

Date In. > 5/19/20 16:06	Job description	Date & Time Completed	Done by
Ref No NA/INC 2000.9474164	SAS e-filing		
Veh No SJF 3459R.	E-mail (within 2hrs, AIC 2hrs)		
IP/A 4/19/20 18:20.	I-Motor Claim Forum	MT/1102404 ⁰⁰¹	5/19/20 17:36
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/Wksp		

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

TP Particulars: Veh No: SKK 9896J. 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 ()

() 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: ()

Work Item	INC (Other: 6/0/4/6/6)	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: _____

Comments: _____

MA 2004679	Invoice Description/Charges	Am't (\$)	Pay Amt (\$)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100); INC (\$10)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) FT: Follow-Through Survey (Resurvey) \$30			
For adminz against INC Only (w/c 10 Jan 2009)			
6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:			
QI:			
*NS: Courtesy Car / Tpt Allowance \$5			
*NG: Repair Co-ordination \$10			
*NY: Post Repair Inspection \$25			
*NI: DV / Collect Excess Coordination \$5			
TR (N11): TP (N-in INC) against INC \$20			
9) NI2: Idao 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	05/09/2020 16:06
Date Of Accident	04/09/2020 18:20
Exact Location Of Accident	TPE TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3459R
Insured/Policyholder	
Name Of Registered Owner	SASWADIMATA BIN DASUKI
NRIC No	SXXXX287E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96248929
Alternative Phone No	OFFICE-96248929

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	5117668144
Cover Note Number	

Driver

Name of Driver	RIBIYANDA BIN SASWADIMATA
NRIC No	SXXXX811B
Date Of Birth	05/02/1997
Occupation	INDOOR
Date Of Driving Pass	21/07/2015
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87488504
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 537 PASIR RIS ST 51 #02-46
Postcode	510537
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	NAME: : UNKNOWN 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

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	SKK9896J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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.

x



Policyholder's Signature
Date & Time:



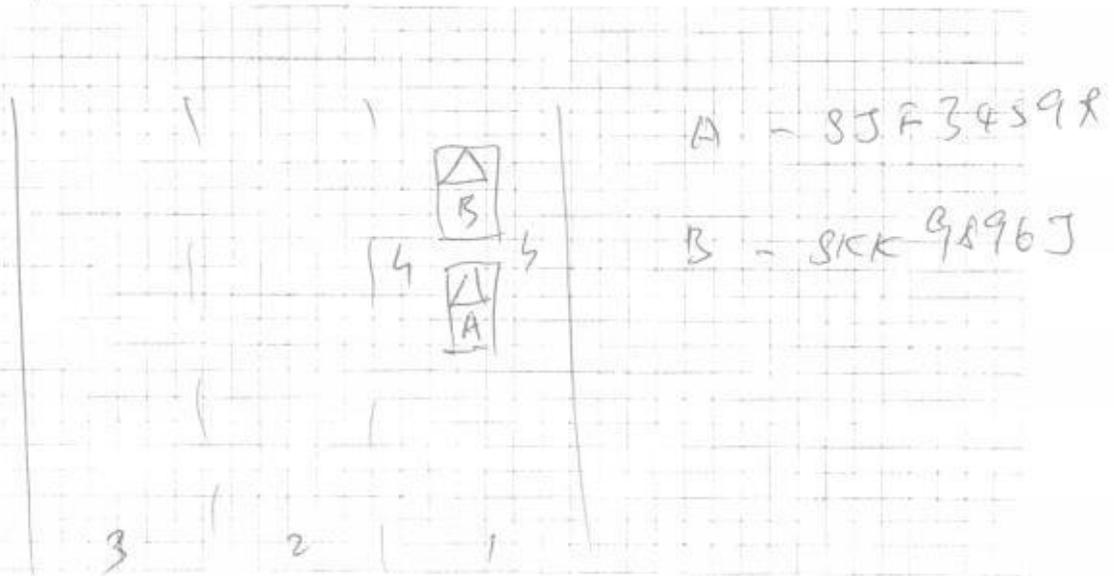
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

TPE Toward SLE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the date 04/09/2020 time about 6.20pm
 I drive my vehicle SJA 3459R along TPE
 toward SLE. Traffic clear, & when suddenly
 vehicle in front jam brake, I couldn't stop
 in time and hit behind his car SKK 9896 J.

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5100895613-01 Cover : drive CLASSIC

- 1. Index mark and Registration Number of Vehicle: SJF3459R
Chassis Number: ZNE100373738
2. Name of Policyholder: SASWADIMATA BIN DASUKI
3. Effective Date of Insurance: 28 May 2019
4. Expiry Date of Insurance: 27 May 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...
6. Limitations as to Use: (a) Use for social domestic and pleasure purposes...

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:

Table with 2 columns: Description and Value. Includes rows for EXCESS (SECTION 1), WINDSCREEN EXCESS, UNNAMED DRIVER EXCESS, REPAIR AT OWNER'S PREFERRED WORKSHOP, INSURE WITH COE, NCD PROTECTION, TRANSPORT ALLOWANCE, EXCESS WAIVER, PRIMARY DRIVER, NAMED DRIVER (1), NAMED DRIVER (2), HIRE PURCHASE COMPANY, and SUM INSURED.

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 : LIM KIAN HWEE ALVIN (00000602355)
Date of Issue : 27 May 2019 12:21 hrs
Reprint : 27 May 2019 12:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Vehicle No.	SJF3459R	Model / Make	Toyota Wish
Date of Accident	04/09/2020		
Time of Accident	1820 HRS		
Location of Accident	TPE TOWARDS SLE		
Exact purpose use during accident			
Name of Owner	Sqswardmata Bin Dasuki		
Telephone No.	H/P : 96248929	Home :	Office :
NRIC	S6910287E		
Address	BIK 537, Pasir Ris St 51 #02-46 S'510537		
Claim type	OD THIRD PARTY (REPORTING ONLY)		
Insurance Company	NTUC		
Type of Coverage	(Comprehensive) Third Party Third Party / Fire /Theft		
Policy No.	510089561301		
Name of Driver			
As Above If No, Ribiyanda Bin Sqswardmata			
NRIC	S9703811B	Any Passengers :	1 (M)
Date of birth	05/02/1997		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	21 July 2015		
Gender	(Male) / Female		
Contact No.	H/P : 894 88504	Home :	Office :
Address	BIK 537, Pasir Ris St 51, #02-46, S'510537		
Driver have any own vehicle	No,) If yes, Reg No.		
Relationship	Employee, If no, state Son		
Weather condition	Clear (Raining) Other		
Road Surface	Dry (Wet) Other		
Any Injuries	(No,) If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SKK 9896 J	Any Passengers :	0
Name of Driver	MR Loh	Contact No. :	98574288
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Front Bumper		
Camera Recorder	(Yes)/ No OVER load		
Email Address	pinggiranlima@gmail.com		
PARTICULAR WORKSHOP			
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		