

NATIONAL Assessment Centre Services.

part 1 Jan 05

3N082116000R

Date In: 26/01/2021 17:21	Job description	Date & Time Completed	Done by
Ref No: N/A/21160000268/1	SAS e-filing		
Veh No: SJD 5309M	E-mail (to/for, A/C, etc)		
D.O.A: 05/01/2021 17:00	I-Motor Claims Form	mt1116353-001	06/01/2021 17:33
OD: TP Reporting Only	I-Motor W/O (With/Out OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / OW: (	Tel:	Fax:
TP Handicapped: (	Veh No: YM 6315M	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 ()	

() 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: ()

NA2100554	1) All: Accident Reporting (30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/43	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (w/ 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + EMRI Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpl Allowance \$3	
	• NS: Repairs Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NS: DV / Collect Excess Coordination \$3	
	• TP (NI) / TP (NS+INC) against INC \$20	
	9) NI: Idea 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	06/01/2021 17:21 (SGT)
Date of Accident	05/01/2021 17:00 (SGT)
Exact Location of Accident	503 Jurong West Street 52, Singapore 640503
Additional Location Information	LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD5309M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WEE NUI NUI
NRIC No	SXXXX904Z
Email Address	vinx@wengfatt.sg
Mobile Phone No	(Phone) +65-96680992
Alternative Phone No	+65-96680992

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	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116336554
Cover Note Number	-

DRIVER

Name of Driver	WEE NUI NUI
NRIC No	SXXXX904Z

Date Of Driving Pass	05/06/1984
Driving experience	36 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96680992
Alt. Phone Number	+65-96680992
Email Address	vinx@wengfatt.sg
Address	BLK 450 #07-58
Address complement	JURONG WEST STREET 42
Postcode	640450
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHMENT

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	YM6315M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-85568596
Address	-
Address complement	-
Postcode	-

Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		-

SKETCH PLAN

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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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

WEE
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

06/01/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to statement

Describe Circumstances of the Accident

Refer to statement

Declaration

We declare the foregoing particulars are true in every respect.

Wee
Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time

06/01/2021
Witnessed by Reporting Centre
Personnel

RE: ACCIDENT INVOLVING SJD5309M & YM6315M
ALONG LOADING BAY OF BLOCK 503 HDB JURONG
WEST AT 05 JAN 2021 / 1700 HRS

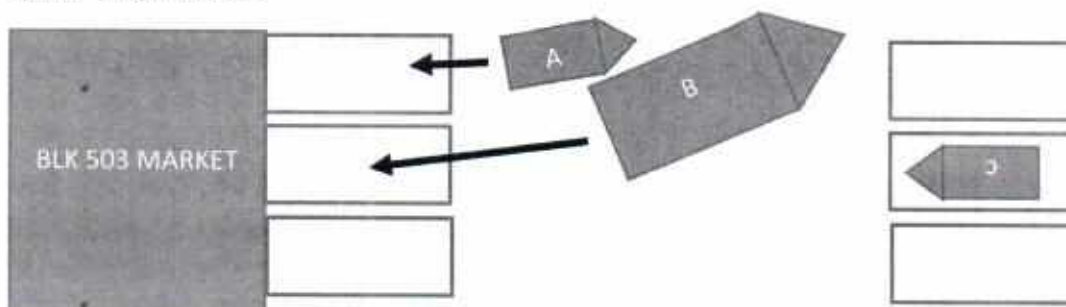
VEHICLE A (SJD5309M) DRIVEN BY: WEE NUI NUI OF NRIC: S1837904Z

VEHICLE B (YM6315M) DRIVEN BY: NOT GIVEN OF NRIC: NOT GIVEN
MOBILE NUMBER 85568596

PASSENGES INVOLVED: NO PASSENGERS IN BOTH VEHICLES

I was at the loading bay at Blk 503 HDB Jurong West Market in vehicle A reversing my vehicle into the loading bay. Vehicle B was on my right but was not moving. When I was in the process of reversing into the lot, vehicle B suddenly started to reverse backwards. I immediately stopped my vehicle as there was no way Vehicle B could reverse into the lot besides me without hitting me and blasted my horn. However, Vehicle B continued reversing and only stopped when he hit the front right of my stationary vehicle. The whole incident was witnessed by the driver of Vehicle C (SLJ9801B) who also got out of the car to ask the driver of Vehicle B why he didn't stop nor hear the horn. The weather was clear and the road condition was dry. There was no injury at the point of the accident.

<MAP / DRAWING>



VEHICLE A (SJD5309M) VEHICLE B (YM6315M) VEHICLE C (SLJ9801B)

The above statement is accurate to be best of my recollection and understand that it is an offence to falsify any information relating to the above events.

Wee

WEE NUI NUI

06/01/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (05 JAN 2021) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: LOADING BAY OF BLK 503 HDB JURONG WEST

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD5309M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5116336554
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA VIOS
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: UNLOAD ITEMS
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: WEE NUI NUI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S18379042 CONTACT: 966880992
c) ADDRESS: BLK 450 JURONG WEST ST 92
#07-58 51640450

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YM6315M MODEL: LORRY
b) DRIVER'S NAME: NOT GIVEN
c) NRIC/FIN/PASSPORT: NOT GIVEN CONTACT: 85568596

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: rinx@wengfatt.sg

VIDEO



**SINGAPORE
POLICE FORCE**



J/20210106/7112

1 of 2

POLICE REPORT (NP322)

Report No. J/20210106/7112

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 06/01/2021 16:40	Vide Report No.	Station Diary No.
Name Of Informant WEE NUI NUI	Address 450 JURONG WEST STREET 42 #07-58 SINGAPORE 640450	
ID Type / ID No. NRIC NO / S1837904Z	Contact No. Home/Office: Mobile: 96680992	
Nationality SINGAPORE CITIZEN	Email Address info@wengfatt.sg	
Occupation	Sex Female	Age 66
	Date of Birth 13/11/1954	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 05/01/2021 00:00 - 06/01/2021 16:00	Location Of Incident 450 JURONG WEST STREET 42 #07-58 SINGAPORE 640450	

Brief details.

I was involved in an accident on the 5th of Jan 2021. When I wanted to obtain my Driver's license to make the report, I realize I do not have it. I am not sure when the Driver's License have gone missing as I have not used it for some time.

Property Information

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2021 16:40
Officer In-Charge Of Case: J / Nanyang N.P.C TOH SHE KIAT Contact No.: 67929999	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



J/20210106/7112

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. J/20210106/7112

S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantit y	Value	Description
1	Licence	Lost	Qualified Driving Licence		S1837904 Z	1		Singapore Driver's License

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

J / Nanyang N.P.C

TOH SHE KIAT

Contact No.: 67929999

Authentication Stamp

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

Date/Time:
06/01/2021 16:40

Classification Of Case:

FUPO hotline number: 68429645

1/6/2021

Claim Handling(accident reporting Claim Task)

Claim Handling

Accident MT/1116353

Policy No.	5116336554	Vehicle No.	SJD5309M	GST Registration No.
Certificate No.				
Policyholder Name	WEE NUI NUI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96680992	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	06/01/2021 17:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/01/2021	Time of Accident hh:mm	17:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 503 JURONG WEST LOADING BAY			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

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

▼ Policyholder Mailing Address

Address 1	BLK 450 #07-58	Address 2	JURONG WEST STREET 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5116336554	

▼ OI Driver Info

Driver Name	WEE NUI NUI	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1837904Z	Driving Experience
Register Date of Driver License	05/06/1984	Driver Age	66	Contact No.(Home)
Contact No.(Mobile)	96680992	Contact No.(Office)		Address 3
Address 1	BLK 450 #07-58	Address 2	JURONG WEST STREET 42	Post Code
Address 4		Address Type	Singapore address	
Unit No.		Driver Vehicle No.	SJD5309M	Driver Insurer Comp.
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No			

Declaration

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

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Finalisation

Date Registered

OD-MX	Insured Name	WEE NUI
	Contact No.	
	OT Vehicle Number	SJD5309
SJD5309M / YM6315M ON 5 Jan 2021		

Insured Liability	Not at Fault	GIA report	Received
Preferred Workshop, Name unknown			

06/01/2021 17:32	Claim Close Date
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1/6/2021

Claim Handling(accident reporting Claim Task)

Report Taken By

#OSLI WAHAB

☐ Print AK letter

Save Submit

Attachment

Accident No.

MT/1116353

Last Doc. Received

☒ Yes ☐ No

Claim No.

001

Upload Date

06/01/2021 17:33

Path *

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Category *

Please Select

Confidential

NO

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Desc

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n 06 Jan 2021 17:33

Photos

Normal

Photos 2

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n 06 Jan 2021 17:33

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n 06 Jan 2021 17:32

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n 06 Jan 2021 17:32

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Video List

Uploaded By/Date

Folder Date

File Name

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: 5116336554

Cover: drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJD5309M |
| Chassis Number | : MRQ53HY9305052973 |
| 2. Name of Policyholder | : WEE NUI NUI |
| 3. Effective Date of Insurance | : 30 Mar 2020 |
| 4. Expiry Date of Insurance | : 29 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	: WEE NUI NUI
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 : INDEX AGENCY PTE LTD (00000572017)
Date of Issue : 24 Feb 2020 15:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive