

NATIONAL Assessment Centre Services

Date In: 13/05/20	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC20005716/13	E-mail (within 3hrs, A/C 2hrs):		
Veh No: 9P5347L	I-Motor Claim Form	MT/1092644-001	
D.O.A: 13/05/20 1245	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: SMC20570	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

NA2002877	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Date 1:	6) TR: Re-inspection \$75		
Date 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tp. Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) / TP (N12) against INC \$20		
	9) N12: Idao Mobile 30		
	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	13/05/2020 15:42
Date Of Accident	13/05/2020 12:45
Exact Location Of Accident	BLK 124B RIVERVALE DRIVE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP5347L
Insured/Policyholder	
Name Of Registered Owner	NTUC FAIRPRICE CO-OPERATIVE LTD
Co Reg No	SXXXXX191L
Email Address	WHOLESALES@FAIRPRICE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67410045
Vehicle Particulars	
Manufacturer	HINO
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109442225
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD RAIHAN BIN SAMSUDDIN
NRIC No	SXXXX199F
Date Of Birth	12/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2010
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87796297
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 678B PUNGGOL DRIVE #03-832
Postcode	822678
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : ALVIN GENDER: : MALE

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 HEADING TWDS BLK 124B RIVERVALE DRIVE CARPARK. WHEN I MISS MY TURN, I STOP MY VEH AND REVERSED THAN MY VEH COLLIDED ONTO VEH B FRT 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	SMC2057D
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM PHENG HIAN MILTON
NRIC/Passport Number	SXXXX936J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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.

NTUC FAIRPRICE CO-OPERATIVE LTD

Trading (Healthcare)

55 Upper Macao Road #03-14/15/16

Singapore 408935

Tel: 6741 0045 Fax: 6741 0054

Email: Policyholder@fairprice.com.sg

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 13/5/2020

Reporting Centre Personnel's Signature

Name:

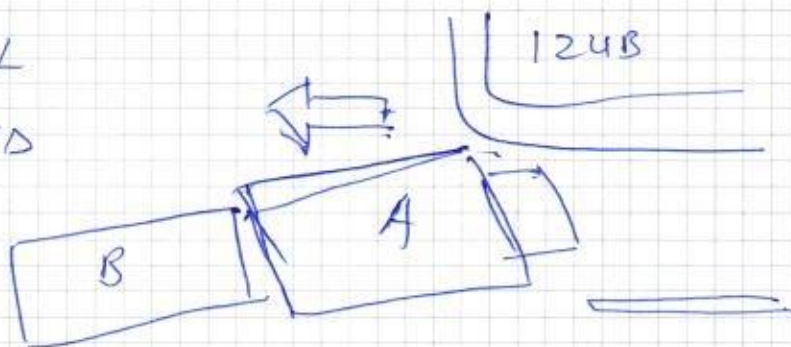
NRIC/FIN No.:

SKETCH PLAN

RIVERVALE DRIVE CARPARK

A-YP5347L

B-5mc2057D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Сарпакк

Heading for 1248 Riverdale Drive, where I miss my turn. I stop & reverse and my vehicle collided onto vehicle B front portion.

DECLARATION

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

NTUC FAIRPRICE CO-OPERATIVE LTD
Trading (Healthcare)
55 Ubi Ave 1 #03-14/15/16
Singapore 408035
Policyholder's Signature _____
Date & Time: _____
Tel: 6741 0045 Fax: 6741 0054
Email: wholesales@fairprice.com.sg

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 12/5/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 5 / 2020) (DD/MM/YYYY), TIME: (12 : 45) (HH:MM)

LOCATION: 124B Rivervale Drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 5347 L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: NTUC Fairprice Cooperative Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohd Roshan Bin Samuddin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8742199F CONTACT: 87796297
c) ADDRESS: B11C 678B, Punggol Drive

*d) DATE OF BIRTH: (12 / 12 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JMC 2057D MODEL: Sibaru
b) DRIVER'S NAME: LIM PHENG HIAN MILTON
c) NRIC/FIN/PASSPORT: S8014936J CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

video =

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 : 5109442225-000003

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle : YP5347L
Chassis Number : JHHUCS3H50K018856
2. Name of Policyholder : NTUC FAIRPRICE CO-OPERATIVE LTD
3. Effective Date of Insurance : 01 Jul 2019
4. Expiry Date of Insurance : 30 Jun 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

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

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : COMFORTDELGRO INSURANCE BROKERS P/L (00000690698)
Date of Issue : 08 May 2019 16:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1092644

Policy No.	5109442225	Vehicle No.	YP5347L	GST Registration No.	M40004578
Certificate No.	5109442225-000003				
Policyholder Name	NTUC FAIRPRICE CO-OPERATIVE LTD			Policyholder NRIC	S83CS0191
Product Code	FLEET MASTER INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	57410045	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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

Report Date		13/05/2020 17:41	Accident Report Within 24 hrs		Yes	Accident Type		Others
Date of Accident		13/05/2020	Time of Accident hh:mm		12:45	Country of Accident		Singapore
Reporting Centre			Orange Force			ICM No.		
Accident Location		BLK 124B RIVERVALE DRIVE CARPARK						

Excess Type		Per Accident	Windscreen Excess	100.00				
OD Standard Excess		500.00	TP Standard Excess					
YIED OD Excess		0.00	YIED TP Excess	0.00	Driver is Covered?	Covered		
Additional Excess								
Total OD Excess Applicable		500.00	Total TP Excess Applicable	0.00				

GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M400045780	GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	1 100 KOON CIRCLE	Address 2	#13-01 FAIRPRICE HUB	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	629117
Unit No.		Related Policy Number	5109442225		

OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD RAJHAN BIN SAMSI	Driver NRIC	SXXXX199F	Driver DOB	12/12/1987
Register Date of Driver License	05/03/2010	Driver Age	32	Driving Experience	10
Contact No.(Mobile)	87796297	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 678B	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY
Address 4	SINGAPORE 822678	Address Type	Singapore address	Post Code	822678
Unit No.	#03-832				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 OD-MX New

Claim Type *	DD-MX	Insured Name	NTUC FAIRPRICE CO-OPERATIVE	In
Contact No.(Mobile)		Contact No. (Home)		Co
Email Address	sherlyn_chua@fairprice.com.sg	Vehicle Number	YP5347L	TP
Claim Description	YP5347L / SMC2057D ON 13 May 2020			Ve
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	Ne
Date Registered	13/05/2020 17:55	Preferred Workshop, Name unknown	GIA report	Pr
Report Taken By	ROSINDA	Workshop Repairer		W
<input checked="" type="checkbox"/> Print AK letter				
<div>Save Submit</div>				

Attachment

Accident No.	MT/1092644	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/05/2020 00:00		
Path *		Category *	Confidential	Urgency *	
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2020 17:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2020 17:50	SAS		Normal	SAS 2020-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2020 17:50	Photos		Normal	Photos 2020-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2020 17:49	Photos		Normal	Photos 2020-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2020 17:49	Photos		Normal	Photos 2020-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2020 17:49	Photos		Normal	Photos 2020-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2020 17:49	Photos		Normal	Photos 2020-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2020 17:49	Photos		Normal	Photos 2020-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2020 17:49	Photos		Normal	Photos 2020-5-13

Video List

Uploaded By/Date	Folder Date	File Name		Source
<div>Display In New Window</div> <div>Scan and uploading</div>				