

NATIONAL Assessment Centre Services (with 1 hour)

Due In: **30/05/2018 14:07** **MINA48070005**

Ref No: **NBA/INCS009708/Y**

Vell No: **SLB 9713R**

COA: **29/05/2018 10:40**

OD: **TP / Response Only**

TP Insured:

Job description

SAS calling

E-mail (with 1 hour)

1-Motor Claim Motion

1-Motor W/O (with 1 hour)

1-Photo Uploaded

Assessment/Survey Report

Assessment Report by **PAK/HAND to Owner/VVHSP**

Date & Time Completed

Done by

30/05/2018 14:40

Prioritised Wisp / HQ Assign Wisp / OWI:

TP Policyholder

Owner/Driver:

Policy No:

Period:

Cover Type:

Insured/Driver Uninsured:

Year of Registration:

Excess:

Loading: \$1,000 / \$2,000

Warranty: YES / NO

Work-in-Progress: Customer's information already confidential & study NO rate of repair.

Tel: () / Non-Tel: ()

Toll: ()

Call: ()

Time: ()

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:

Time:

NA/803408

Driver/Owner:

Policy No:

Insured Person:

Checked by (Bug-In-Charge):

Comments:

Invoice Preparation Checklist:

1) All Accident Reporting (30%)

2) DA/Damage Assessment (100%)

3) TP/Towing Fee

4) PT/Police Through Survey

5) PT/Police Through Survey (Recovery)

6) TR/Police Through Survey

7) RT/Police Through Survey

8) NTUC Additional Survey

9) NTUC Additional Survey

10) NTUC Additional Survey

11) NTUC Additional Survey

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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	30/05/2018 14:07
Date Of Accident	29/05/2018 10:40
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB9773R
Insured/Policyholder	
Name Of Registered Owner	TAI CHEE CHUNG
NRIC No	S7528663E
Email Address	SHERRILLLEONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96600083
Alternative Phone No	OTHERS-86060067

Vehicle Particulars

Manufacturer	MAZDA
Model	6
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090490079-01
Cover Note Number	

Driver

Name of Driver	SHERRILL LEONG SU JIN
NRIC No	S8107880G
Date Of Birth	10/03/1981
Occupation	INDOOR
Date Of Driving Pass	07/07/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96600083
Fax Number	
Contact Number	OTHERS-86060067
EMail Address	SHERRILLLEONG@GMAIL.COM

Address	BLK 77 INDUS ROAD #12-527
Postcode	160077
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : SON GENDER: : MALE

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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM1602X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	CHOW MING FATT
NRIC/Passport Number	S1233503B
Contact Number	85526517
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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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 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:

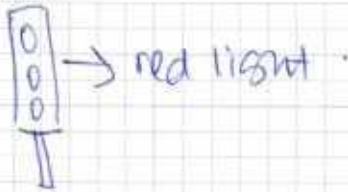
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 30/5/18

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

SKETCH PLAN



A) SLB 9773R
B) SUM 1602X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 29 May 18

Time: 10.40 am

Location: Lower Delta

my car was stationary at red traffic junction. Suddenly, the car came from the back and banged into my car. I was already waiting at the traffic for past 1 min.

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:

30/5/18
2.14 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30/05/2018

Robert W. 1013

Claim Handling

Task Transfer - Exit

Accident MT/0996459

JOB TAG SUB

Policy No.	3090490079-01	Vehicle No.	SLB9773R	GST Registration No.	
Policyholder Name	TAI CHEE CHUNG			Policyholder NRIC	S7528663E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96600083	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	30/05/2018 14:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	29/05/2018	Time of Accident hh:mm	10:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	ALONG LOWER DELTA ROAD				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 77 #12-527	Address 2	INDUS ROAD	Address 3	INDUS GARDEN
Address 4	SINGAPORE 160077	Address Type	Singapore address	Post Code	160077
Unit No.		Related Policy Number	3090490079-01		

OI Driver Info

Driver Name	SHERILL LEONG SU JIN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8107880G	Driver DOB	10/03/1981
Register Date of Driver License	07/07/2008	Driver Age	37	Driving Experience	9
Contact No.(Mobile)	96600083	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?	Yes + No	Driver Vehicle No.	SLB9773R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes + No
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Modification History

Investigation

Claim 001 OD-MX New

Claim Case Officer

JOB TAG SUB

Claim Type	OD-MX	Insured Name	TAI CHEE CHUNG	Insured NRIC	S7528663E
Contact No.(Mobile)	96600083	Contact No.(Home)	64713309	Contact No.(Office)	
Email Address	taic@emall.com	OI Vehicle Number	SLB9773R	TP Vehicle Number	SLM1602X
Claim Description	SLB9773R / SLM1602X ON 29 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Reserved
Date Registered	30/05/2018 14:40	Claim Close Date		Date Received	30/05/2018 00:00
Report Taken By	BOSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/0996459	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/05/2018 00:00

Path +

Category +

Confidential

Urgency +

Description +

Choose File No file chosen

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Message Read















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Send Message Upload

Attachment List

5/30/2018

Claim Handling (Claim MT/0996459 / Claim 001 OD-MX)

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:40	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	SAS	Normal	SAS 2018-5-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2018 14:39	NRCC/ Driving License	Normal	NRCC/ Driving License 2018-5-30		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				

ACCIDENT STATEMENT

ACCIDENT DATE: 29, 5, 18 (DD/MM/YYYY), TIME: 10:40 (HH:MM)

LOCATION: Lower Delta

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 9773 R
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5090490079-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mazda 6
 f) TYPE: Saloon / Coupe / MPV / Van / Lorry / Motorcycle / Others
 g) VEHICLE CATEGORY: Private / Commercial / Motorcycle
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY).

2. INSURED / POLICY HOLDER

- A) NAME: Tai Chee Chung (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7528663E CONTACT: 9660083
 c) ADDRESS: 77 Indus Road #12-527 8(160077)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Sherill Leong Su Jin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8707880G CONTACT: 966060067
 c) ADDRESS: 77 Indus Road #12-527 8(160077)

* d) DATE OF BIRTH: 10 / 03 / 1987 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING: PASS :: 7-7-2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) Spouse
 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) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM 1602X MODEL: Toyota
 b) DRIVER'S NAME: Chow Ming Fatt
 c) NRIC/FIN/PASSPORT: S1233503B CONTACT: 8552 6517

9. THIRD PARTY VEHICLE

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

1) EMAIL: sherrillleong@gmail.com

2) VIDEO:

(Son)

(2)

NUMBER OF
PASSENGER
INCLUDING DRIVER

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NUMBER OF
PASSENGER
INCLUDING DRIVER

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NUMBER OF
PASSENGER
INCLUDING DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8107880G



Name

SHERRILL LEONG SU JIN

Race

CHINESE

Date of birth

10-03-1981

Country of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8107880G

Name

SHERRILL LEONG SU JIN

Birth Date: 10 Mar 1981

Issue Date: 12 Aug 2010



4778440



NRIC No. S8107880G

Date of issue

05-10-2011

APT BLK 77 INDUS ROAD #12-527
SINGAPORE 180077

NRIC No: S8107880G

Date: 01/03/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg 07 Jul 2008
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg



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: 5090490079-01

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLB9773R |
| Chassis Number | : JM6GJ1072G0234422 |
| 2. Name of Policyholder | : TAI CHEE CHUNG |
| 3. Effective Date of Insurance | : 28 Apr 2018 |
| 4. Expiry Date of Insurance | : 27 Apr 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 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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: TAI CHEE CHUNG
NAMED DRIVER (1)	: TAI KIT PING
NAMED DRIVER (2)	: SHERRILL LEONG SU JIN
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : ELPIS FINANCIAL PTE. LTD. (00000572839)
Date of Issue : 12 Apr 2018 23:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive