

NATIONAL Assessment Centre Services (wef 10 Jan 2005)

Date In: 28/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003874/13	SAS e-filing		
Veh No: SM1845K	E-mail (within 8hrs, A/C 2hrs)		
DOA: 27/02/18 2220	i-Motor Claim Form	MT/0984096	
OD: (IF) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR)	Tel: ()	Fax: ()
TP Particulars:	Veh No: SHD9538R	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%; F: 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:- (INC hotline: 6788 6616)	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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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 ability.
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 Report	28/02/2018 15:40
Date Of Accident	27/02/2018 22:20
Exact Location Of Accident	CTE TWD SLE AFT BRADDELL EXIT L/P 328
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1845K
Insured/Policyholder	
Name Of Registered Owner	TAY YONG HOW
NRIC No	S1502169A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97688183
Alternative Phone No	OTHERS-97688183

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097439654
Cover Note Number	

Driver

Name of Driver	TAY YONG HOW
NRIC No	S1502169A
Date Of Birth	09/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1978
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97688183
Fax Number	
Contact Number	OTHERS-97688183
EEmail Address	NOEMAIL

Address	BLK 3 TOH YI DRIVE #08-183
Postcode	590003
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9538R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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 lodgment 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:

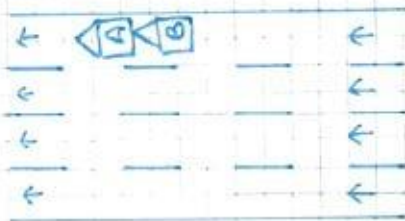
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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

 28/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN (TE Toward SLE After Braddell Exit CAT Lamp Pole No. 328).



A - SJM 1845K

B - SHD 9538R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I was driving along CTE toward SLE on the 1st lane of a 4 lanes expressway. Somewhere after Braddell exit at lamp pole no. 328, vehicle ahead of me slowed down due to heavy traffic flow. As such, I applied break to slowed down. Out of the sudden vehicle B (SHD 9538R) came from the rear and collided directly onto the rear portion of my vehicle.

A - SJM 1845K

B - SHD 9538R

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:

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

Vehicle No.	SJM 1845 K	Model / Make	Toyota Allion
Date of Accident	27/2/18		
Time of Accident	22.20	HRS	
Location of Accident	CTE Toward SLE After Braddell Exit (At Lamp Pole No. 328)		
Exact purpose use during accident	Work Use		
Name of Owner	Tay Yong How		
Telephone No.	H/P: 9768 8183	Home :	Office :
NRIC	S1502169 A		
Address	Blk 3 Toh Yi Dr #08-183 S(590003)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5097439654		
Name of Driver	As Above If No,		
NRIC	Any Passengers : 1-F		
Date of birth	9/8/1961		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	7 Dec 1978		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SH1 9538 R	Any Passengers :	3
Name of Driver	Contact No. :		
Vehicle C No.	Any Passengers :		
Vehicle D No.	Any Passengers :		
Vehicle E no.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Any Passengers :		
Witness Name	Witness Contact :		
Accident Portion	Rear Portion		
Camera Recorder	Yes / No		
Email Address	swe8183@gmail.com		
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Amos		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1502169A



Name

TAY YONG HOW



郑永豪

Race

CHINESE

Date of Birth

09-08-1961

Sex

M

Country of Birth
SINGAPORE

S1502169A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1502169A

Name

TAY YONG HOW



Birth Date: 09 Aug 1961

Issue Date: 25 Jun 2003



1856424



NRIC No. S1502169A



Blood Group Date of Issue

O+ 04-04-1994

Address

APT BLK 3 TOH YI DRIVE #08-183
SINGAPORE 590003

NRIC No: S1502169A Date: 18-04-1997 No: 2192805

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	11 Jul 1978
Class 2A	Motorcycles between 201 cc and 400 cc	11 Jul 1978
Class 2	Motorcycles exceeding 400 cc	11 Jul 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Dec 1978



NP 428A

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5097439654

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: **SJM1845K**

Chassis Number

: **NZT2603032976**

2. Name of Policyholder

: **TAY YONG HOW**

3. Effective Date of Insurance

: **16 Jan 2018**

4. Expiry Date of Insurance

: **22 Dec 2018**

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

: **TAY YONG HOW**

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 : **GOLDEN PRIME INSURANCE AGENCY (00000613808)**

Date of Issue : **15 Jan 2018 16:10 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Engine Capacity / Power Rating :	1496 cc / -
Maximum Power Output :	81.0 kW (108 bhp)
Propellant :	Petrol
Max Unladen Weight :	1200 kg
Maximum Laden Weight :	1475 kg
Open Market Value :	\$14,881.00
PARF Eligibility :	Yes
PARF Eligibility Expiry Date :	22 Dec 2018
Minimum PARF Benefit :	\$7,440.00
No. of Transfers :	2
IU Label No. :	1029071014
COE No. :	2009010101003104M
COE Expiry Date :	22 Dec 2018
COE Category :	A - Car (1600cc & below)
COE Registration Category :	A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium :	\$6,200.00 / -
Actual QP Paid :	\$6,200.00
QP (Regn Cat) :	\$6,200.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$6,200.00
Additional Registration Fee Rate :	100.00 %
Actual ARF Paid :	\$14,881.00
Vehicle Lifespan Expiry Date :	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-

Claim Handling

Accident MT/0984096

Policy No.	5097439654	Vehicle No.	SJM1845K	GST Registration No.	
Policyholder Name	TAY YONG HOW			Policyholder NRIC	S1502169A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97688183	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	28/02/2018 16:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	27/02/2018	Time of Accident hh:mm	22:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWO SLE AFT BRADDELL EXIT L/P 328				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 3 #08-183	Address 2	TOH YI DRIVE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	59001
Unit No.		Related Policy Number	5097439654		

▼ OI Driver Info

Driver Name	TAY YONG HOW	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1502169A	Driver DOB	09/01/1983
Register Date of Driver License	01/01/2000	Driver Age	56	Driving Experience	18
Contact No.(Mobile)	97688183	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 3	Address 2	TOH YI DRIVE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	59001
Unit No.	#08-183				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	TAY YONG HOW	Insured NRIC	S1502169A
Contact No.(Mobile)	97688183	Contact No.(Home)	64622572	Contact No.(Office)	
Email Address	swe8183@gmail.com	OI Vehicle Number	SJM1845K	TP Vehicle Number	S1845K
Claim Description	SJM1845K / SHD9538R ON 27 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	28/02/2018 16:16	Claim Close Date		Date Received	28/02/2018
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

2/28/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0984096

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

28/02/2018 00:00

Path *

Category *

Confidential

Urgency *

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)

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Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
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	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 16:15	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 16:15	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 16:15	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 16:15	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 16:14	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)[Scan and uploading](#)