

NATIONAL Assessment Centre Services.

1st Jan 2001

NA2003739

Date In: 17/01/2020 14:48
Ref No: N/A/NC200073987
Veh No: SJV 8697C
D.O.A: 17/01/2020 09:45

Job description

Date & Time Completed

Done by

QID (TP) Reporting Only

TP Insurer:

SAS e-filing

E-mail (Module 21st, AIC 21st)

1-Motor Claim Form

1-Motor W/O (While: OD 21st, TP 21st)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

GRH 5540J

INC () / Non-INC ()

Tel:

Owner / Driver: (

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: YRS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() 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:

NA2003739

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref: 1:

2/2

- 1) AIC: Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100) INC (\$10)
- 3) TP: Towing Fee \$120
- 4) PT: Follow-Through Survey \$30
- 5) PF: Follow-Through Survey (Resurvey) \$30
- 6) TL: Re-inspection \$75
- 7) NI: Idea DA + EMRT Survey \$160
- 8) NTUC Additional Services

- QID:
- *NI: Courtesy Car / Tpl Allowance \$35
- *NI: Repair Coordination \$10
- *NI: Post Repair Inspection \$25
- *NI: DV / Collect Unaccs Coordination \$35
- TP (NI) / TP (Non-INC) against IIC \$30

Invoice dated
Invoice dated

Fee Charged
Fee Charged

NA2003739

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	17/07/2020 14:18
Date Of Accident	17/07/2020 09:45
Exact Location Of Accident	ALONG GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8697C
Insured/Policyholder	
Name Of Registered Owner	CLD CONSTRUCTION PTE LTD
Co Reg No	2XXXXX639W
Email Address	RUSSEL@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-92704471
Alternative Phone No	OFFICE-92704471

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087845800-03
Cover Note Number	

Driver

Name of Driver	RAHMAN SAIFUR
Passport No/FIN	GXXXX106Q
Date Of Birth	01/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2016
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92704471
Fax Number	
Contact Number	OTHERS-92704471
Email Address	RUSSEL@LIVE.COM.SG

Address	31 WOODLANDS CLOSE #05-12 WOODLANDS HORIZON
Postcode	737855
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)	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	GBH5540J
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJAN THANKARAJ
NRIC/Passport Number	GXXXX141M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Claim Handling

Accident MY/1097123

Police No.	528784500-03	Vehicle No.	SJVB697C	GST Registration No.	
Certificate No.					
Policyholder Name	CLD CONSTRUCTION PTE LTD	Driver Type	driver CLASSIC	Policyholder NRIC	201300639W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	II
Contact No.(Mobile)	92704471	Special Remarks		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
AKF	No Yes	NCD Endowment(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	17/07/2020 14:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	17/07/2020	Time of Accident (hh:mm)	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG DEYLANG ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
GD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2014
GST Registration No.	201300639W	GST Status Verified	Yes
Modification History	17/07/2020 14:41:49 System changed GST Registered from No to Yes 17/07/2020 14:41:49 System changed GST Registration No. from null to 201300639W 17/07/2020 14:41:49 System changed GST Registration Date from null to 01/09/2014		

Policyholder Mailing Address

Address 1	31 WOODLANDS CLOSE	Address 2	#05-12 WOODLANDS HORIZON	Address 3	SINGAPORE 737855
Address 4		Address Type	Singapore address	Post Code	737855
Unit No.	05-06A	Related Policy Number	SL17102988		

GE Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/03/1977
Unnamed driver Name	RAHMAN SAJFUS	Driver NRIC	G7150100Q	Driving Experience	4
Register Date of Driver License	21/03/2016	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	92704471	Contact No.(Office)		Address 1	SINGAPORE 737855
Address 1	31 WOODLANDS CLOSE	Address 2	#05-12 WOODLANDS HORIZON	Post Code	737855
Address 4		Address Type	Foreign address		
Unit No.	05-12			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJVB697C		

Declaration

Breathalyzer or Blood Test (reading)?	0 mg	Any Injury?	Yes No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received
Repair No.	Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

Print AX letter

Save Submit

Attachment

Accident No.	MY/1097123	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/07/2020 14:47
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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		

Send Mail

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_3806761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Jul 2020 14:47		Photos	Normal	Photos 2020-7-17	

SKETCH PLAN

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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.

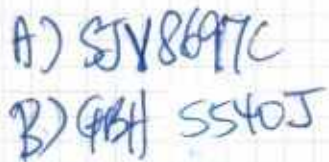


Policyholder's Signature
Date & Time:

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

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

Along Gnylon's Road



ON 17/07/2020 AT ABOUT 09:45 HRS I WAS AT GEYLANG ROAD
I WANTED TO PARK MY CAR SJV869TC IN AN EMPTY PARKING LOT
SUDDENLY I FELT A BANG, I STOP MY CAR & SAW A LORRY
GBH 5540J BANG ON TO THE PARK RIGHT OF MY CAR.

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: [Signature]
NRIC/FIN No.: [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 17/07/2020 (DD/MM/YYYY), TIME: 9.45am (HH:MM)

LOCATION: Geylang Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJV 8697C
 b) INSURANCE COMPANY: MUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 2018/2019 Honda Civic
 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: CLD CONST RUCTION PTE LTD (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: _____ CONTACT: 92704471
 C) ADDRESS: 31 Woodlands close #05-12, Woodlands Horizon S-737855

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SAIFUR Rahman (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G31SD106A CONTACT: 92704471
 c) ADDRESS: 31 Woodlands close #05-12 Woodlands Horizon S-737855

* d) DATE OF BIRTH: 1/03/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/02/2016

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: GBH 5540J MODEL: 2018 PUMA
 b) DRIVER'S NAME: RAJAN THAKKARAJ
 c) NRIC/FIN/PASSPORT: G78014M CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = russel@live.com.sg
 VIDEO ahkoonmotion1960pl@hotmail.com

income

made different

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: 5087845800-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV8697C**
Chassis Number : **JHMF036208S213525**
2. Name of Policyholder : **CLD CONSTRUCTION PTE LTD**
3. Effective Date of Insurance : **11 Feb 2018**
4. Expiry Date of Insurance : **10 Feb 2019**
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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: DINO MARK MOHAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) 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 : **RAY ALLIANCE FINANCIAL ADVISERS PTE LTD (00000581200)**
Date of Issue : **07 Feb 2018 10:43 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive