

NATIONAL Assessment Centre Services

Ref: 12-1021

SA/6920CJ000D

Date In: 19/12/2020 15:10	Job description	Date & Time Completed	Done by
Ref No: NIA/INC200141431	SAS e-filing		
Veh No: SJT 1159X	E-mail (within 3hrs, AHC 2hrs)		
D.O.A: 18/12/2020 18:00	I-Motor Claim Form	19/12/2020	15:29
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 Fax / Hand to Owner / Wksp		

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

TP Particulars: Veh No: SME 4347.7 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Title: ()

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	Action

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Date 1:	6) TR: Re-Inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
Date 2/3:	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idno 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 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 Submission 19/12/2020 15:10 (SGT)
Date of Accident 18/12/2020 18:00 (SGT)
Exact Location of Accident Telok Blangah Rd, Singapore
Additional Location Information JUNCTION OD HARBOURFRONT AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT1159X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MUNCHI LEASING PTE. LTD.
Company Reg No 2XXXXX996K
Email Address toh2003@hoymail.com
Mobile Phone No (Phone) +65-83139873
Alternative Phone No +65-83139873

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5112974558-01
Cover Note Number -

DRIVER

Name of Driver TOH JEFFREY
NRIC No SXXXX804B
Date Of Birth 14/01/1989
Occupation Outdoor

Date Of Driving Pass	12/11/2012
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83139873
Alt. Phone Number	-
Email Address	toh2003@hoymail.com
Address	BLK 238 BUKIT BATOK EAST AVENUE 5
Address complement	#06-205
Postcode	650238
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE NOTICE OF REPORTING

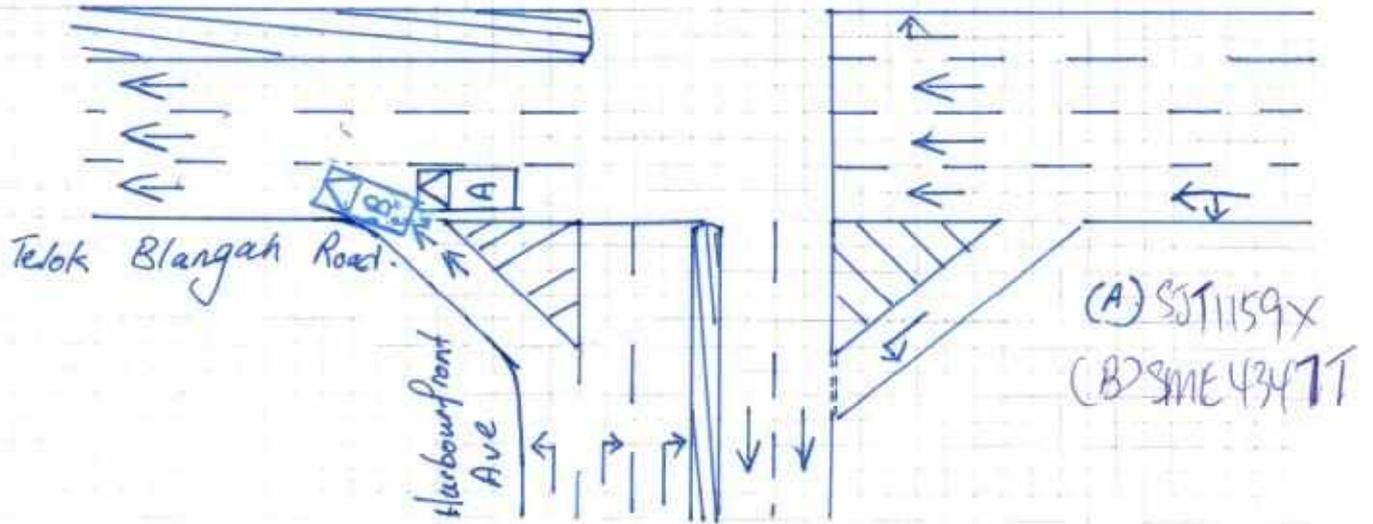
ATTACHMENT(S)

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	SME4347T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DANIEL WONG JIA ZHENG
Contact Number	(Phone) +65-97540865

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report
Attached.

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:

M

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

19/12/2020
[Signature]
[Signature]

VEHICLE NO:	SJT 1159 X.	MAKE & MODEL:	Toyota Vios.	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	18/12/2020.	CC:	1-5.	
TIME OF ACCIDENT:	1800 HRS			
LOCATION OF ACCIDENT:	Telok Blangah Road Junction Harbourfront Ave.			
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE <input checked="" type="radio"/> PRIVATE HIRE			
NAME OF OWNER:	Munchi Leasing Pte Ltd.			
TEL NO:	H/P: 8183 3239	OFFICE:	HOME:	
NRIC:	20183 2996 K.			
ADDRESS:	421 Tagore Industrial Ave #01-21, Tagore 8, (S) 787805			
EMAIL:	-			
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY			
FLEET POLICY:	<input checked="" type="radio"/> YES / <input type="radio"/> NO?			
INSURANCE COMPANY:	NFC.			
TYPE OF COVERAGE:	Comprehensive <input checked="" type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft			
POLICY NO:	5112974558 - 01 - 000032.			
NAME OF DRIVER:	AS ABOVE / IF NO: ToH Jeffrey.			
NRIC:	889008048	ANY PASSENGER:	N.A.	
DATE OF BIRTH:	14/01/1989.	LICENCE PASSED DATE:	12/11/2012.	
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR / <input type="radio"/> INDOOR			
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE			
CONTACT NO:	H/P: 8313 9873	OFFICE:	HOME:	
ADDRESS:	BLK 038 Bukit Batok East Ave 5 #06-205 (E) 650238			
EMAIL:	toh2003@hotmail.com			
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:			
RELATIONSHIP:	INSURER / OTHER: driver.			
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / OTHERS:			
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / OTHER:			
ANY INJURIES:	NO <input checked="" type="radio"/> IF YES, WHO?			
NAME & CONTACT:	ToH Jeffrey H/P: 8313 9873.			
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?			
VEHICLE B REG NO:	SME 4347 T.	ANY PASSENGERS:	03 (1F) (2M).	
NAME OF DRIVER:	Daniel Wong Jia Zhong.	CONTACT NO:	9754 0865	
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="radio"/> NO			
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
ACCIDENT PORTION:	Front portion.			
WORKSHOP PARTICULAR:	N-51			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

NOTICE OF REPORTING

This is to confirm that Toh Jeffrey NRIC/FIN: S8900804B has reported to the Police a traffic accident, which happened on 18/12/2020 between 1800 hrs to 1810hrs. Accident occurred along X-Junction of Harbourfront Ave and Telok Blangah Rd, below West Coast Highway bridge.

The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more than 3 days of Medical Leave
- iv) Government property damage
- v) Hit and Run Accident

Involving the following vehicles:

V1) SJT1159X driven by Toh Jeffrey, NRIC/FIN: S8900804B, HP: 83139873.

V2) SME4347T driven by Daniel Wong Jia Zheng, NRIC/FIN: S8370376H, HP: 97540865.

Brief Facts:

On 18/12/2020 between 1800hrs to 1810hrs, V1 was travelling straight along Telok Blangah Rd when V2 without signalling came out from the slip road of Harbourfront Ave. I honked to alert V2 and immediately apply brake. Tried to swerve V1 to avoid collision however the front of V1 still collided to the right rear portion of V2 near the tyre area. V2's driver claimed that he did not see V1 coming therefore came out from the slip road of Harbourfront Ave to merge to the main road of Telok Blangah Rd.

I am injured thus seek medical attention at Ng Teng Fong Hospital and was issued with Two (02) days MC (ref: 1117897385).

3. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SI Shaniza Binte Sital

Date: 19/12/2020 Time: 0057hrs

S/D Ref: 16

Police Post/Unit: Bukit Batok NPC

 19/12/2020
 BUKIT BATOK NPC
 21 BUKIT BATOK EAST AVENUE 4
 SINGAPORE 659840
 TEL: 1800-665 9999

Claim Handling

Accident MT/1114318

Policy No.	5112974558-01	Vehicle No.	SJT1159X	GST Registration No.	
Certificate No.	5112974558-01-00032			Policyholder NRIC	201832996X
Policyholder Name	MUNCHI LEASING PTE. LTD.			Loading	0
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Contact No.(Home)	
Contact No.(Mobile)	83139873	Contact No.(Office)		eCode	No
Email Address		Special Remark		eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	Private Hire	Yes
NCD Protection	No	NCD Entitlement(%)	0		

Accident Details

Report Date	19/12/2020 15:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Min
Date of Accident	18/12/2020	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	Teak Bianhan Rd/harbourfront avenue junction				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess		TP Standard Excess	1,500.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess	0	Driver is Covered?	Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	421 TAGORE INDUSTRIAL AVENUE	Address 2	#01-21 TAGORE II	Address 3	SINGAPORE 797801
Address 4		Address Type	Singapore address	Post Code	787805
Unit No.	01-20	Related Policy Number	5112974558-01		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/01/1989
Unnamed driver Name	TOH JEFFREY	Driver NRIC	S89009046	Driving Experience	8
Register Date of Driver License	12/11/2012	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	83139873	Contact No.(Office)		Address 3	GOMBAK GARDENS
Address 1	BLK 238 #06-205	Address 2	BUKIT BATOK EAST AVENUE 5	Post Code	650238
Address 4	SINGAPORE 650238	Address Type	Foreign address		
Unit No.	06-205				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJT1159X	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-RX	Insured Name	MUNCHI LEASING PTE. LTD.	Insured NRIC	
Contact No.(Mobile)	81832299	Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	SJT1159X	TP Vehicle Number	
Claim Description	SJT1159X / SME4347T ON 18 Dec 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Yes	Discovered	Repair	Preferred Workshop, Name unknown	GIA report
Date Registered	19/12/2020 15:22	Received	Received	Claim Close Date	
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1114318	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2020 15:29

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: 5112974558-01-000032

Cover : Third Party

- | | |
|--|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJT1159X |
| Chassis Number | : MR053HY9305130795 |
| 2. Name of Policyholder | : MUNCHI LEASING PTE. LTD. |
| 3. Effective Date of Insurance | : 03 Oct 2020 |
| 4. Expiry Date of Insurance | : 02 Oct 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)	: 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	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: 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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)
 Date of Issue : 05 Oct 2020 10:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive