

**NATIONAL Assessment Centre Services.** [Ref: 1 Jan 2003] **N/A/2004701**

Date In:	Job description	Date & Time Completed	Done by
19/05/2020 16:25	SAS e-filing		
Ref No: N/A/20005818/Y	E-mail P (Adjust 3hrs, AIC 2hrs)		
Veh No: 605 244PM	I-Motor Claims Form	miller 13/5/2002	19/05/2020
D.O.A: 10/04/2020 23:40	I-Motor W/O (Withins: OD 2hrs, TP 4hrs)		16/4/20
OD: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksn		

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

TP Particulars: Vch No: **SLM 7255A** 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 reporter.

( ) 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 > \$3000] ( )

Injury: ( )

Date: ( ) Time: ( )

**N/A2002941**

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

Architect's Comments: ( )

Date: ( )

Page: 2 / 3

Item	Amount	Remarks
1) AIC: Accident Reporting (\$300)		
2) DA: Damage Assessment (\$100)		INC (\$10)
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ref 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Ideal DA + SMRT Survey	\$160	
8) NIUC Additional Services:-		
ON:		
*NS: Courtesy Car / Tpl Allowance	\$5	
*NG: Repairs Co-ordination	\$10	
*NI: Post Repair Inspection	\$25	
*ND: DV / Collect Excess Coordination	\$5	
*NE: DV / Collect Excess Coordination	\$20	
TP (NI): TP (NI) INC against INC	\$0	
9) NI: Ideal Mobile		
Invoice dated		
Invoice dated		
Fee Charged		
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	19/05/2020 16:25
Date Of Accident	10/04/2020 23:40
Exact Location Of Accident	CARPARK ENTRANCE OF BLK 211 & 214 SERANGOON AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2444M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RDEX
Co Reg No	5XXXX761C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96512959
Alternative Phone No	OFFICE-94679402

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NO
Policy Number	5107555998-01
Cover Note Number	

### Driver

Name of Driver	ISKANDAR BIN RAMLI
NRIC No	SXXXX947D
Date Of Birth	23/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96512959
Fax Number	
Contact Number	OTHERS-94679402
Email Address	NOEMAIL

Address	BLK 418A FERNVALE LINK #04-122
Postcode	791418
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	POOR LIGHT AT THE CARPARK GANTRY
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	SLM7255A
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM TEOW SEY
NRIC/Passport Number	SXXXX120C
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.

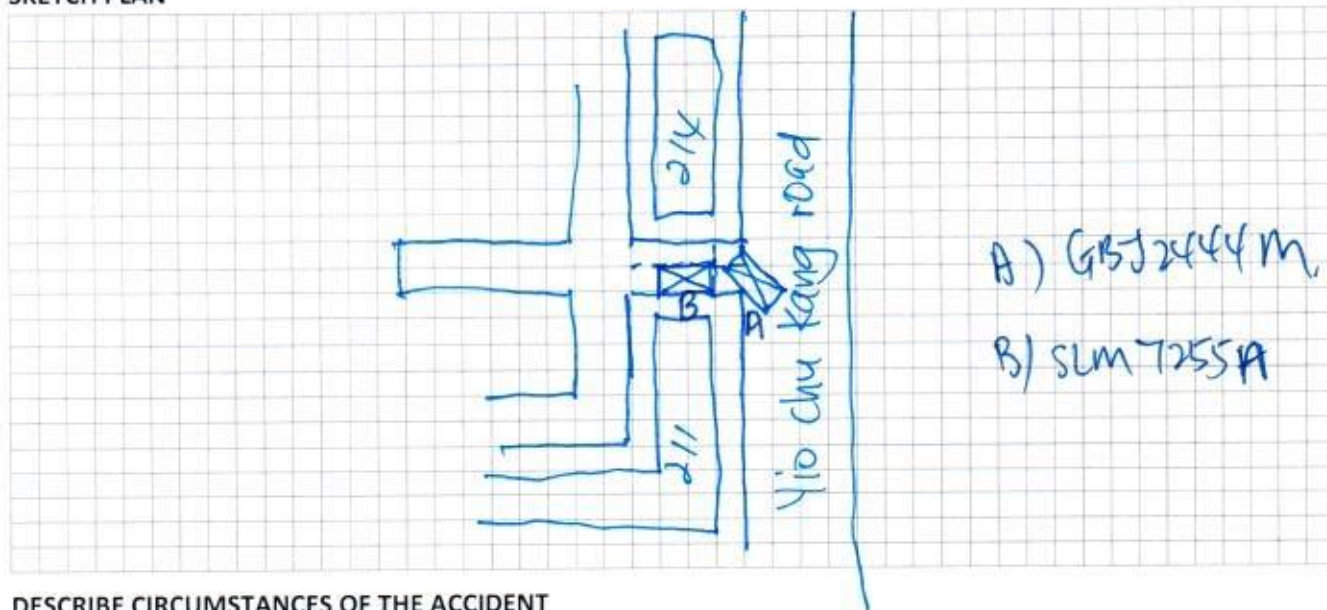


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/5/2020

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On April 10<sup>th</sup> around 2340pm, as i was entering the car park, the driver of SLM 7255A make a sudden stop even though the EPS barrier is open and i had to press hard on the brakes because it's a downhill carpark entrance. and at the same time i nudge the right rear bumper of SLM 7255A. and at the same time i had negotiate to settle out privately.

## 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: 19/5/2020

Jan

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

19/05/2020  
[Signature]  
[Signature]



# ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 04 / 2020) (DD/MM/YYYY), TIME: (23 : 40) (HH:MM)

LOCATION: Carpark entrance of Block 211 & 214 Serangoon Ave 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 2444 M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA HIACE  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 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: REDEX (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Iskandar Bin Ramli (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 9779947D CONTACT: 96512959  
 c) ADDRESS: USBA female LINK #04-122 (79148)

\* d) DATE OF BIRTH: (23 / 10 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 06-08-2018

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 poor lighting at entrance

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: SLM 7255A MODEL: MAZDA  
 b) DRIVER'S NAME: Lim Teo Jey  
 c) NRIC/FIN/PASSPORT: 50037120C CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

email = WA7AB

VIDEO

Claim Handling

Accident MT/1091365

Policy No.	5107555998-01	Vehicle No.	GBJ2444M	GST Registration No.	
Certificate No.					
Policyholder Name	RDEX			Policyholder NRIC	53329761C
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<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(%)	20	Private Hire	Not available

Accident Details

Report Date	14/04/2020 14:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - He
Date of Accident	10/04/2020	Time of Accident hh:mm	23:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Carpark Entrance of Blk 211 & 214 Serangoon Ave 4				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicabl
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	14/04/2020 14:51:58 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 78 #02-11	Address 2	REDHILL LANE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	150078
Unit No.	02-11	Related Policy Number	5107555998-01		

O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Search No. Finalisation

Date Registered

Report Taken By

☒ Print AK letter

Insured Liability

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

19/05/2020 16:45

ROSLI WAHAB

Insured Name

Contact No. (Home)

Ol

Vehicle Number

GBJ2444M / SLH7255A ON 10 Apr 2020

Insu NRIC

Cont No. (Offi

TP Vehi Num

Num Pref Wor

Save

Submit

Attachment

Accident No.

Last Doc. Received

Path \*

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

Claim No.

Upload Date

Category \*

Confidential

Urgency \*

002

19/05/2020 16:45

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:45	Photos		Normal	Photos 2020-5-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:45	Photos		Normal	Photos 2020-5-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:45	Photos		Normal	Photos 2020-5-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:45	Photos		Normal	Photos 2020-5-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:45	Photos		Normal	Photos 2020-5-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:45	Photos		Normal	Photos 2020-5-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:45	Photos		Normal	Photos 2020-5-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:45	Photos		Normal	Photos 2020-5-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:45	Photos		Normal	Photos 2020-5-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 May 2020 16:45	SAS		Normal	SAS 2020-5-19

Video List

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



## 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 :** 5107555998-01

**Cover :** Preferred Workshop Plan

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBJ2444M          |
| Chassis Number   | : JTFHT02P200247659 |
| 2. Name of Policyholder  | : RDEX              |
| 3. Effective Date of Insurance   | : 26 Feb 2020       |
| 4. Expiry Date of Insurance  | : 25 Feb 2021       |
| 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.<br>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	: ABWIN PTE LTD
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 : ABWIN PTE LTD (00000614234)  
Date of Issue : 17 Feb 2020 14:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive