off	No
NCD Protection	No				

Accident Details

Report Date	25/03/2020 11:40	Accident Report Within 24 hrs	Yes	Accident Type	Sub-Single
Date of Accident	24/03/2020	Time of Accident (hr:min)	08:30	Country of Accident	Singapore
Reporting Centre		Damage Part		ICR No.	
Accident Location	RL1 (TOWARDS CHANGI) NEAR EURGS LINK EX17				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YRS OD Excess	0.00	YRP TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GCT Registered Information

GCT Registered	Yes	GCT Registration Date	01/09/2017
GCT Registration No.	001704239H	GCT Status (expired)	Yes
Notification History			

Policyholder Mailing Address

Address 1	5 KUNG CHENG ROAD	Address 2	#04-01 SBS BUILDING	Address 3	SINGAPORE 109142
Address 2		Address Type	Singapore address	Post Code	109142
Unit No.		Related Policy Number	511179429H		

OT Driver Info

Driver Name	Uninsured Driver	Driver Type	Insured Driver	Driver DOB	1/03/1993
Uninsured Driver Name	MURAHAN MURAHAN BIN KAH	Driver NRIC	SAX34178	Driving Experience	3
Register Date of Driver License	12/11/2016	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	89911151	Contact No.(Office)		Address 1	2500B ROAD 00240
Address 1	BLK 250B #01-11	Address 2	SURONG EAST AVENUE 1	Post Code	602240
Address 2		Address Type	Foreign address	Driver Insurer COMPANY	NTUC
Unit No.	05-11	Driver Vehicle No.	61W52691		
Check he own a Singapore Registered car?	Yes - No				

Declaration

Drugs/alcohol or blood test results?	0 mg	Any claims?	Yes - No
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Notification history

Claim 001 View

Claim Type *	OD-MK	Insured Name	SBS AUTO HOLDINGS PTE. LTD.	Insured NRIC	011704239H
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	80441134
Email Address		OT Vehicle Number	61W52691	Vehicle Number	Y56186C
Claim Description	61W52691 / Y56186C ON 24 MAR 2020				
Analyzed / Analyzed / Insured / Insured / Not at Fault / Preferred Workshop, Name unknown / CCA region / Received	Yes	Option		Claim Date	25/03/2020 11:56
Date Registered				Date Received	25/03/2020 00:00
Report Taken By	ROSLI WAHAB				

Print All Notes

Save Submit

Attachment

Accident No.	RT/1089536	Claim No.	001
Last Dis. Received	Yes No	Upload Date	25/03/2020 11:58

Class	Category *	Confidential	Urgency *	Description *
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_B00670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Mar 2020 11:58	Photo	Normal	Photo 2020-3-25		edit
	NAC_BUKIT_MERAH_B00670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Mar 2020 11:58	Photo	Normal	Photo 2020-3-25		edit
	NAC_BUKIT_MERAH_B00670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Mar 2020 11:58	Photo	Normal	Photo 2020-3-25		edit

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text" value="5108747945"/>	Date of Accident	<input type="text" value="24/03/2020 11:13"/>
Vehicle No. (For Motor)	<input type="text" value="5JW5268Y"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108747945	5108747945-000080	SRS AUTO HOLDINGS PTE. LTD.	201709236H	GFM	Third Party	5JW5268Y	5JW5268Y	11/11/2019	07/04/2020

Continue

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: 5108747945-000080

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SJWS268Y
Chassis Number : GEG1205703
2. Name of Policyholder : SRS AUTO HOLDINGS PTE. LTD.
3. Effective Date of Insurance : 11 Nov 2019
4. Expiry Date of Insurance : 10 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : SININS AGENCY PTE. LTD. (00000615123)
Date of Issue : 08 Apr 2019 14:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive