

NATIONAL Assessment Centre Services (2011-2015)

Date In: 11/05/18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18008680/13	E-mail (within 8hrs, MP: 2hrs):		
Veh No: 5GQ7979H	i-Motor Claim Form: MT/0994013 - 001		
D.O.A: 10/05/18 1925	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (N-51 Tel: Fax:)

TP Particulars: Veh No: 5JZ6561C 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		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	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 \$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 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	11/05/2018 16:48
Date Of Accident	10/05/2018 19:25
Exact Location Of Accident	PICKERING STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ7979H
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Insured/Policyholder

Name Of Registered Owner	CHIN TONG SENG @CHIN PIANG YIN
NRIC No	S2551624I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91386676
Alternative Phone No	OTHERS-91386676

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098098246
Cover Note Number	

Driver

Name of Driver	CHIN TONG SENG @CHIN PIANG YIN
NRIC No	S2551624I
Date Of Birth	23/12/1947
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1982
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91386676
Fax Number	
Contact Number	OTHERS-91386676
Email Address	NOEMAIL

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

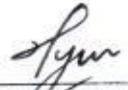
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



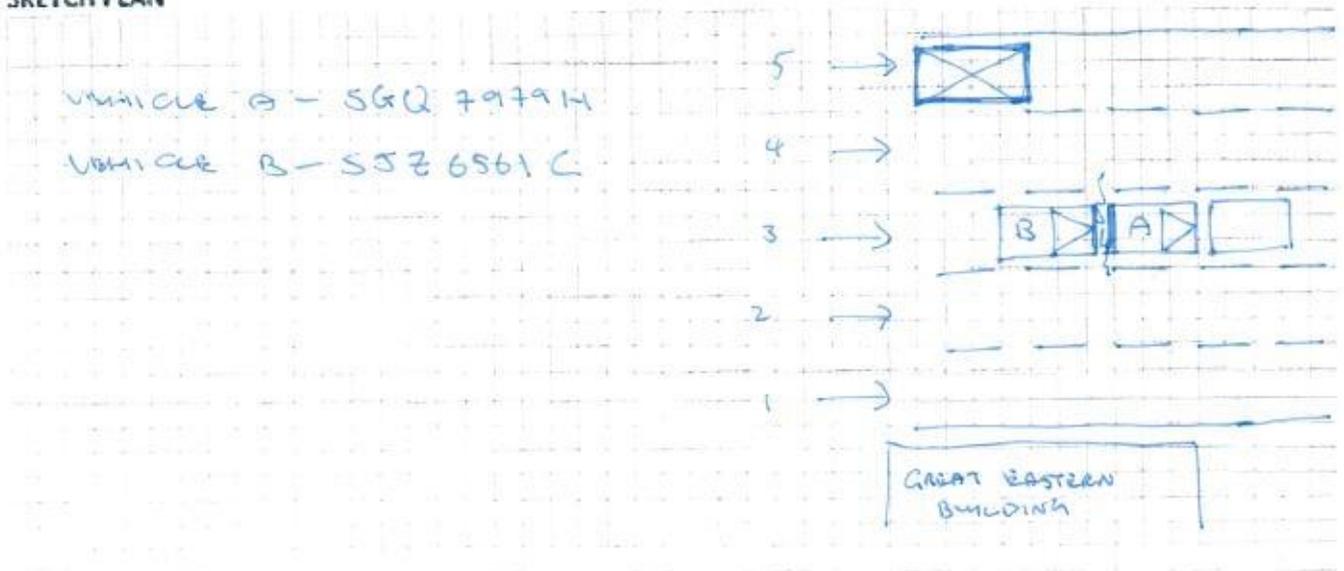
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 11/05/18

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

SKETCH PLAN

PICKERING ST TOWARDS CHURCH ST



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG PICKERING STREET TOWARDS CHURCH ST DIRECTION, I WAS ON THE 3RD LANE.

WHILE DRIVING STRAIGHT AHEAD AND DUE TO THE HEAVY TRAFFIC THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SJZ 6561 C) THAT COLLIDED TO THE REAR OF MY VEHICLE WHEN I WAS IN A STATIONARY STOPPED POSITION.

