

NATIONAL Assessment Centre Services. part 1 Jan 03 MNA 120049677

Date In: 5/6/20 10:24	Job description	Date & Time Completed	Done by
Ref No: NAI MC 20006 574 574	SAS e-filing		
Veh No: SLV 7023E	E-mail (within 3hrs, AIC 2hrs)		
IP/A: 4/6/20 19:45	I-Motor Claim Form	MT/1093774 ⁰⁰¹	5/6/20 11:11
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Veh No: SFE 990 U. 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: YBS () / 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: ()

Remarks: (INC No: 62000616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Damage/Action: _____

NA 2003160	Invoice/Registration Checklist	Amount	Unit (\$)
Claimants Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Bugs-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Workshop Comments:	6) TR: Re-inspection \$75		
Notes:	7) NI: Also DA + SMRT Survey \$160		
Remarks:	8) NTUC Additional Services:		
	ON:		
	*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: Also 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	05/06/2020 10:24
Date Of Accident	04/06/2020 19:45
Exact Location Of Accident	WHAMPOA SOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7023E
Insured/Policyholder	
Name Of Registered Owner	CERAMICA 28 INTERNATIONAL PTE LTD
Co Reg No	2XXXXX135N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86939219

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097161277-02
Cover Note Number	

Driver

Name of Driver	FOO CHEE HOW
NRIC No	SXXXX269A
Date Of Birth	18/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2011
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84829813
Fax Number	
Contact Number	
EMail Address	BKFOO75@YAHOO.COM

Address	BLK 24 BALAM RD #09-126
Postcode	370024
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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

REFER TO STATEMENT.

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	SFE990U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU MENG HOWE TOMMY
NRIC/Passport Number	SXXXX187I
Contact Number	84485226
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

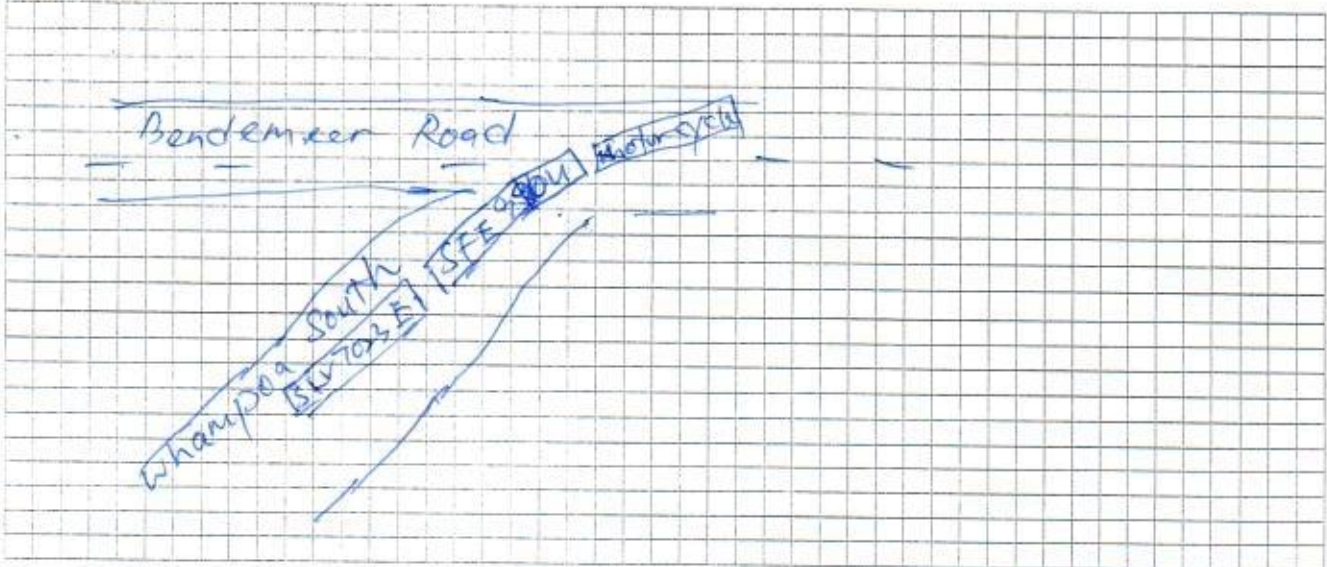


Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 5/6/2020
9:50am

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 7:45pm on 4/6/2020 and it was raining.
 My vehicle - SLV7023E was heading to Whampoa South and waiting to entering into Bendemeer Road. I saw vehicle - SFE990U was starting to enter into Bendemeer Road and I also followed but vehicle - SFE990U suddenly stopped because of one motorcyclist stopped in front of SFE990U, and because my vehicle - SLV7023E could not stop in time and my vehicle hit the back of SFE990U and that was how the accident happened.

When accident happened, there was no personal injury and my vehicle SLV7023E and SFE990U were carrying only one driver and no passengers at all.

DECLARATION

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



SLV

[Signature]

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 5/6/2020

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: 5097161277-02

Cover : drivo CLASSIC

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SLV7023E |
| Chassis Number | : JTDER12W203000325 |
| 2. Name of Policyholder | : CERAMICA 28 INTERNATIONAL PTE LTD |
| 3. Effective Date of Insurance | : 29 Jan 2020 |
| 4. Expiry Date of Insurance | : 28 Jan 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. | |
| | 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : ASSURE PTE. LTD. (00000572842)
 Date of Issue : 28 Jan 2020 13:18 hrs
 Reprint : 28 Jan 2020 13:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (04/06/2020) (DD/MM/YYYY), TIME: (19:45) (HH:MM)

LOCATION: Whampoa South

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV7023E
b) INSURANCE COMPANY: NTUC Income Insurance Co-operative Limited
c) POLICY NUMBER: 5097161277-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Wish 1.8 Auto
f) TYPE: (SALOON / COUPE (MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab
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: Ceramica 28 International Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8693 9219
c) ADDRESS: 19 Jalan Mat Jambol
Singapore 119501

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Foo chee How (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7589269A CONTACT: 84829813
c) ADDRESS: Blk 24 Balam Road #09-126
Singapore 370024

*d) DATE OF BIRTH: (18/08/1975) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 9 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES, NO) Lessee
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: SFE 990U MODEL: Honda
b) DRIVER'S NAME: Lau Meng Hwa Tommy
c) NRIC/FIN/PASSPORT: S81051871 CONTACT: 8448 5226

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)
(1)

* No of passenger
(including driver)
()

Email = bkfoo75a@yahoo.com

fax =

VIDEO FMB

h u

Claim Handling

Accident MT/1093774

Policy No.	5097161277-02	Vehicle No.	SLV7023E	GST Registrati
Certificate No.				
Policyholder Name	CERAMICA 28 INTERNATIONAL PTE LTD			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	86939219	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
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(%)	20	Private Hire

▼ Accident Details

Report Date	05/06/2020 11:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/06/2020	Time of Accident hh:mm	19:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	WHAMPOA SOUTH			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	05/06/2020 11:08:51 System changed GST Registered from Yes to No 05/06/2020 11:08:51 System changed GST Registration No. from 200512135N to null 05/06/2020 11:08:51 System changed GST Registration Date from 01/01/2015 to null		

▼ Policyholder Mailing Address

Address 1	19 JALAN MAT JAMBOL	Address 2	SINGAPORE 119501	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-152B	Related Policy Number	5097161277-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	FOO CHEE HOW	Driver NRIC	SXXX269A	Driver DOB
Register Date of Driver License	02/03/2011	Driver Age	44	Driving Experi
Contact No.(Mobile)	84829813	Contact No.(Office)		Contact No.(Hr
Address 1	BLK 24 #09-126	Address 2	BALAM ROAD	Address 3
Address 4	SINGAPORE 370024	Address Type	Singapore address	Post Code
Unit No.	09-126			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	CE
Contact No.(Mobile)	90295408	Contact No. (Home)	
Email Address		OI Vehicle Number	SLV
Claim Description	SLV7023E / SFE990U DN 4 Jun 2020		
Preferred Workshop	D	Insured Liability	Fully at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	05/06/2020 11:10	GIA report	Received
Report Taken By	SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No. MT/1093774 Claim No. 001
 Last Doc. Received Yes No Upload Date 05/06/2020 11:11

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Message Read"/>		

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Jun 2020 11:11	SAS		Normal	!
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Jun 2020 11:11	NRIC/ Driving License	Y	Normal	NRIC/ Dr
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Jun 2020 11:11	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Jun 2020 11:11	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Jun 2020 11:11	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Jun 2020 11:11	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Jun 2020 11:10	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Jun 2020 11:10	Photos		Normal	Pt
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Jun 2020 11:10	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Jun 2020 11:10	Photos		Normal	Pt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Jun 2020 11:10	Photos		Normal	Pt

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window Scan and uploading