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Claiming and content of the content	1) AR: Accident Reporting (530): 2) DA: Damego Assessment (5100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 3) 6) TR: Re-inspection 7) N1: Idao DA + SMRT Survey 3) NTUC Additional Services: OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Caronimation *N7: Fast Repair Inspection *N6: Repair Caronimation *N7: Fast Repair Inspection *N8: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC	(550) 540/5443 5120 530 105) 575 5160 535 510 575 510 575 535 530
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3) Upload Resurvey Photo [Repair Cost > \$3000] ()	
2) QC Check / Post Repair Inspection .()	
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Policy No: () Period: () Cover Type: (
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SN0920C4000G / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/12/2020 15:42 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (04/12/2020 15:42 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate
- 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. Any false reporting may be referred to the Police for investigation.
- Any faise reporting may be reliefled to the Police for investigation.
 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.
 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 Submission	
	04/12/2020 15:42 (SGT)
Date of Accident	07/07/2019 14:50 (SGT)
Exact Location of Accident	Whitley Rd, Singapore
Additional Location Information	
Country/State of Loss	EXIT 19 WHITLEY RD / STEVEN RD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU4394X
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes UNITED MOTORING PTE. LTD. 2XXXXX759H JANNASSA@LIVE.COM.SG (Phone) +65-93258888 +65-93258888

VEHICLE PARTICULARS

Manufacturer	BMW
Model	523i
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to	_mpiojinon
your vehicle?	No - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5087394826-02
Cover Note Number	

DRIVER

Name of Driver	JANNASSA NEO JIA LING
NRIC No	SXXXX140A
Date Of Birth	04/10/1990
Occupation	Indoor

Date Of Driving Pass 08/07/2009 Driving experience 10 YEARS Gender Female Mobile Number (Phone) +65-83333200 Alt. Phone Number Email Address JANNASSA@LIVE.COM.SG Address BLK 218 BUKIT BATOK ST 21 #01-315 Address complement Postcode 650218 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions DRIZZLING Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name NEO JIA HUI Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No 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 SMH7017K Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver PEH GEN LI

SXXXXX013A

NRIC No

329
NEIN
-
-
3
0
-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ7257Z
Vehicle Manufacturer	
Vehicle Model	2
Vehicle Variant	- ***
Vehicle Colour	-
Vahiolo Cotononi	
	Private car
Name of Driver	ALKHANSA BINTI AHZAMSHAH
NRIC No	SXXXX098D
Contact Number	-
Address	-
Address complement	•
Postondo	**
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	₩3
Insurance Company Name	26
Nature Of Damage	
Details of property damaged in accident	(7.23)
No. Of Passanger (Including Driver)	3.78
No. Of Passenger (including Driver)	(; ₩)

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate 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:
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (POPA)

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 insurers) 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 Sign.

OR OF THE PERSON OF THE PERSON

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

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

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Scanned with CamScanner

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	·
CARB CRASHED INTO CAR C	A: SXU4374X
	B: SMH7017K
CRASHED INTO B	C: JMJ 72572



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: 5087394826-02

Cover : Third Party

Index mark and Registration Number of Vehicle

: N/A

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder

: UNITED MOTORING PTE. LTD.

3. Effective Date of Insurance

: 09 Jan 2019

Expiry Date of Insurance

: 08 Jan 2020

5. Persons or Classes of Persons entitled to drive*

Refer to List Attached

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 only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.
- * 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.

POLICY TYPE

MOTOR-TRADE INSURANCE

TYPE OF TRADE/BUSINESS

CAR DEALERS

TOTAL NUMBER OF AUTHORISED DRIVER(S)

: 8

DETAILS OF AUTHORISED DRIVER(S)

: REFER TO LIST ATTACHED

EXCESS (SECTION I)

: N/A

EXCESS (SECTION II)

: N/A

SUM INSURED N/A

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

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 31 Dec 2018 12:28 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process.

- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The Issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 07.07.2019	(DD/MM/YY) Time: 14:50	(HH:MM)
Exact location of accident		1100	V
	EXIT 19 WHITLEY RE	ADI STEVEN ROAD	

Details of vehicle

Vehicle registration number	SKU4394X
Vehicle make and model	BMW
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	WORK
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim D Reporting only D

Insurance information

NTUC INCOME	INSURANCE CO-OPERATIVE	LTD
5087374826-0	2	
	Third party fire & theft	TP only p
	5087374826 - 0 Comprehensive a	MUC INCOME INSURANCE CO-OPERATIVE 5087374826-02 Comprehensive D Third party fire & theft D

Insured / Policy holder

Name	UNITED MOTORING PTE. LTD. Male D Female D
NRIC / Fin / Passport number	5087394826-02
Contact	93258888
Address	1 BUINT BATOK CRESCENT #03-53, \$658064
	17 port 1011012 CVERCIA 1 403 22 1 92 DOPL

Same as insured above □ (skip to D.O.B) **Driver**

Name	JANNAGRA NEO JIA LING	Male p	Famala -
NRIC / Fin / Passport number	59037140A	Iviale	Female
Contact	83333200		
Address	218 BUKIT BATOK JT 21 #01-315	565218	
Email address	jannaera @ Live.com.89		
Date of birth	04.10.90		
Occupation	Indoor D Outdoor D		
Driving date pass	08.07.2009		

General information of the accident

Was driver an employee of the insured's company?	Yes p	No ationship of the	driver and i	nsured:	
Accident captured by camera?	Yes	Non		iiisureu.	
Weather condition	Clear D	Raining D	Others:	DRIZZLING	
Road surface	Dry	Wet	- tillelist	Distance	
No of passenger	2				(Inclusive of driver)

Passenger 1

Name	NEO	NEO JA HUI		
Gender	Male 🗆	Female p		

Passenger 2

Name	Sec. 1		
Gender	Male D	Female p	

Passenger 3

Name			
Gender	Male o	Female D	
		T GITTUIC LI	

Passenger 4

Name			
Gender	Male 🗆	Female D	

Passenger 5

Passenger 6

Name			
Gender	Male 🗆	Female D	

Other information

Was anybody injured?	Yes 🗆		
Was other vehicle damaged?	Yes	Noa	

Details of police action

Reported to police?	Yes 🗆	Nog	If yes, please state which police station.
Police station name		-	yes, piease state which police station.

Third party vehicle 1

Name	ALKHANSA BINTI AHZAMSHAH
Contact number	
NRIC / Fin / Passport number	59708098D
Vehicle registration number	SMJ-1257Z
Vehicle make model	MERCE

Third party vehicle 2

Name	PEH GEN LI	
Contact number	-	
NRIC / Fin / Passport number	81012013A	
Vehicle registration number	SMHTOITK	
Vehicle make model	KIA	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name		
Witness 2		
Name		

Injured person 1

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes	Non	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No o	

Injured person 2

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes	No D	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D	

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes	Non
Was injured conveyed to hospital by ambulance?	Yes 🗆	No o

Injured person 4

Name			
Injuries sustained			
Which vehicle person in?	7.14		
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No a	

LKK Paya Ubi

From:

Clarence Richard Anthony <clarence.anthony@income.com.sg>

Sent:

Monday, 7 December 2020 11:21 AM

To:

ODsupport; 'rspu@lkkauto.com'

Subject:

FW: CLAIMS NO:MT/1052337 VEH NO SKU 4394X MT/1052337-001

Attachments:

1.jpg; 2.jpg; 3.jpg; 4.jpg; 5.jpg; DRIVING DOC (1).jpg; DRIVING DOC (2).jpg; SKU4394X_

07072019.pdf; SKU4394X_07072019.pdf

Hi Shan Hui

The insured had actually filed the initial report at another ARC. The ARC had already created the file in eBao-GCS.

I am not sure why the insured went to your centre to file the report again.

We will not be able to pay your fees for this case.

Regards

Clarence Anthony

Manager
Operations, Motor and Personal Lines
7+65 6430 7877
www.income.com.sg





From: LKK Paya Ubi [mailto:rspu@lkkauto.com]

Sent: Friday, 4 December 2020 3:53 PM

To: ODsupport < ODsupport@income.com.sg>

Subject: CLAIMS NO:MT/1052337 VEH NO SKU 4394X

[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: $\frac{rspu@lkkauto.com}{l} | fax: 6841-6315$ 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	

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