

NATIONAL Assessment Centre Services: (ref: 1 Jan 05) **MNA701202941**

Date In: 20/11/20 - 09:30	Job description	Date & Time Completed	Done by
Ref No: 141 INC 1201232424	SAS e-filing		
Veh No: 5650388	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/11/20 - 16:25	i-Motor Claim Form	27/11/20 09:45 - 00V	20/11/20 09:42
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5650462	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 ()			

General Remarks:-

() 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: ()

Remarks:	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	Actions

1412306293	Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OP*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5			
Dat. 1:	TP (N11): TP (N11 INC) against INC \$20			
Dat. 2 / 3:	9) N12: Idac Mobile 30			
	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	20/11/2020 09:32
Date Of Accident	22/09/2020 16:25
Exact Location Of Accident	TAMPINES AVE 10 TWDS PASIR RIS DR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS5038B
Insured/Policyholder	
Name Of Registered Owner	MOTOR STOP PTE LTD
Co Reg No	2XXXXX460D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLTPLUSSPRT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5114372196
Cover Note Number	

Driver

Name of Driver	GOH GEK LING
NRIC No	SXXXX442C
Date Of Birth	24/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2009
Driving Experience	11 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98788006
Fax Number	
Contact Number	OFFICE-98788006
Email Address	NOEMAIL

Address	BLK 607 ANG MO KIO AVENUE 4 #10-1293
Postcode	560607
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	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?	
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: : CODY KWOK JING HUI GENDER: : FEMALE

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. THE PHOTOS COULD NOT BE PUT IN BECAUSE THE VEHICLE COMPOUNDED BY TRAFFIC POLICE.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5096D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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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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

Tampine Ave to Toward Pasir Ris Dr 1, 12

A: SG5538B
B: SG5096D

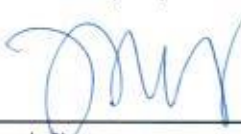
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I took the
 control vehicle and not familiar with the
 vehicle. Unable to stop in time and
 hit into vehicle B at rear portion.

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.:

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22/09/2020 (dd/mm/yy) Time of Accident: 16 : 25 (24-HR-FORMAT)

Vehicle No.: SG5 5038B Vehicle Make & Model: _____

Exact location of Accident: Tampines Ave 10 Toward Pasir Ris Dr 1, 12

Policyholder's Name / IC No.: Motor Stop Pte Ltd 201311460D

Driver's Name / IC No.: Goh Gek Ling 50944442C (As Above) ☐

Driver's Contact No.: 98788006 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: NTUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

***No. of Passengers (Including Driver):** 02 Cody Kwok Jing Hui

***Passanger Name:** _____
Name: _____

Gender: Male / Female *Passanger
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera?

☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SA 5096D

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Compose

Inbox

Starred

Snoozed

Sent

Drafts

11

Accepted

Settled

More

Meet

New meeting

Join a meeting

Hangouts

MS Group

+

MS Car Auto
hi

June Yap
You: Let's chat on Hangouts!

MT/1104945 - SGS 5038B - Rental Agreement Inbox x



MS Group Office

Dear Sir/Mdm, AS spoken, attached here the document for your attention. Thank You a



Nurizan Binte Aziz <nurizan.aziz@income.com.sg>

to me

Dear June,

Thank you for your email and attached.

We are not able to investigate this claim as you've not reported the accident y

Do note that the driver and the said vehicle must be present for the reporting

Do advise driver to report latest by 13th Nov 2020.

We would encourage you to call the reporting centres before proceeding to do

It is a regulation by the General Insurance Association that all accidents must be report

You can make a report at any of our Accident Reporting Centres, which can be f

<https://www.income.com.sg/claims/motor-insurance/reporting-centres>

If you have decided not to make any claim and would just like to make a report (for our

I have attached the link for your reference –


<https://appsonline.income.com.sg/MotorAccidentReport/accidentrepor>

Reminder:

- ☐ Driver must be present
- ☐ Driver's NRIC / Passport / License

8 Kaki Bukit Ave 4 #01-07
Premier @ Kaki Bukit
Singapore 415875
Telephone: 6385-1838
Fax : 6386-1838

[Quoted text hidden]

 **CCF13112020.pdf**
158K

Leo Ghin <Leo.Ghin@income.com.sg>

Fri, Nov 13, 2020 at 12:00 PM

To: MS Group Office <msgrouppoffice@gmail.com>, Motor Department <motor@ivaninsurance.com>, Nurizan Binte Aziz <nurizan.aziz@income.com.sg>

Cc: "maxine, see" <emautostar2002@gmail.com>

Hi Nurizan,

Please advise further base on the attached.

Regards

Leo Ghin
Account Manager,

Motor Agents, Motor Insurance

T +65 6430 7886 M +65 9666 1984

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158K

NTUC Income Motor Dept <motor@income.com.sg>

Wed, Nov 18, 2020 at 5:17 PM

To: MS Group Office <msgrouppoffice@gmail.com>, Motor Department <motor@ivaninsurance.com>

Cc: "maxine, see" <emautostar2002@gmail.com>

Hi June,

We would like to follow-up on the above claim.

Do proceed to do the GIA report latest by Monday 23/11/20.

In view that vehicle is still in TP compound, please inform the reporting centre that our management has approved on the accident reporting first without the vehicle.

If submission is still deny, the reporting centre may email in to motor@income.com.sg to clarify with us on this arrangement.

LKK Paya Ubi

From: Desmond Foo Guo Hui <desmond.foogh@income.com.sg>
Sent: Thursday, 19 November 2020 5:06 pm
To: LKK Paya Ubi; ODsupport
Cc: Theresa Vimala D/O Balagangadharan; Clarence Richard Anthony
Subject: RE: Vehicle number SGS 5038B DOA 22092020
Attachments: SGS 5038B.PDF

Hi Jackson

You may proceed to file the accident report with the accident circumstances first.

Indicate it in the accident statement that the photos could not be put in because the vehicle is compounded by Traffic Police.

After the vehicle is released, the customer to make an addendum to add in the vehicle photos at your centre.

Desmond Foo
Manager
Operations – Motor & Personal Lines
T +65 6430 7976



From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Thursday, 19 November 2020 4:57 PM
To: ODsupport <ODsupport@income.com.sg>
Cc: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>; Desmond Foo Guo Hui <desmond.foogh@income.com.sg>; Clarence Richard Anthony <clarence.anthony@income.com.sg>
Subject: Vehicle number SGS 5038B DOA 22092020
Importance: High

[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.]

Dear All,

Refer to the email above as attached, we are unable to file in the accident report as the accident vehicle is currently at traffic police compound.

Best Regards,
Jackson Ho | 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)

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.

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: 5114372196-000001

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SGS5038B**
 Chassis Number : **JMYLTZ23W6Z000976**
2. Name of Policyholder : **MOTOR STOP PTE. LTD.**
3. Effective Date of Insurance : **21 Nov 2019**
4. Expiry Date of Insurance : **20 Nov 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.
 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: 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 : **IVAN INSURANCE AGENCY PTE. LTD. (00000614519)**
 Date of Issue : **25 Nov 2019 11:46 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive