

# NATIONAL Assessment Centre Services.

part 1 Jan'05

SN09211M000F

Date In: 22/01/2021 16:19	Job description	Date & Time Completed	Done by
Ref No NA/INC21001079/h4	SAS e-filing		
Veh No SLJ 3998G	E-mail (within 3hrs, AIC 2hrs)		
IP: 21/01/2021	I-Motor Claim Form	MT/1118501-001	25/01/2021 8:56
IP: (IP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Professed Wksp / INC Assign Wksp / QW: (	Tel: *	Fax: *
TP Particulars:	Veh No: SGF 3968Z	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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Bgr-In-Charge):	

NA2101028	Invoice Particulars	Amount	Remarks
	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$30)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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	22/01/2021 16:19 (SGT)
Date of Accident	21/01/2021 19:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE CTE EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ3998G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FOO SUAN KIT
NRIC No	SXXXX276Z
Email Address	IVANFOO01@GMAIL.COM
Mobile Phone No	(Phone) +65-96204105
Alternative Phone No	+65-96204105

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5096445425-03
Cover Note Number	-

#### DRIVER

Name of Driver	WOO WAN NAN EVELYN
NRIC No	SXXXX374F
Date Of Birth	25/06/1973
Occupation	Outdoor

Date Of Driving Pass .....	08/01/1996
Driving experience .....	25 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-97271379
Alt. Phone Number .....	-
Email Address .....	EVELYN328190@GMAIL.COM
Address .....	BLK 204 SERANGOON CENTRAL #09-110
Address complement .....	-
Postcode .....	550204
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	DRIZZLING
Road Surface .....	Wet

#### 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 .....	UNKNOWN
Gender .....	Male

#### 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? .....	Yes
Was there any audio recorded? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGF3968Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ABDUL RASHID BIN ABDUL RAZAK
Contact Number .....	(Phone) +65-96893594



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 .....	WOO WAN NAN EVELYN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLJ3998G
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 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' 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

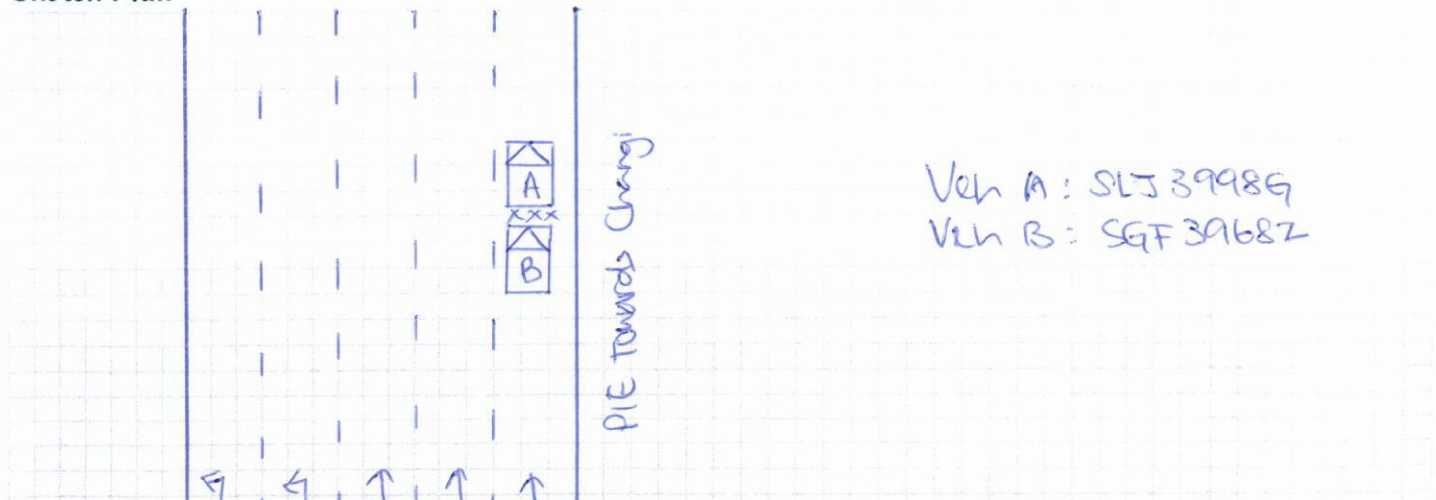
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

On above date & time, I was driving my vehicle A (SLJ39986) traveling along PIE towards Changi on first lane of a 5-lanes, expressway. Somewhere before CTE exit, vehicle ahead slowed down & stopped due to heavy traffic flow. As such, I applied brake and stopped completely behind vehicle ahead. Out of sudden, vehicle B (SGF39682) came from rear and collided onto the rear portion of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

## 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:** 5096445425-03

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLJ3998G**  
 Chassis Number : RU11204104
2. Name of Policyholder : **FOO SUAN KIT**
3. Effective Date of Insurance : **08 Dec 2020**
4. Expiry Date of Insurance : **07 Dec 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: FOO SUAN KIT
NAMED DRIVER (1)	: WOO WAN NAN EVELYN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : DQ INSURE (00000572952)  
 Date of Issue : 10 Dec 2020 11:22 hrs

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



Chief Executive



Text size + -

0% 25% 50% 75% 100%

**Register New Vehicle (Acknowledgement)****Vehicle Particulars**

Vehicle No.:	SLJ3998G		
Vehicle Type:	P11 - Passenger Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	VEZEL 1.5X A
Chassis No.:	RU11204104	Engine No.:	L15B4404105
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	-
Maximum Power Output: 96.0 kW ( 128 bhp )			
Unladen Weight:	1190 kg	Maximum Laden Weight:	1465 kg
Primary Colour:	Black	Secondary Colour:	-
First Registration Date:	08 Dec 2016	Original Registration Date:	08 Dec 2016
Manufacturing Year:	2016	Open Market Value:	\$21,387.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$5,971.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$1,387.00 (140%)
Actual ARF Paid:	\$11,942.00		

**Owner Particulars**

Owner Name: FOO SUAN KIT IVAN  
 Owner ID Type: Singapore NRIC  
 Owner ID: S6932276Z  
 Registered Address Type: HDB / HUDC  
 Registered Block/House No.: 202  
 Registered Street Name: SERANGOON CENTRAL  
 Registered Unit No.: # 11 - 42  
 Registered Building Name: -  
 Registered Postal Code: 550202

COE No. / Expiry Date: 2016120101001906R / 07 Dec 2026

COE Bid Category: A - Car (up to 1600cc &amp; 97kW (130bhp))

QP Paid: \$52,668.00

**Transaction Details**

Business Transaction Ref. No.: 20161208145448512118  
 Business Transaction Date: 08 Dec 2016  
 Business Transaction Time: 14:54:48

**Message**

(1/4 - 1127050853)



VEHICLE NO: <u>SLJ3998G</u>	MAKE & MODEL: <u>Honda Vezel</u>	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT: <u>21 / 01 / 2021</u>	CC: <u>1.5</u>	
TIME OF ACCIDENT: <u>1920</u> HRS		
LOCATION OF ACCIDENT: <u>Along PIE towards Changi before CTE exit</u>		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	
NAME OF OWNER:	<u>Foo Suan Krt</u>	
TEL NO:	H/P: <u>96204105</u>	OFFICE: HOME:
NRIC:	<u>S6932276Z</u>	
ADDRESS:	<u>BLK 204 Serangoon Central #09-110 S(550204)</u>	
EMAIL:	<u>ivanfoo01@gmail.com</u>	
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES <u>NO</u>	
INSURANCE COMPANY:	<u>NTUC</u>	
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	<u>5096445425-03</u>	
NAME OF DRIVER:	AS ABOVE / IF NO: <u>Woo Wan Nan Evelyn</u>	
NRIC:	<u>S7321374F</u>	ANY PASSENGER: <u>1 (m)</u>
DATE OF BIRTH:	<u>25 / 6 / 1973</u>	LICENCE PASSED DATE: <u>8 / 1 / 1996</u>
OCCUPATION:	<u>OUTDOOR</u> / INDOOR	
GENDER:	MALE / <u>FEMALE</u>	
CONTACT NO:	H/P: <u>97271379</u>	OFFICE: HOME:
ADDRESS:	<u>BLK 204 Serangoon Central #09-110 S(550204)</u>	
EMAIL:	<u>evelyn328190@gmail.com</u>	
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:	INSURER:
RELATIONSHIP:	<u>Spouse</u>	
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS: <u>Drizzling</u>	
ROAD SURFACE:	DRY / <u>WET</u> / OTHER:	
ANY INJURIES:	NO / <u>IF YES, WHO?</u>	
NAME & CONTACT:	<u>Woo Wan Nan Evelyn 97271379</u>	
NAME & CONTACT:		
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B REG NO:	<u>SGF3968Z</u>	ANY PASSENGERS: <u>1</u>
NAME OF DRIVER:	<u>Abdul Rashid Bin</u>	CONTACT NO: <u>96893594</u>
VEHICLE C REG NO:	<u>Abdul Rizak</u>	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?	<u>YES</u> / NO	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO	
ACCIDENT PORTION:	<u>Rear portion</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	
WORKSHOP PARTICULAR:	<u>Twincar Automotive Pte Ltd</u>	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	<u>Brandon</u>	