

NATIONAL Assessment Centre Services (with 1.20000) **Phone 48033925**

Date In: **12/03/2018** 12:48

Ref No: **X180/NC1800461314**

Veh No: **FW3166T**

O.O.A: **11/03/2018** 11:30

OD / TP Reporting Only

TP Insured:

Job description: **SAS e-illing**

Date & Time Completed: **12/03/2018** 13:00

Done by: **mil985634**

E-mail (with 3hrs, A/C 1hr)

1-Motor Claim Form

1-Motor SV/O (with 100 3hrs, TP 1hr)

1-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/Whsp

Preferred Wksp / INC Assgn Wksp / OW: ()

TP Particulars: Yell No: **SHC 3199R** INC () / Non-INC ()

Owner / Driver: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: BSL Status (WO): NI 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 later of repair.

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

Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Other: ()

NA1801592

Human's Particulars:

Driver/Owner:

Policy No:

Assessed Portion:

C. Checked by (Engi-In-Charge):

Will be a Comment:

Invoice Preparation Checklist:

Item	Amount	Notes
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (40)
3) TP: Towing Fee	\$40/\$43	
4) PT: Follow-Through Survey	\$130	
5) XT: Follow-Through Survey (Recovery)	\$20	
Forfeiture apply INC Only (w/ 10 Jan 2018)		
6) TR: Re-inspection	\$33	
7) NI: NI DA + SMRT Survey	\$160	
8) NTUC Additional Serv (2018)		
Q11:		
NI: Courtesy Car / Tpl Allowance	\$3	
NI: Repair Coordination	\$10	
NI: Post Repair Inspection	\$23	
NI: DY / Collision Unsett Coordination	\$3	
TP (NI) / TP (Non-INC) / Total INC	\$10	
NI: NI DA	\$10	
Invoice Total		
Invoice Total		

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	12/03/2018 12:48
Date Of Accident	11/03/2018 11:30
Exact Location Of Accident	ALONG GRANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW3166T
Insured/Policyholder	
Name Of Registered Owner	SIM BUAY KWEE
NRIC No	S1501820H
Email Address	RONNIESIM0111@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97225564
Alternative Phone No	OTHERS-97225564

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-S-125CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5090624066-01
Cover Note Number	

Driver

Name of Driver	SIM BUAY KWEE
NRIC No	S1501820H
Date Of Birth	20/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1982
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97225564
Fax Number	
Contact Number	OTHERS-97225564
Email Address	RONNIESIM0111@GMAIL.COM

Address	BLK 431 CHOA CHU KANG AVENUE 4 #09-575
Postcode	680431
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	2
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)	1

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

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	SHC3911R
Vehicle Make/Model/Colour	HYUNDAI
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)	4

SKETCH PLAN

IMPORTANT NOTICE

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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 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:

 12/3/2018

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

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

 12/03/2018
Name: 
NRIC/FIN No.:

SKETCH PLAN

Orchard Blvd

Orchard Ln

Grange Rd

FW 31667

Devonshire Rd.

TAXI

SHC 3911R

on 11/03/2018 AT ABOUT 11:30HRS I WAS TRAVELLING ALONG
GRANGE ROAD I WANTED TO GO TO ANOTHER PART OF GRANGE ROAD
I WAS BEHIND A TAXI SHC3911R, SUDDENLY THE TAXI BRAKE
I COULD NOT BRAKE ON TIME I HIT THE REAR RIGHT
OF THE SAID TAXI. THAT ALLS.

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: Rodney
NRIC/FIN No.: 123456789012

Claim Handling

Accident MT/0985634

Policy No.	5090624066-01	Vehicle No.	FW3166T	GST Registration No.	
Policyholder Name	SIM BUAY KWEE			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	
Contact No.(Mobile)	97225564	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFX	<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	12/03/2018 12:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	11/03/2018	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GRANGE ROAD				

Benefits

Excess

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

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 431 #09-575	Address 2	CHOA CHU KANG AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	09-575	Related Policy Number	5090624066-01		

OI Driver Info

Driver Name	SIM BUAY KWEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1501420H	Driver DOB	
Register Date of Driver License	20/06/1982	Driver Age	36	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 431 #09-575	Address 2	CHOA CHU KANG AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	09-575				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FW3166T	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

New

Claim Type *	OD-MX	Insured Name	SIM BUAY KWEE	Insured NRIC	
Contact No.(Mobile)	97014579	Contact No.(Home)	62619333	Contact No.(Office)	
Email Address		OI Vehicle Number	FW3166T	TP Vehicle Number	
Claim Description	FW3166T / SHC3911R ON 11 Mar 2018			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	
Date Registered	12/03/2018 12:59	Claim Close Date		Date Received	
Report Taken By	ROSLE WAHAB				
<input type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.	MT/0985634	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/03/2018 13:00
Path *		Category *	Confidential Urgency
			Normal

Browse Clear Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="123"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="123"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="123"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="123"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="123"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 13:00	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 13:00	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 12:59	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 12:59	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 12:59	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 12:59	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 12:59	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 12:59	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
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ACCIDENT STATEMENT

ACCIDENT DATE: 11/03/2018 (DD/MM/YYYY), TIME: 11:30 am (HH:MM)

LOCATION: Devonshire Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW3166T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5090624066-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA / WAVE 125
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 11:30 am
 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: SIM BUAY KWEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1501820-H CONTACT: 97225564
 c) ADDRESS: 431, CHOA CHU KANG AVE. 4
#01-575 15680031

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: NIL (MALE / FEMALE)
 e) NRIC/FIN/PASSPORT: NIL CONTACT: NIL
 f) ADDRESS: NIL

* d) DATE OF BIRTH: 20/11/1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29 Jun 1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SHC3911R MODEL: HYUNDAI
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

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

email: Ronniesim0111@gmail.com

fax: NIL

✓ 1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1501820H



Name
SIM BUAY KWEE

Race
CHINESE

Date of birth
20-11-1961

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1501820H
Name
SIM BUAY KWEE

Birth Date 20 Nov 1961
Issue Date 14 Sep 2012



3932320




NRIC No. S1501820H

Date of Issue
29-08-2008

APT BLK 431 CHOA CHU KANG AVENUE 4 #09-575
SINGAPORE 680431

S1501820H Date: 21/12/2008 No: 6149

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	29 Jun 1982
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 3500kg	22 Jun 1985

NP 428A

Licence No. S1501820H



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 : 5090624066-01 **Cover** : Third Party

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : FW3166T |
| Chassis Number | : NF125MD0051031 |
| 2. Name of Policyholder | : SIM BUAY KWEE |
| 3. Effective Date of Insurance | : 26 Feb 2018 |
| 4. Expiry Date of Insurance | : 25 Feb 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: SIM BUAY KWEE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 22 Feb 2018 09:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive