

Date In: 12/12/20 10:40	Job description	Date & Time Completed	Done by
Ref No: NA1 INC 200 13885/64	SAS e-filing		
Veh No: SKD 2756M	E-mail (within 3hrs, AIC 2hrs)		
ICOA: 11/12/20 09:15	I-Motor Claim Form	GMT/1113370001	12/12/20 14:29
Q1: <u>IP</u> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whisp		

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

TP Particulars: Veh No: SMP 7789Z INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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: \_\_\_\_\_

Claims Particulars	Invoice/Registration Charge	Amount	Payable to
NA 2100 346			
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bngr-In-Charge):	4) FT: Follow-Through Survey \$120		
Assessors/Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Sub 1:	6) TR: Re-Inspection \$75		
Sub 2:	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) agalst INC \$20		
	9) N12: Idan 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 Submission .....	12/12/2020 10:40 (SGT)
Date of Accident .....	11/12/2020 09:15 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE (CHANGI) AFTER ENG NEO EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKD2756M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JOANNA TAN
NRIC No .....	SXXXX740F
Email Address .....	NICOLASJERLYN@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98222242
Alternative Phone No .....	+65-98222242

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
Variant .....	-
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 - Claiming third party
Vehicle Category .....	Private car

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5116659427
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	LIM PEI YI
NRIC No .....	SXXXX764J
Date Of Birth .....	23/09/1987
Occupation .....	Indoor

Date Of Driving Pass .....	31/01/2011
Driving experience .....	9 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96849675
Alt. Phone Number .....	-
Email Address .....	NICOLASJERLYN@GMAIL.COM
Address .....	BLK 116 CLEMENTI ST 13 #10-92
Address complement .....	-
Postcode .....	120116
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	No

PASSENGER 1

Name .....	JERLYN LIAU
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 .....	SMP7789Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person ..... LIM PEI YI  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... SKD2756M  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

INJURED 2

Name of injured person ..... JERLYN LIAU  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... SKD2756M  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## 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:

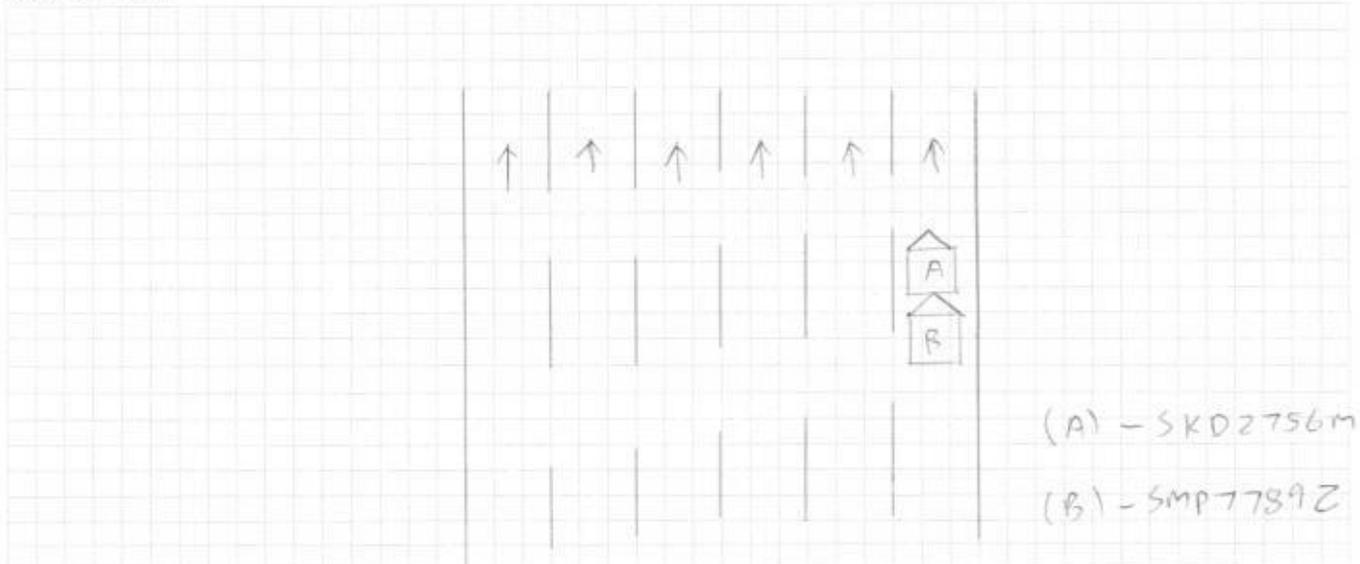
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the 11/12/2020 @ about 0915 HRS, at along PIE (Changi) after Eng Neo Ave. Exit. I was travelling on Lane 1 of the above mentioned expressway. When my front vehicle slowed down and stopped due to heavy traffic, hence I followed suit. Suddenly, I felt a great impact from the rear. When I alighted, I realised that it was Vehicle (B) who hit into the rear portion of my Vehicle (A), causing damages to my vehicle. I have 1 other passenger in my vehicle.

**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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5116659427

**Cover :** drivo CLASSIC

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>SKD2756M</b>   |
| Chassis Number  | : WDD2040452A626661   |
| 2. Name of Policyholder   | : JOANNA TAN  |
| 3. Effective Date of Insurance  | : 10 Mar 2020   |
| 4. Expiry Date of Insurance   | : 09 Mar 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)	: S\$600
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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM PEI YI
NAMED DRIVER (1)	: DE SOUZA RODNEY PATRICK
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)  
 Date of Issue : 10 Mar 2020 11:49 hrs

For **NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive

VEHICLE NO: SKD2756m

MAKE & MODEL: MERC C180

(AUTO) / MANUAL

DATE OF ACCIDENT	11 / 12 / 2020	*CC: 1600
TIME OF ACCIDENT	09.15	<u>(AM)</u> / PM
LOCATION OF ACCIDENT	PIE (Changi) after Eng Neo Exit	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>(PRIVATE USE)</u> / PRIVATE HIRE	
NAME OF OWNER	Joanna Tan	
EMAIL:	Office:	MOBILE: 9822 2242
NRIC	S6944740F	
CLAIM TYPE	OD / <u>(THIRD PARTY)</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>(NO)</u> ?	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	<u>(Comprehensive)</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	5116659427	
NAME OF DRIVER	AS ABOVE / IF NO: Lim Pei Yi	
NRIC	S8729764J	
DATE OF BIRTH	23 / 10 / 1987	
ANY PASSENGER	<u>(YES)</u> / NO: Jerlyn Liao	
NAME OF PASSENGER	Jerlyn Liao	
GENDER OF PASSENGER	MALE / <u>(FEMALE)</u>	
OCCUPATION	Outdoor / <u>(Indoor)</u>	
DATE OF DRIVING PASS	31 / 01 / 2011	
GENDER	<u>(Male)</u> / Female	
CONTACT NO.	Mobile: 9684 9675	Office: Home:
EMAIL:	nicolasjerlyn@gmail.com	
ADDRESS	Blk 116 Clementi St. 13 #10-92 S(120116)	
DOES DRIVER OWN OTHER VEHICLES?	<u>(NO)</u> / If yes: Reg No.	INSURER:
RELATIONSHIP	Employee / If No: Son in law	
WEATHER CONDITION	<u>(Clear)</u> / Raining / Other:	
ROAD SURFACE	<u>(Dry)</u> / Wet / Other:	
ANY INJURIES	No / If <u>(yes)</u> : Who? Lim Pei Yi - neck & back / Jerlyn Liao - neck & back	
CONTACT NO.	9684 9675	
POLICE REPORT	<u>(No)</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>(NO)</u> / IF YES, WHO?	
VEHICLE B NO.	SMP 7789Z	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>(NO)</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>(NO)</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>(YES)</u> / NO	
<b>**WORKSHOP:</b>	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>(NO)</u>	