VEHICLE A - SGQ 7979 M
VEHICLE B - SJZ 6561 C

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:

 11/05/18
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Vehicle No.	SG2 7979H	Model / Make	HONDA SHUTTLE
Date of Accident	10/05/2018		
Time of Accident	1925	HRS	
Location of Accident	PICKERING STREET		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	CHIN TONG SENH		
Telephone No.	H/P: 91386676	Home :	Office :
NRIC	S 2551624 I		
Address	BLK 299A COMPASSVALE ST #13-148 S(541299)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	509809T246		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	1 (FEMALE)
Date of birth	23/12 /1947		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	16 FEB 1992		
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.	MR CHIN TONG SENH 91386676 (2 DAYS MC FROM MOUNT ALVERNIA HOSPITAL)		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	55Z 6561 C	Any Passengers :	
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		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTIE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2551624I



Name



CHIN TONG SENG
@CHIN PIANG YIN

陳炳仁

Race

CHINESE

Date of Birth

23-12-1947

Sex

M

S2551624I

Country of Birth
SELANGOR

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2551624I

Name

CHIN TONG SENG



Birth Date: 23 Dec 1947

Issue Date: 05 Dec 2003



1807674



NRIC No. S2551624I

Blood Group: Date of issue

B+ 25-02-1994

APT BLK 299A COMPASSVALE STREET #13-148
SINGAPORE 541299

NRIC No: S2551624I

Date: 14-06-2000 (R) No: 3748238

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

Class 2B Motorcycles <= 200 CC
Class J Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

PASS DATE

29 Oct 1982

16 Feb 1982

S2551624I

S / No. 9000159947



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: 5098098246

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SGQ7979H**
Chassis Number : GP71119195
2. Name of Policyholder : CHIN TONG SENG @CHIN PIANG YIN
3. Effective Date of Insurance : 14 Feb 2018
4. Expiry Date of Insurance : 13 Feb 2019
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHIN TONG SENG @CHIN PIANG YIN
NAMED DRIVER (1)	: LEONG WAI FUN ELINE (LIANG HUIFEN ELINE)
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: CAR TIMES AUTOMOBILE PTE 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 : CAR TIMES INSURANCE AGENCY PTE. LTD. (00000571584)
Date of Issue : 14 Feb 2018 12:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0994013

Policy No.	5098098246	Vehicle No.	SGQ7979H	GST Registration No.	
Policyholder Name	CHIN TONG SENG @CHIN PIANG YIN	Cover Type	drivo PREMIUM	Policyholder NRIC	52551624I
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91386676	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

▼ Accident Details

Report Date	11/05/2018 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/05/2018	Time of Accident hh:mm	19:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PICKERING STREET				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	No
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 299A #13-14B	Address 2	COMPASSVALE STREET	Address 3	COMPASSVALE GREEN
Address 4	SINGAPORE 541299	Address Type	Singapore address	Post Code	541299
Unit No.	13-14B	Related Policy Number	5098098246		

▼ OI Driver Info

Driver Name	CHIN TONG SENG @CHIN PIANG YIN	Driver Type	Main Driver	Driver DOB	23/12/1947
Unnamed driver Name		Driver NRIC	52551624I	Driving Experience	36
Register Date of Driver License	16/02/1982	Driver Age	70	Contact No.(Home)	0
Contact No.(Mobile)	91386676	Contact No.(Office)	0	Address 3	COMPASSVALE GREEN
Address 1	BLK 299A	Address 2	COMPASSVALE STREET	Post Code	541299
Address 4	SINGAPORE 541299	Address Type	Singapore address		
Unit No.	#13-14B			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CHIN TONG SENG @CHIN PIANG	Insured NRIC	52551624I
Contact No.(Mobile)	91386676	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SGQ7979H	TP Vehicle Number	N51
Claim Description	SGQ7979H / N51 ON 10 May 2018			Name of Preferred Workshop	5J26561C
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	11/05/2018 00:00
Date Registered	11/05/2018 17:26	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0994013	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	11/05/2018 00:00
Path *		Category *	
Choose File	No file chosen		Confidential
Choose File	No file chosen		Urgency *
Choose File	No file chosen		Destr

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 May 2018 17:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 May 2018 17:26	SAS	Normal	SAS 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 May 2018 17:26	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 May 2018 17:26	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 May 2018 17:26	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 May 2018 17:25	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 May 2018 17:25	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 May 2018 17:25	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 May 2018 17:25	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 May 2018 17:25	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 May 2018 17:25	Photos	Normal	Photos 2018-5-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading