

NATIONAL Assessment Centre Services. [part 1 Jan 2003] MMA 120039910

Date In: 4/4/20 12:42	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 2000 4921/64	E-mail (within 2hrs, AIC 2hrs)		
Veh No: GZ 8196X	I-Motor Claim Form	MT11090709 ⁰⁰¹	4/4/20 15:03
DDA: 2/4/20 2:50.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Other TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wks		

Preferred Wksp / HIC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SJH 2521P. 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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Reminders: (INC Ref: 6788 6616)

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 / Particulars / Credits	Am't (\$)	Ref: AIC (3) / Wks/Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	50.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$43		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Tel: ()	For claimant's use (INC Only) (w/c 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1):		
	*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: Idno Mobile \$0		
	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	04/04/2020 10:42
Date Of Accident	03/04/2020 21:50
Exact Location Of Accident	TAMPINES RD JUNC WITH DEFU AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ8196X
Insured/Policyholder	
Name Of Registered Owner	WELLCOME MOTOR AGENCIES
Co Reg No	3XXXX800W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96357963

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300
Exact Purpose for which vehicle was being used at time of accident	OTW HOME
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5113945631
Cover Note Number	

Driver

Name of Driver	JUSTIN ANIL DHARMARAJ
NRIC No	SXXXX629Z
Date Of Birth	20/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87212629
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 183A RIVERVALE CRES #08-269
Postcode	541183
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	COLLISION - CHANGE/CROSS LANE
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?	
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

I WAS TRAVELLING ALONG TAMPINES RD WHILE APPROACHING JUNC WITH DEFU AVE 1, I WAS ON THE EXTREME RIGHT LANE, WHILE SLOWLY FILTERING INTO LEFT LANE, SUDDENLY VEH B WHICH WAS ON THE LEFT LANE JAMMED BRAKE AND STOP, I TRY TO AVOID COLLISION AND MANAGE TO SWERVED BACK TO MY LANE BUT MY VEH SKIDDED AND WENT BACK TO LEFT LANE, AS THE RESULT, MY VEH HIT ONTO VEH B RIGHT REAR PORTION.

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	SJH2521P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMYRULL HAFIDZ BIN SULHAN
NRIC/Passport Number	SXXXX541D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

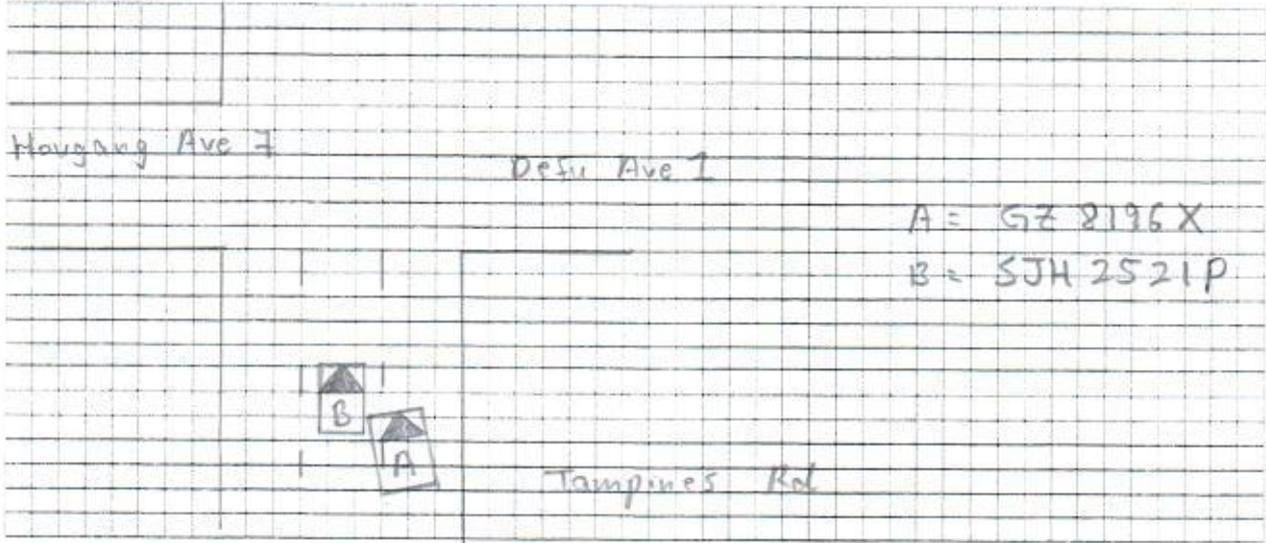

Policyholder's Signature
Date & Time:




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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

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



Policyholder's Signature
Date & Time:





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



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

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5113945631-000023

Cover : Third Party

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : GZ8196X |
| Chassis Number | : JMAJNP15V6A001681 |
| 2. Name of Policyholder | : WELLCOME MOTOR AGENCIES |
| 3. Effective Date of Insurance | : 01 Jan 2020 |
| 4. Expiry Date of Insurance | : 31 Dec 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. | |
| (b) Use for the carriage of passengers or goods 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 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: UNION MOTOR TRADING COMPANY PTE LTD
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 : NEWSTATE STENHOUSE (S) PTE LTD (00000690452)
Date of Issue : 03 Jan 2020 12:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1090709

Policy No.	5113945631	Vehicle No.	GZ8196X	GST Registration No.	M90001228R
Certificate No.	5113945631-000023				
Policyholder Name	WELLCOME MOTOR AGENCIES			Policyholder NRIC	39853800W
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96357963	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ **Accident Details**

Report Date	04/04/2020 15:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	03/04/2020	Time of Accident hh:mm	21:50	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	TAMPINES RD JUNC WITH DEPU AVE 1				

▼ **Total Excess Applicable**

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

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	18/08/1997
GST Registration No.	M90001228R	GST Status Verified	Yes
Modification History	04/04/2020 15:01:40 System changed GST Registration Date from 01/01/2015 to 18/08/1997 04/04/2020 15:03:40 System changed GST Status Verified from No to Yes		

▼ **Policyholder Mailing Address**

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-02 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.		Related Policy Number	5113469243-01		

▼ **O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JUSTIN ANIL DHARMARAJ	Driver NRIC	SXXXX629Z	Driver DOB	20/09/1989
Register Date of Driver License	09/07/2014	Driver Age	30	Driving Experience	5
Contact No.(Mobile)	87212629	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 183A #08-269	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 541183
Address 4		Address Type	Singapore address	Post Code	541183
Unit No.	08-269				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	WELLCOME MOTOR AGENCIES	Insured NRIC	39853800W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63444
Email Address		O1 Vehicle Number	GZ8196X	TP Vehicle Number	SJH25
Claim Description	GZ8196X / SJH2521P ON 3 Apr 2020				
Preferred Workshop	0	Insured Liability	Fully at Fault	Name of Preferred Workshop	0
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	04/04/2020 15:02
Report Taken By				Date Received	04/04/2020

Print AX letter

Save Submit

Attachment

Accident No.	MT/1090709	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	04/04/2020 15:03
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

▼ **Attachment List**

