

SN: 0821380001

QID : TP : Reporting Only

Insured/Driver Liability: ( ) % [Note- Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

( ) Total Loss Case : to e-mail Insurer URGENTLY.

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

*Injury :*

X/A2101697

1. The first part of the paper is devoted to the study of the asymptotic behavior of the solutions of the system (1) as  $\epsilon \rightarrow 0$ . It is shown that the solutions of the system (1) converge to the solutions of the system (2) in the sense of the weak convergence in the space  $L^2(\Omega; \mathbb{R}^n)$ .



# 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	08/03/2021 12:51 (SGT)
Date of Accident	08/03/2021 07:10 (SGT)
Exact Location of Accident	Eng Neo Ave, Singapore
Additional Location Information	SLIP ROAD TOWARDS VANDA ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC6238X
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SJL MANAGEMENT SERVICES
Company Reg No	5XXXX904J
Email Address	skimpoh@gmail.com
Mobile Phone No	(Phone) +65-90682990
Alternative Phone No	+65-90682990

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116304454
Cover Note Number	-

### DRIVER

Name of Driver	JANICE SO KIM POH
NRIC No	SXXXX859F

Date Of Driving Pass	14/06/2001
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90682990
Alt. Phone Number	-
Email Address	skimpoh@gmail.com
Address	BLK 289B COMPASSVALE CRESCENT #11-323
Address complement	-
Postcode	542280
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 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?	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 SKETCH PLAN

#### 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	GBK9227Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AHMED KHUSAR
Passport No/FIN	GXXXX412N
Contact Number	(Phone) +65-81826714
Address	-
Address complement	-

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

-

-

-

-



## 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.

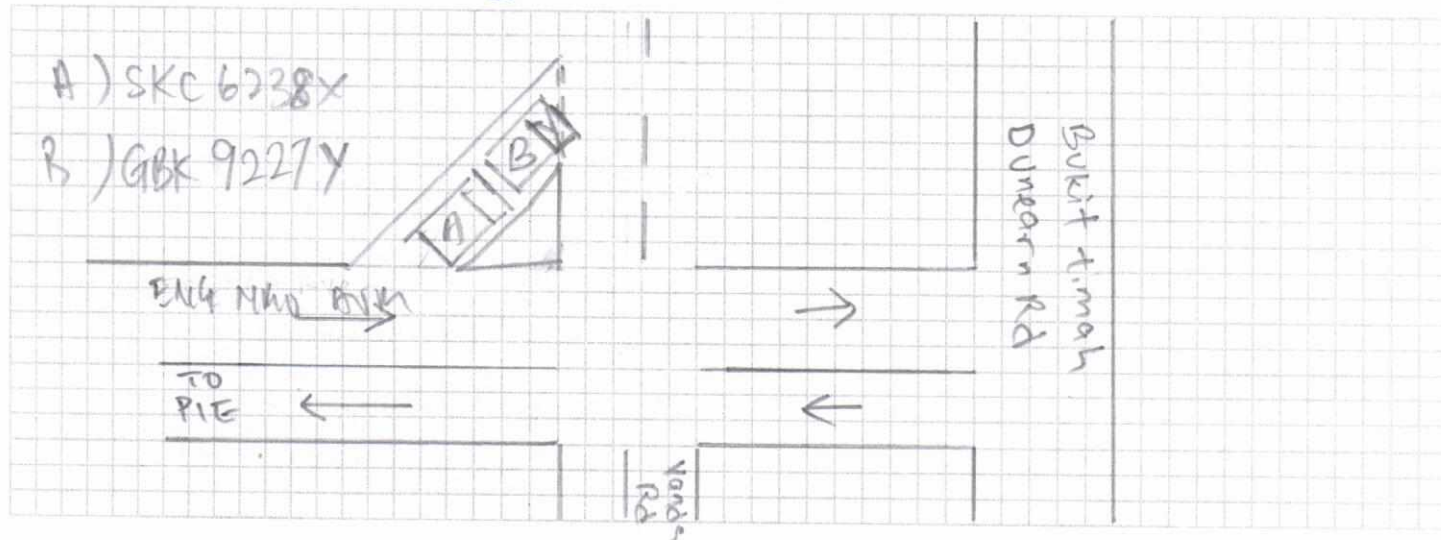


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



**Describe Circumstances of the Accident**

ON 08/03/2021 AT ABOUT 07:10 HRS. I WAS AT FAIRVIEW AVE  
AND WANTED TO TURN LEFT I ACCIDENTALLY BUMP INTO THE  
REAR OF GSK 92277. THAT ALL.

**Declaration**

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

Witnessed by Reporting Centre  
Personnel

11:09 am

08/03/2021

08/03/2021



## ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 03 / 2021) (DD/MM/YYYY), TIME: (07 : 10) (HH:MM)

LOCATION: ENK NMD BNM SLIP Rd towards VANDA Rd

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC 6238 X  
b) INSURANCE COMPANY: Income  
c) POLICY NUMBER: 5116304454  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA ALTIS  
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: SKM MANAGEMENT Services (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 811-2878 CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Janice 30 Kim Poh (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57873859F CONTACT: 90682900  
c) ADDRESS: BLK 287B COMPASSVALE CRESCENT #11-323  
Singapore 542280

\*d) DATE OF BIRTH: 16 / 06 / 1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14 Jun 2001

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: G8K 9227Y MODEL: VAN  
b) DRIVER'S NAME: AHMED KAUSAR  
c) NRIC/FIN/PASSPORT: G6708412N CONTACT: 81826714

### 9. THIRD PARTY VEHICLE

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

Email: Skimpoh@gmail.com

VIDEO

Claim Handling

Accident MT/1123529

Policy No.	5116304454	Vehicle No.	SKC6238X	GST Registration No.	
Certificate No.					
Policyholder Name	SJL MANAGEMENT SERVICES			Policyholder NRIC	531
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90682990	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	08/03/2021 14:29	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	08/03/2021	Time of Accident hh:mm	07:10	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ENG NEO AVE SLIP RD TOWARDS VANDA RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Cove
Additional Excess	0				
Total OD Excess Applicable	2000.00	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	08/03/2021 14:31:18 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	10 KAKI BUKIT ROAD 1	Address 2	#03-07 KB INDUSTRIAL BUILD	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	416
Unit No.	02-59	Related Policy Number	5116304454		

OI Driver Info

Driver Name	JANICE SO KIM POH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7873859F	Driver DOB	16/i
Register Date of Driver License	14/06/2001	Driver Age	42	Driving Experience	19
Contact No.(Mobile)	90682990	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKC6238X	Driver Insurer Company	NTL

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

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SJL MANAGEMENT SERVICES	Insured NRIC	531
Contact No.(Mobile)	91141990	Contact No.(Home)		Contact No.(Office)	684
Email Address		OI Vehicle Number	SKC6238X	TP Vehicle Number	GBK
Claim Description	SKC6238X / GBK9227Y ON 8 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	08/03/2021 14:33	Claim Close Date		Date Received	08/i
Report Taken By	ROSLI WAHAB				

☒ Print AK letter



## Attachment

Accident No. MT/1123529 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 08/03/2021 14:34

Path \*

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Category \*

Confidential

Urgency \*

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:34	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:34	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:34	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:34	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:34	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:34	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	SAS		Normal	SAS 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-8

## Video List

Uploaded By/Date Folder Date File Name Source

## 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:** 5116304454

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKC6238X**  
Chassis Number : MR053REE104124964
2. Name of Policyholder : SJL MANAGEMENT SERVICES
3. Effective Date of Insurance : 20 Feb 2020
4. Expiry Date of Insurance : 14 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 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: JANICE SO KIM POH
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 : INXURE NETWORK SERVICES (00000614975)  
Date of Issue : 19 Feb 2020 18:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SW082/80001 Vehicle Registration No: SKC 6288X

Name (as shown in NRIC): Jamie So Kim Poh NRIC/FIN/Passport No: SXXX859K

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 90682990

Email Address: \_\_\_\_\_

Date of Accident: 08/08/2021 Time of Accident: 07:10

Place of Accident: EXIT NHD AVE SLIP ROAD TOWARDS VOXIA ROAD


Insurance Company: NHI

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle Number SKC 6288X

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

 08/08/2021  
Reporting Centre Personnel's Signature  
Name:

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SNE82130001-01 Vehicle Registration No: SKC6238X  
Name (as shown in NRIC): Jarick So Kim Poh NRIC/FIN/Passport No: 8XXXX904J  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 90682990  
Email Address: \_\_\_\_\_  
Date of Accident: 08/03/2021 Time of Accident: 07:10  
Place of Accident: ENG NEW AVE SLIP RD TOWARDS VALEIA ROAD  
Insurance Company: NW

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURED BIK NO: 289B COMPASSION CRASH?

Policyholder / Driver's Signature  
Date:

08/03/2021  
Reporting Centre Personnel's Signature  
Name: