

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA 120081291

Date In: 18/19/20 17:21	Job description	Date & Time Completed	Done by
Ref No: MA/INC200-12041/44	SAS e-filing		
Veh No: SLM 6796L	E-mail (within 3hrs, A/C 2hrs)		
D.F.A: 17/19/20 17:20	I-Motor Claim Form	MT/1103778-001	
OT: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within 3hrs, A/C 2hrs)		
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: SFD 582 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% F: 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 repeler.

☐ 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	Actions
18/19/20	Ebao Cannot create CMT/1103778) ..

MA 2004978	Invoice/Registration Charges	Amount (\$)	Amount (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Bngr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Assessors' Comments:	For claiming against INC Only (wef 19 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + EMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: 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	18/09/2020 17:21
Date Of Accident	17/09/2020 13:20
Exact Location Of Accident	AMK AVE 1 TWDS LOR CHUAN B4 AMK AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6796L
Insured/Policyholder	
Name Of Registered Owner	ALEX 77
Co Reg No	5XXXX456E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83999224

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107422510-01
Cover Note Number	

Driver

Name of Driver	TAN PENG THONG(CHEN BINGTONG)
NRIC No	SXXXX238E
Date Of Birth	11/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83999224
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 336B ANCHORVALE CRES #03-40
Postcode	542336
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200917/2065

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	SFD582U
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)

DETAILS OF INJURED PERSON 1

Name TAN PENG THONG(CHEN BINGTONG)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLM6796L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

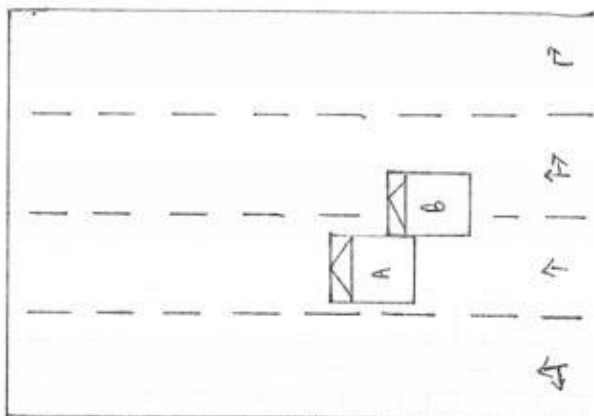
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Ang Mo Kio Ave 1 Towards Lor Chuan Before Ang Mo Kio Ave 6

Vehicle A - SLM6796L

Vehicle B - SF05624



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report no. T/20200917/2065

DECLARATION

I/We declare that 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.:



**SINGAPORE
POLICE FORCE**



T/20200917/2065

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20200917/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2020 16:59	Vide Report No.:	Station Diary No.: 99
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TAN PENG THONG			Address: APT BLK 336B ANCHORVALE CRESCENT #03-40 SINGAPORE 542336		
ID Type / ID No.: NRIC NO / S7726238E			Contact No.: Home/Office: Mobile: 83999224		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 11/09/1977	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2020 14:15	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFD582U	Car	VOLKSWAGO N		Grey	Slightly Damaged	1
SLM6796L	Car	MITSUBISHI		Red	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM6796L	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE
POLICE FORCE**



T/20200917/2065

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20200917/2065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN PENG THONG	ID No.	S7726238E
Related Vehicle	SLM6796L (Car)	Contact No.	83999224
Hospital/Clinic	INTEMDICAL KOVAN	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I am a grab driver

On 17/09/2020 at about 1415hrs , I was travelling along Ang Mo Kio Avenue 1 on Lane 3. However on lane 3, I noticed there were some construction work going on infront of the road. when I was in Lane 2, vehicle (SFD582U) was travelling behind me on Lane 2 and had hit on my car's right rear bumper. We then stopped at the side to take a look and exchange particulars. The drivers particulars is (Chan Ching Wah, S2694742A) There was 1 female passenger in my car however she was not injured and inform me that she do not require medical assistance at the moment.

Due to the accident, there are minor damages such as scratches and dent on my car. However, I suffered muscle cramp on my neck and soreness on my rib area and I visted a doctor straight after the accident and received a 5 days mc. I have alrdy informed my Grab Company regarding this accident.



SINGAPORE
POLICE FORCE



T/20200917/2065

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20200917/2065

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 NURUL NATASHA BINTE MUALIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

17/09/2020 16:59

Classification Of Case:

Authentication Stamp

NP168

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: S107422510-01

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLM6796L |
| Chassis Number | : MMBSTA13AHH004567 |
| 2. Name of Policyholder | : ALEX 77 |
| 3. Effective Date of Insurance | : 06 Apr 2020 |
| 4. Expiry Date of Insurance | : 05 Apr 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	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : AUTOSHIELD PTE. LTD. (00000573469)
 Date of Issue : 17 Feb 2020 12:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Date of Accident: 17/09/2020 Accident Time: 1320hrs (24-HR-FORMAT)

Accident Place: Ang Mo Kio Ave 1 TWDS Lor Chuan Before Ang Mo Kio Ave 6

Vehicle Reg. No (Car plate No.): 5LM6796L Vehicle Make/Model: Mitsubishi Attrage

Insurance Company: NTUC Policy No: 5107422510-01

Name of Registered Owner: Company/Individual ALEX 77

ID of Registered Owner: Co Reg No: 53356456E Owner's NRIC No: -

Co Contact No: 83999224 Owner's Contact No: -

DRIVER'S Name: Tan Peng Thong (Chen Bing Tong) DRIVER'S NRIC No: 57726238E

DRIVER'S Date of Birth: 11/09/1977 DRIVER'S License Pass Date: 28 Nov 1997

Relationship bet. Owner & Driver: Spouse / Parents / Child/Dep / Sibling / Employee / Others: Owner

DRIVER'S Address: APT BK 336B Anchorvale Crescent #03-40 Singapore 542336

DRIVER'S Contact No. / Alt No.: 1) 83999224 2) -

DRIVER'S Occupation: INDOOR / OUTDOOR (eg. working inside or outside of office)

Email Address: gmtanfamily911@gmail.com

Weather & Road Surface: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type: Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver): 02 Passenger Name: Unknown Gender: M/F

Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F

Was there any video captured by cat camera? YES / NO Any Injuries: YES / NO Injured Name: Tan Peng Thong

Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SPD 5820	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
ID No. DRIVER: _____	ID No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
ID No. DRIVER: _____	ID No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

LKK Paya Ubi

From: ODsupport <ODsupport@income.com.sg>
Sent: Monday, 21 September 2020 12:47 PM
To: LKK Paya Ubi
Cc: ODsupport
Subject: RE: CLAIMS NO:MT/1103778 VEH NO SLM6796L

Dear Shan Hui,

Please provide the claim no MT/1103778-001 when billing.

Thank you.

Warmest Regards

Hazalya Bte Ibrahim
Admin Assistant
Operations, Motor & Personal Lines



From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Monday, 21 September 2020 10:00 AM
To: ODsupport <ODsupport@income.com.sg>
Subject: CLAIMS NO:MT/1103778 VEH NO SLM6796L

[CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you can confirm the sender and know the content is safe.]

Hi All,

Above mentioned vehicle, Ebao cannot created. Attachment is the photo, GIA report and driver IC & DL. Please give me the claims number to billing the invoice.

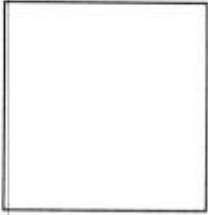
Thank

Best Regards,
Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.