

NATIONAL Assessment Centre Services

(wef 1 Jan 2015)

MNA118082905

Date In: 27/16/18 14:12	Job description	Date & Time Completed	Done by
Ref No: MA118011689164	SAS e-filing		
Veh No: SGX 3042A	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 27/16/18. 07:50	i-Motor Claim Form	MT/1000602 ⁰⁰¹	27/16/18 17:09
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: (

Fax: (

TP Particulars:

Veh No:

GBB 2909G.

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

MA1804069

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

*N5: Courtesy Car / Tpl 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 date:

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	27/06/2018 14:12
Date Of Accident	27/06/2018 07:50
Exact Location Of Accident	TAMPINES AVE 9 JUNC WITH TAMPINES AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX3042A
Insured/Policyholder	
Name Of Registered Owner	SU GEOK CHOON
NRIC No	S1255395A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93894269
Alternative Phone No	OFFICE-93894269

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073731231-02
Cover Note Number	-

Driver

Name of Driver	TAN HAK KOON
NRIC No	S1265674B
Date Of Birth	25/10/1957
Occupation	INDOOR
Date Of Driving Pass	27/01/1976
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98778909
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 230 TAMPINES ST 24 #07-128
Postcode	524230
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

I WAS TRAVELLING ALONG TAMPINES AVE 9 ON THE EXTREME LEFT LANE, WHILE APPROACHING JUNC WITH TAMPINES AVE 12, SUDDENLY VEH B (BEARING NO GBB2909G) WHICH WAS INFRONT OF ME JAMMED BRAKE. I MANAGE MY BRAKE BUT CANNOT STOP IN TIME. AS THE RESULT, COLLIDED ONTO THE VEH B REAR PORTION. DUE TO THE LIGHTLY IMPACT, VEH B NO VISIBLE DAMAGE.

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	GBB2909G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	93392681
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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:

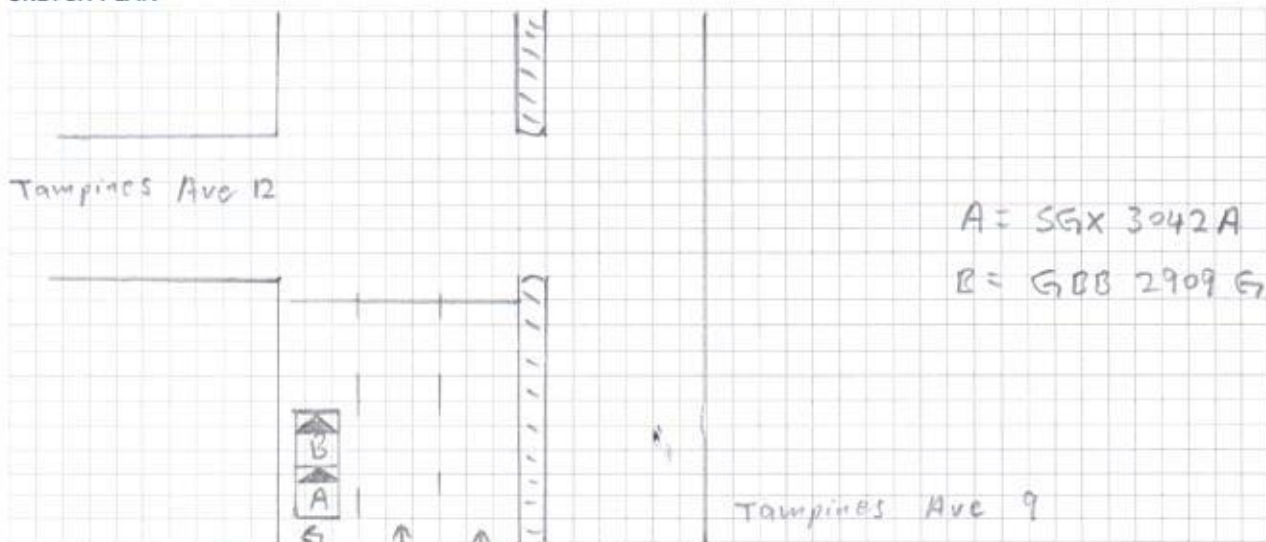
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. **S1265674B**

Name: **TAN HAK KOON**

Birth Date: **25 Oct 1957**

Issue Date: **16 Dec 2002**

000025809C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1265674B**

Name: **TAN HAK KOON**

Race: **CHINESE**

Date of Birth: **25-10-1957**

Country of Birth: **SINGAPORE**

Sex: **M**

S1265674B




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	31 Aug 1976
Class 2A	Motorcycles between 201 cc and 400 cc	31 Aug 1976
Class 2	Motorcycles exceeding 400 cc	31 Aug 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Jan 1976
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Apr 1979
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	04 Jan 1980

NP 428A

Licence No. **S1265674B**

0441589

S1265674B

NRIC No. **S1265674B**

Blood Group: **A+** Date of issue: **23-07-1992**

APT BLK 230 TAMPINES STREET 24 #07-128
SINGAPORE 524230

NRIC No: **S1265674B** Date: **08-05-2002** No: **4298289**




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: 5073731231-02

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGX3042A |
| Chassis Number | : MR053HY9305013629 |
| 2. Name of Policyholder | : SU GEOK CHOON |
| 3. Effective Date of Insurance | : 20 Aug 2017 |
| 4. Expiry Date of Insurance | : 19 Aug 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 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SU GEOK CHOON
NAMED DRIVER (1)	: TAN PENG YU
NAMED DRIVER (2)	: TAN HAK KOON
HIRE PURCHASE COMPANY	: THONG LEE TRADING (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 : SU GEOK CHOON CATHERINE (00000513940)
Date of Issue : 16 Aug 2017 14:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1000602

Policy No.	5073731231-02	Vehicle No.	SGX3042A	GST Registration No.	
Policyholder Name	SU GEOK CHOON			Policyholder NRIC	S1255395A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93894269	Contact No.(Office)		Contact No.(Home)	
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	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	27/06/2018 17:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/06/2018	Time of Accident hh:mm	07:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 9 JUNC WITH TAMPINES AVE 12				

▼ 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 230 #07-128	Address 2	TAMPINES STREET 24	Address 3	SINGAPORE 524230
Address 4		Address Type	Singapore address	Post Code	524230
Unit No.		Related Policy Number	5073731231-02		

▼ OI Driver Info

Driver Name	tan hak koon	Driver Type	Named Driver	Driver DOB	25/10/1957
Unnamed driver Name		Driver NRIC	S12656748	Driving Experience	18
Register Date of Driver License	01/01/2000	Driver Age	60	Contact No.(Home)	
Contact No.(Mobile)	98778909	Contact No.(Office)		Address 3	SINGAPORE 524230
Address 1	BLK 230 #07-128	Address 2	TAMPINES STREET 24	Post Code	524230
Address 4		Address Type	Singapore address		
Unit No.	07-128				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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	SU GEOK CHOON	Insured NRIC	S1255395A
Contact No.(Mobile)	93894269	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	z513940@income.com.sg	OI Vehicle Number	SGX3042A	TP Vehicle Number	GBB2909G
Claim Description	SGX3042A / GBB2909G ON 27 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	27/06/2018 00:00
Date Registered	27/06/2018 17:08	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1000602	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/06/2018 17:09		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:09	SAS	Normal	SAS 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:09	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:09	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:09	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:08	Photos	Normal	Photos 2018-6-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:08	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:08	Photos	Normal	Photos 2018-6-27

Video List

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