

NATIONAL Assessment Centre Services. [ver 1 Jan 2001]

MA20097288

Date In: 04/11/2020 12:23	Job description	Date & Time Completed	Done by
Ref No: MA20097288	SAS e-filing		
Veh No: SLC 227K	E-mail (by date time, AIC time)		
D.O.A: 23/10/2020 15:20	I-Motor Claims Form	MA1108431-002	04/11/2020 12:51
OD: TP Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

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

TP Particulars: Veh No: SBR 6537E INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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 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: _____

MA2005833	1) AIR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$120	
Damage Portion:	4) PF: Follow-Through Survey \$30	
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) For claim against INC Only (ver 10 Jan 2003) \$75	
	6) TR: Re-inspection \$140	
	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Services	
	OD:	
	*NI: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Coordination \$10	
	*PT: Post Repair Inspection \$25	
	*NI: DV / Collect License Coordination \$3	
	TE (NI) / TP (Non-INC) against INC \$20	
	9) NI: Idas 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 willful 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	04/11/2020 12:23
Date Of Accident	23/10/2020 15:30
Exact Location Of Accident	JUNCTION OF TG KATONG SOUTH RD/MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2827K
Insured/Policyholder	
Name Of Registered Owner	DR VARSHA ATUL SHAH
NRIC No	SXXXX522E
Email Address	VARSHATUL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81617339
Alternative Phone No	OFFICE-81617339

Vehicle Particulars

Manufacturer	BMW
Model	318I
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090181977-03
Cover Note Number	

Driver

Name of Driver	DR VARSHA ATUL SHAH
NRIC No	SXXXX522E
Date Of Birth	04/08/1964
Occupation	INDOOR
Date Of Driving Pass	04/12/1993
Driving Experience	26 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81617339
Fax Number	
Contact Number	OFFICE 81617339

Address	1 AMBER ROAD #25-02
Postcode	439845
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	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201103/7052

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	SBS6537E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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.
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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: 4-11-2020



Driver's Signature

(If driver is not the policyholder)



Reporting Centre Personnel's Signature

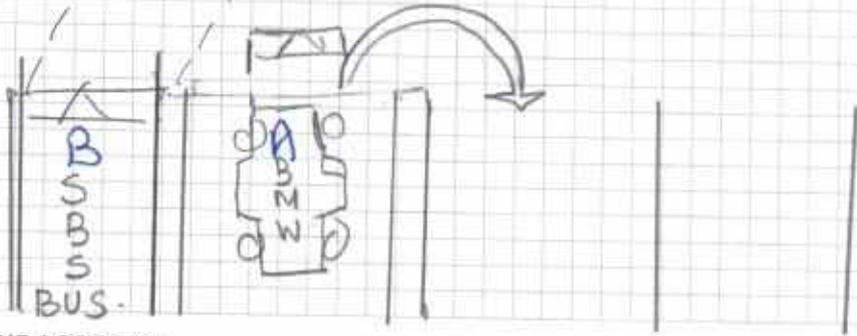
Name:

SKETCH PLAN

JUNCTION OF 76 KATANG SUMM AND MOUNTBATTEN ROAD

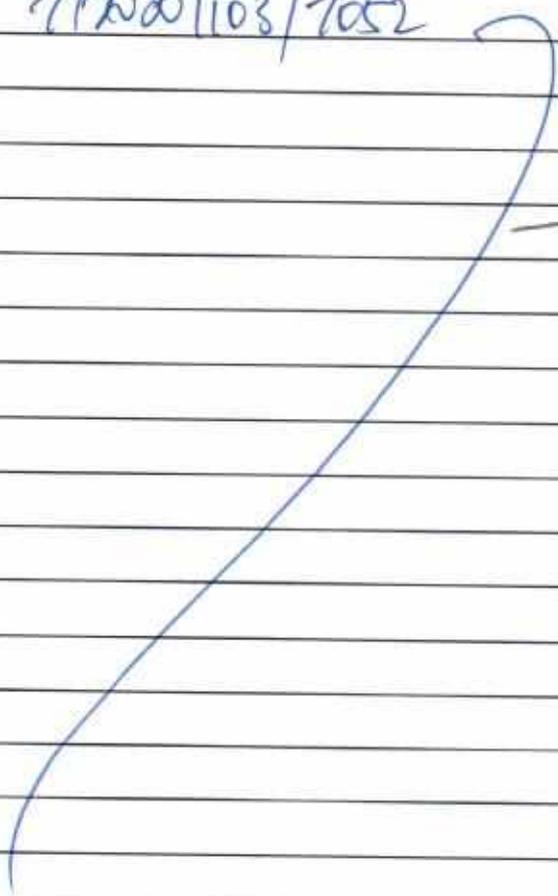
A) SLC 2827K

B) SBS 6537E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. 7/2020/1103/2052



DECLARATION

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

Washed

4.11.2020

Washed

4.11.2020

Washed
Washed

ACCIDENT STATEMENT

ACCIDENT DATE: (23/10/2020) (DD/MM/YYYY), TIME: (03:29) (HH:MM) PM

LOCATION: Junction of Tanjong Katong South road to

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 2827K Mount batten Road
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5090181977-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 318i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Varsha Atul Shah (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2608522E CONTACT: 81617339
c) ADDRESS: 1, Amber Road, 25-02
Singapore 439845

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Varsha Atul Shah (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2608522E CONTACT: 81617339
c) ADDRESS: 1, Amber Road, 25-02
Singapore 439845

* d) DATE OF BIRTH: (04/08/1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 4-12-1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 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) NO

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SBS 6537E MODEL: BUS

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

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)
()

* No of passenger
(including driver)
()

Email = varshatul @ yahoo.com

VIDEO



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VARSHA ATUL SHAH	ID No.	S2608522E
Related Vehicle	SLC2827K (Car)	Contact No.	81617339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 23 October 2020 at around 3.30pm I was driving my white BMW 318i (License Plate No. SLC2827K) along Tanjong Katong Road South upon taking Exit 11 (Tanjong Katong Road) from the East Coast Parkway expressway.

As I approached the intersection of Tanjong Katong Road South and Mountbatten Road I was on the right most lane preparing to make a U-turn in order to make my way to my residence at 1 Amber Road. I was the leading car at the red light of the intersection and noticed a light green SBS bus on my left, on the second most right lane.

When the traffic light turned green, I inched forward in preparation of making the U-turn as there was still oncoming traffic. At the same time, I recall the light green SBS bus on my left very close to my vehicle as it approached its turning pocket in preparation to make a right turn. It was around this period that I heard a short screeching noise. I did not make much of it thinking it could have been from the brakes or another vehicle. I proceeded to make the U-turn and arrived at my residence shortly after.

Upon parking my vehicle, I noticed a few minor scratches above the front left tire and the front left bumper of my vehicle, as shown in the picture attached. I was uncertain as to the cause or origin of these scratches and did not take any further action.

On 3 November 2020, I received a letter from the Singapore Police Force dated 31 October 2020 (Ref: TP/IP/47495/2020) regarding a case of a traffic accident involving my vehicle along Mountbatten Road on 23 October 2020 at 3.29pm. It was only upon receiving this letter that I recollected the events that transpired that afternoon which I have stated above.



**SINGAPORE
POLICE FORCE**



T/20201103/7052

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201103/7052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/11/2020 23:22

Classification Of Case:

Claim Handling

Accident MT/1108421

Policy No.	5090181977-03	Vehicle No.	SLC2827K	GST Registration No.
Certificate No.				
Policyholder Name	DR VARSHA ATUL SHAH			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ **Accident Details**

Report Date	30/10/2020 12:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/10/2020	Time of Accident hh:mm	15:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TG KATONG RD 5TH X MOUNTBATTEN RD			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OO Standard Excess	0.00	TP Standard Excess	0.00	
YIED OO Excess		YIED TP Excess		Driver is Covered?
Additional Excess	0			
Total OO Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ **Benefits**

Coverage		Sum Insured	
Excess Waiver		99999999.99	

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	1 AMBER ROAD	Address 2	#25-02 AMBER POINT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5090181977-03	

▼ **OI 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 type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Modification History

Claim 002 New

Claim Type *	OG-MX	Insured Name	DR VARS
Contact No.(Mobile)	81617339	Contact No.(Home)	8345956
Email Address	VARSHATUL@YAHOO.COM	DI Vehicle Number	SLC2827
Claim Description	SLC2827K / S856537E ON 23 Oct 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			Claim Close Date
			04/11/2020 12:50
			ROSLI WAHAB

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: 5090181977-03

Cover : drive PREMIUM

- | | |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : SLC2827K |
| Chassis Number | : WBA8E36070NT89149 |
| 2. Name of Policyholder | : DR VARSHA ATUL SHAH |
| 3. Effective Date of Insurance | : 09 May 2020 |
| 4. Expiry Date of Insurance | : 08 May 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 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)	: N/A
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: VARSHA ATUL SHAH
NAMED DRIVER (1)	: JAI ATUL SHAH
NAMED DRIVER (2)	: KUSHAL ATUL SHAH
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 : ONE STOP INSURANCE AGENCY (00000571115)
Date of Issue : 27 Apr 2020 11:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive