

NATIONAL Assessment Centre Services.

part 1 Jan 08

SM 09217 P0008

Date In: 25/11/21 11:21	Job description	Date & Time Completed	Done by
Ref No: WA/IMC21001132144	SAS e-filing		
Veh No: GBJ 3121M	E-mail (within 3hrs, A/C 2hrs)		
IPFA: 22/11/21 18:10	I-Motor Claim Form	MT/1118720-001	26/11/21 09:34
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Professed Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SHB 8971-P	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 repolter.
() 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 of Claim	Assessment	Done by

Claimant's Particulars	NA2101355	
Driver/Owner:		
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
Assessor's Comments:		
Ref: 1:		
Ref: 2/3:		

1) AR: Accident Reporting (\$30);	30	
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: Follow-Through Survey (Resurvey) \$30		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
OD:		
*NS: Courtesy Car / Tpt Allowance \$5		
*NG: Repair Co-ordination \$10		
*NT: Post Repair Inspection \$25		
*NB: DV / Collect Excess Coordination \$5		
TP (N11): TP (N-in INC) against INC \$20		
9) N12: Idao 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	25/01/2021 11:21 (SGT)
Date of Accident	22/01/2021 18:10 (SGT)
Exact Location of Accident	Lynwood Grove, Singapore
Additional Location Information	MACKERROW RD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3121M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRI-TECH SECURITY PTE. LTD.
Company Reg No	2XXXXX279E
Email Address	TINWIN@TRI-TECHSECURITY.COM
Mobile Phone No	(Phone) +65-67480641
Alternative Phone No	(Office) +65-67480641

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Combo
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 - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107903403-01
Cover Note Number	-

DRIVER

Name of Driver	AUNG TIN WIN
Work Permit No	GXXXX435R
Date Of Birth	00/10/1977

Date Of Driving Pass	08/04/2010
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81893472
Alt. Phone Number	-
Email Address	TINWIN@TRI-TECHSECURITY.COM
Address	124 PAYA LEBAR WAY #14-2923
Address complement	-
Postcode	381124
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	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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

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	SHB8971P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

SKETCH PLAN

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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.

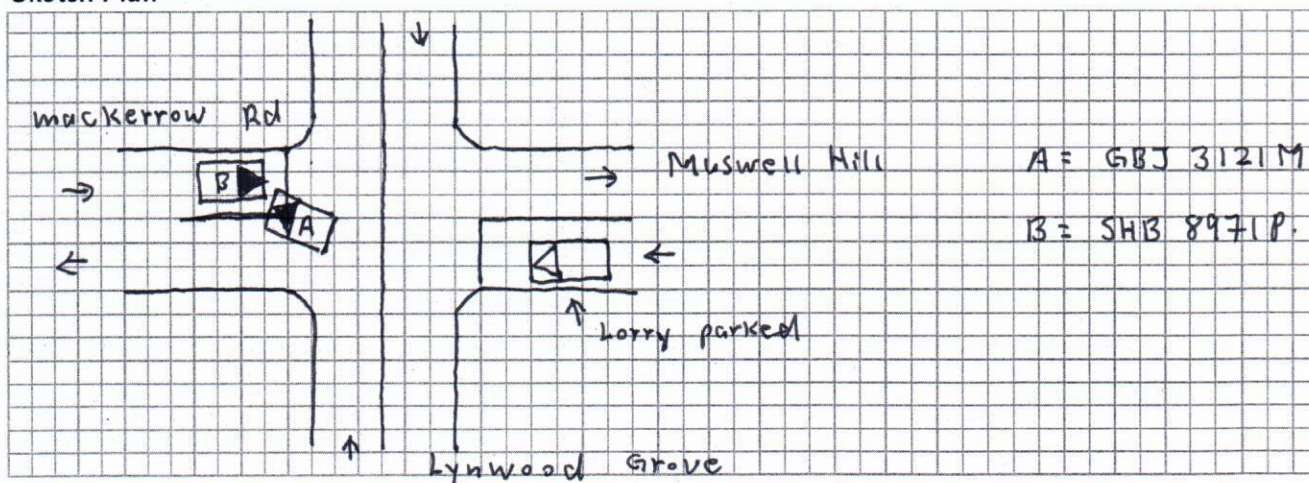


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



I was travelling along Lynwood Grove, ~~when~~ while approaching Mackerrow Rd, there was a lorry ~~blocking~~ ~~my~~ ~~was~~ parked at Muswell Hill blocking my view. When I check the traffic was clear, I turn into Mackerrow Rd, but my veh over wide turn and hit onto the veh B front portion.

I/We declare the foregoing particulars are true in every respect.



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Witnessed by Reporting Centre
Personnel

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 : 5107903403-01

Cover : Comprehensive

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBJ3121M |
| Chassis Number | : W0L6WZS1BJ9625197 |
| 2. Name of Policyholder | : TRI-TECH SECURITY PTE. LTD. |
| 3. Effective Date of Insurance | : 13 Mar 2020 |
| 4. Expiry Date of Insurance | : 12 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
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 : CREDENTIAL MOTOR PTE LTD (00000613028)
Date of Issue : 03 Mar 2020 15:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 1 / 21) (DD/MM/YYYY), TIME: (18 : 10) (HH:MM)

LOCATION: Lynwood Grove & mackerrow Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G0J 3121M
b) INSURANCE COMPANY: INTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: opel combo 1.6 MT
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
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: Tri-tech Security Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67480641
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Aung Tin Win (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81893472
c) ADDRESS: 124 Paya Lebar Way #14-2923 CSS 381124

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: SHB 8971P MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

dash
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Email = tinwin@tri-techsecurity.com

Fax =

VIDEO = No.