

NATIONAL Assessment Centre Services		MIA 48083965	
Date In: 29/06/2018 14:19	Job description	Date & Time Completed	Done by
Ref No: N/A/AC/1801/901/1	SAS e-filing		
Veh No: SKT 54606	E-mail (within 8hrs; AIC 2hrs)		
D.O.A: 29/06/2018 15:00	i-Motor Claim Form	MT/1000929-001	29/06/2018 16:28
OD: 3K 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: SKG 285M	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

N/A/804226	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idau Mobile \$10		
Cat 2/3:	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	29/06/2018 14:19
Date Of Accident	28/06/2018 15:00
Exact Location Of Accident	ALONG GEYLANG LORONG 27A
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKT5460L
Insured/Policyholder	
Name Of Registered Owner	FOO YIN KHOON
NRIC No	S0146118D
Email Address	ALVIN.FOO@THE-ASCOTT.COM
Mobile Phone No	(LOCAL) +65-98388785
Alternative Phone No	OTHERS-98388785
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5073046424-02
Cover Note Number	
Driver	
Name of Driver	FOO YIN KHOON
NRIC No	S0146118D
Date Of Birth	21/09/1954
Occupation	INDOOR
Date Of Driving Pass	19/06/1975
Driving Experience	43 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98388785
Fax Number	
Contact Number	OTHERS-98388785
Email Address	ALVIN.FOO@THE-ASCOTT.COM

Address	BLK 201D PUNGGOL FIELD #06-266
Postcode	824201
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	COLLIDED INTO PARKED VEHICLE
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	SKG2785M
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

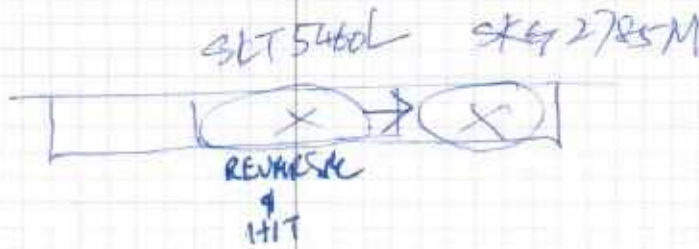
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

GTG/only LORONG 27 A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked at a carlot along the road. The other party came and parked behind me. I did not realise it. When I reversed my car, the car hit the front bumper of the car parked behind slightly. Nobody got injured and we agreed to settle in private.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

29/6/18
10.45am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

29/06/2018

Wong Wai Hing

Claim Handling

[Exit](#)

Accident HT/1000929

Policy No.	5073046424-02	Vehicle No.	SKTSMOL	GST Registration No.	
Policyholder Name	POO YIN KHOOH			Policyholder NRIC	501461180
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	98388785	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	Yes	NCD Endowment(%)	50	Private Hire	No

Accident Details

Report Date	29/06/2018 16:22	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	28/06/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GEYLANG LORONG 27A				

Benefits

Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 201D #06-366	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 624201
Address 4		Address Type	Singapore address	Post Code	624201
Unit No.		Related Policy Number	5073046424-02		

OI Driver Info

Driver Name	POO YIN KHOOH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	501461180	Driver DOB	21/08/1984
Register Date of Driver License	01/05/2000	Driver Age	53	Driving Experience	18
Contact No.(Mobile)	98388785	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 201D #06-366	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 624201
Address 4		Address Type	Singapore address	Post Code	624201
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SK15A60L	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No

Modification History

Claim 001 OD-MX [New](#)

Claim Type *	OD-MX	Insured Name	POO YIN KHOOH	Insured NRIC	501461180
Contact No.(Mobile)	98388785	Contact No.(Home)	62754321	Contact No.(Office)	
Email Address		OI Vehicle Number	SKT5460L	TP Vehicle Number	SKG2785M
Claim Description	SKT5460L / SKG2785M ON 28 Jun 2018				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Fully at Fault		
Date Registered	29/06/2018 16:26	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	ROSIE WARM	Claim Close Date		Date Received	29/06/2018 00:00
		Workshop Repairer		Total Loss but Repaired	

[Print AK later](#)[Save](#) [Submit](#)

Attachment

Accident No.	HT/1000929	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/06/2018 16:28
Path *		Category *	Confidential
Choose File No file chosen		Clear Please Select	<input checked="" type="radio"/> NO <input type="radio"/> YES
Choose File No file chosen		Clear Please Select	<input checked="" type="radio"/> NO <input type="radio"/> YES
Choose File No file chosen		Clear Please Select	<input checked="" type="radio"/> NO <input type="radio"/> YES
Choose File No file chosen		Clear Please Select	<input checked="" type="radio"/> NO <input type="radio"/> YES
Choose File No file chosen		Clear Please Select	<input checked="" type="radio"/> NO <input type="radio"/> YES
Choose File No file chosen		Clear Please Select	<input checked="" type="radio"/> NO <input type="radio"/> YES
Message Read		Clear Please Select	<input checked="" type="radio"/> NO <input type="radio"/> YES

[Send Message](#) [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jun 2018 16:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jun 2018 16:29	SAS	Normal	SAS 2018-6-29		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jun 2018 16:28	Photos	Normal	Photos 2018-6-29		Edit



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:28	Photos	Normal	Photos 2018-6-29	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:28	Photos	Normal	Photos 2018-6-29	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:27	Photos	Normal	Photos 2018-6-29	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:27	Photos	Normal	Photos 2018-6-29	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:27	Photos	Normal	Photos 2018-6-29	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:27	Photos	Normal	Photos 2018-6-29	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:27	Photos	Normal	Photos 2018-6-29	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 29 Jun 2018 16:27	Photos	Normal	Photos 2018-6-29	Edit

Uploaded By/Date

Folder Date

File Name



Source

Action

[Display in New Window](#)
[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 28/6/2018 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: Gaylang Lorong 27A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT5460L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5073046424-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Altis
 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)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Foo Yin Khoo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0146118D CONTACT: 98388785
 c) ADDRESS: Blk 201D #06-266 Punggol Field
S(824201)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Foo Yin Khoo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0146118D CONTACT: 98388785
 c) ADDRESS: Blk 201D #06-266 Punggol Field
S(824201)

*d) DATE OF BIRTH: 21/09/1954 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19 Jun 1975

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) dry

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: SKG2785M MODEL: Honda Civic
 b) DRIVER'S NAME: Chan
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = alvin.foo@the-ascott.com

Fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0146118D



Name
FOO YIN KHOON
胡英群

Race
CHINESE

Date of Birth
21-09-1954

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number **S0146118D**

Name
FOO YIN KHOON

Birth Date **21 Sep 1954**
 Issue Date **23 Apr 2003**





1428589



UIC No. **S0146118D**



Blood Group **O+** Date of issue **15-11-1993**

APT BLK 2010 PUNGOL FIELD #06-266
 SINGAPORE 824201

NRIC No. **S0146118D** Date **11-12-2003** No. **4778627**



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PAS: DATE
19 Jun 1975

NP 478A

License No. **S0146118D**

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: 5073046424-02

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKT5460L |
| Chassis Number | : MR0532EC107144578 |
| 2. Name of Policyholder | : FOO YIN KHOON |
| 3. Effective Date of Insurance | : 29 Mar 2018 |
| 4. Expiry Date of Insurance | : 28 Mar 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: FOO YIN KHOON
NAMED DRIVER (1)	: NG JIAK HIANG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : ALPINE CREDIT PTE LTD (00000610144)
Date of Issue : 05 Mar 2018 15:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive