

NATIONAL Assessment Centre Services

(AP 1 Jan 2015)

MANAYAS 098740

Date In: 31/07/2018 12:00	Job description	Date & Time Completed	Done by
Ref No: N/A/MICU801387214	SAS e-filing		
Veh No: SKZ 4703 L	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: Silverhawk 08:55	i-Motor Claim Form	MRT/0005408-001	31/07/2018
<input checked="" type="radio"/> OD TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:45
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SH 9260P 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 (\$) In Bill	Amt (\$) 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	
Date 1:	For claiming against INC Only (wef 10 Jan 2005)	
Date 2/3:	6) TR: Re-inspection \$75	
	7) N1: Idse DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*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: Idse 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	31/07/2018 12:01
Date Of Accident	31/07/2018 08:55
Exact Location Of Accident	JURONG EAST STREET 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4703L
Insured/Policyholder	
Name Of Registered Owner	TING TECK JING
NRIC No	S8773269Z
Email Address	TJTING87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94872436
Alternative Phone No	OTHERS-94872436

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5100295846
Cover Note Number	

Driver

Name of Driver	TING TECK JING
NRIC No	S8773269Z
Date Of Birth	07/03/1987
Occupation	INDOOR
Date Of Driving Pass	26/10/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94872436
Fax Number	
Contact Number	OTHERS-94872436
Email Address	TJTING87@GMAIL.COM

Address	BLK 23 GHIM MOH LINK #11-228
Postcode	271023
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9260P
Vehicle Make/Model/Colour	HYUNDAI I30
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL GHANI BIN BUJANG
NRIC/Passport Number	S1803532D
Contact Number	81269648
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ; GENDER: ;

SKETCH PLAN

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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.



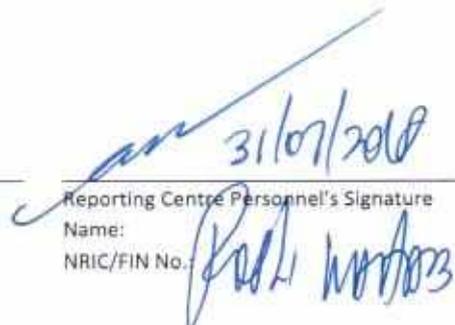
Policyholder's Signature

Date & Time: 31/7/18 10:25 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:



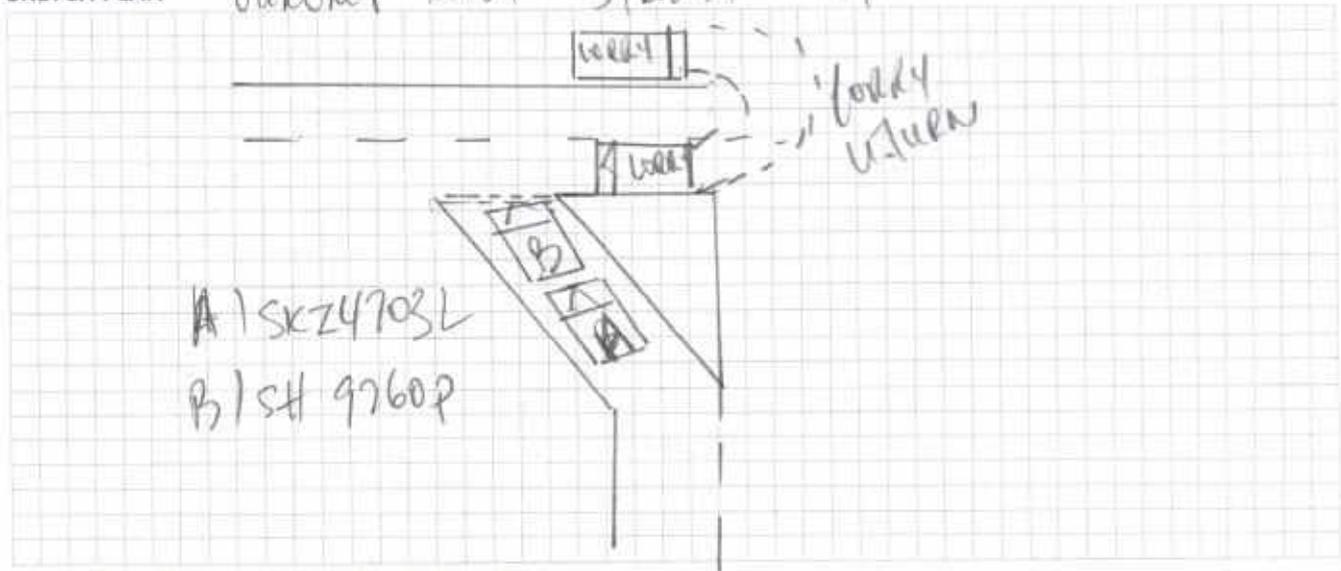
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No. [Handwritten]

SKETCH PLAN

JURONG EAST STREET 11



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31/07/2018 AT 08:56 I WAS AT THE FRONT LANE OF JURONG EAST ST 11 AND IN FRONT OF ME WAS A TAXI SH 9260P WHO WAS WAITING TO TURN LEFT. ONCE THE ROAD WAS CLEAR THE TAXI START TO MOVE & I WAS LOOK AT MY RIGHT VIEW. SUDDENLY THE TAXI BRAKE BECAUSE OF A LORRY WHO WAS MAKING A U-TURN ON THE OPPOSITE DIRECTION AND I COULD NOT STOP ON TIME & HIT THE REAR OF THE SAID TAXI THAT ALL.

UPON IMPACT, THE PASSENGER INDICATED THAT SHE IS EXPERIENCING NECK PAIN. EMI WAS ALRIGHT AFTER ALIGHTED AT DESTINATION.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 31/7/18 10:25 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 31/07/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Claim Handling

Accident MT/1005408

Policy No.	5100295646	Vehicle No.	SKZ4703L	GST Registration No.	
Certificate No.					
Policyholder Name	TING TECK JING			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	94872436	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFR	<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(%)	0	Private Hire	No
Accident Details					
Report Date	31/07/2018 15:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	31/07/2018	Time of Accident hh:mm	08:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG EAST STREET 11				

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 23 #11-22B	Address 2	GHIM MOH LINK	Address 3	
Address 4	SINGAPORE 271023	Address Type	Singapore address	Post Code	
Unit No.	11-22B	Related Policy Number	5100295646		

DI Driver Info

Driver Name	TING TECK JING	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	58773269Z	Driving Experience	
Register Date of Driver License	26/10/2007	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 23 #11-22B	Address 2	GHIM MOH LINK	Post Code	
Address 4	SINGAPORE 271023	Address Type	Singapore address		
Unit No.	11-22B				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKZ4703L	Driver Insurer Company	

Declaration

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

Claim 001

New

Claim Type *	OD-MD	Insured Name	TING TECK JING	Insured NRIC	
Contact No.(Mobile)	94872436	Contact No.(Home)		Contact No.(Office)	
Email Address	activelad87@hotmail.com	DI Vehicle Number	SKZ4703L	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claim Description	SKZ4703L / SH9260P ON 31 Jul 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Requires Finalisation	Yes	Preferred Repair Option	income to assign workshop	GIA report	
Date Registered	31/07/2018 15:40	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB			OD Excess Collected by Workshop	

Print AK letter

Save Submit

Attachment



Accident No. Claim No.

ASSIGNMENT (17-01)

By CSO- Nature of Accidents

- 1) Vehicle hit Vehicle:
 - a) Motorcycle ()
 - b) Bicycle ()
- 2) Vehicle hit ??
 - a) Pedestrian ()
 - b) Animal ()
- 3) Vehicle hit Road Side Objects:
 - a) Govt. Property ()
(Eg. signboard, barrier, tree etc)
 - b) Road Work Object ()
 - c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
 - a) Fallen Object ()
 - b) Flood ()
 - c) Other ()
- 6) Parked & Found Damaged:
 - a) Vandalism ()
 - b) Hit by Moving Object ()
- 7) Theft Case
 - a) Stolen ()
 - b) Damage found ()
when recovered.
- 8) Fire
 - a) Whilst driving ()
 - b) Parked ()
- 9) Accident date more than 24hrs ()

Remarks for internal information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

By Assessor- 1) Vehicle Information

Vehicle No: SKZ4903L W/Regn: Jan 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make & Model: MAZDA 3 4-DOOR SKD0N

Colour: Gray Transmission Type: Auto / Manual 1496

Eng/No: P520336304 Sp. Reading: 165096

C/No: JM6BM42A8G0327933

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

Modif: Nil / St/Rim / STD A/Rim or

Tyre Size: F: 205/55 R17
R: 205/55 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO YOKO or

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm

Parallel Import: Yes No Towed-In: Yes No

Repair Type: LS / I.B.I Towing Required: Yes No

No of Repair Days: 6 Vehicle in Idac: Yes No

D.O.I. 31/07/2018 Time: 12:00

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
 - a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
 - e. Animal () f. Govm Object () g. Road Work Object ()
 - h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()
- 3) Vehicle does not seem damaged as a result of:
 - a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
 - e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started	Time completed
1) CSO	
2) ABS	
3) Entire Operation Completed Title:	

Component(s)
 (0)Item (2)Deleted (4)Electrical (6)Exhaust (5)Con (8)Structural (07)Deformed
 (08)Spring (09)Bushed (10)Drivetrain (11)Necessary (12)Missing (13)Torn
 (14)Unexamined (15)In Working

MOTOR CAR (Frt)

ACTIVE (AC)
 (1)Replace (2) (3)Repair (4) (5)Check (6)
 (7)Not Considered (NC) Aug 2014

SKZ 4702L

Front Portion

Vehicle Nos

NAC	INC	Item	CON	AC	Qty
1001	991886	Frt Number Plate			
1002	991887	Frt Number Plate Base			
1003	991889	Frt Number Plate Garnish			
1004	991300	Frt Bumper	DM		
1005	992341	Frt Bumper Clips	NAC		
1006	991325	Frt Bumper Bracket	BR		
1007	991462	Frt Bumper Side Retainer	WHL		
1008	991433	Frt Bumper Reinforcement			7
1009	991318	Frt Bumper Beam			7
1010	991468	Frt Bumper Sponge			
1011	991427	Frt Bumper Protector			
1012	991420	Frt Bumper Pad			
1013	991363	Frt Bumper Grille			7
1014	991301	Frt Bumper Moulding			
1015	991407	Frt Bumper Lower Spoiler			
1016	991438	Frt Bumper Sensor			
1017	995100	Frt LH Bumper Fog Lamp Cover	BR		
1018	991355	Frt RH Bumper Fog Lamp Cover	WHL		
1019	995079	Frt LH Bumper Fog Lamp			
1020	995080	Frt RH Bumper Fog Lamp			
1021	991793	Frt Grille			7
1022	991328	Frt Grille Emblem			
1023	991799	Frt Grille Chrome Moulding			7
1024	991222	Frt Apron Panel			
1025	992013	Frt Support Panel	BR		7
1026	992025	Frt Support Panel Top Garnish Cover			7
1027	992416	Horn			7
1028	991277	Frt Brace Panel			7
1029	995153	Frt LH Headlamp Assy	BR		
1030	991821	Frt RH Headlamp Assy			
1031	995088	Frt LH Side Lamp			
1032	995089	Frt RH Side Lamp			
1033	990248	Bonnet	BR		
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock			
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Hinge			
1038	990261	Bonnet Dampener			
1039	990305	Bonnet Rubber			7
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser			
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)			
1045	990138	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)			
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	991066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator			
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top			
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy			
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator			
1063	991712	Frt Exhaust Manifold			
1064	991713	Frt Exhaust Manifold Cover			
1065	991054	Frt Exhaust Manifold Sensor (Oxygen)			
1066	991714	Front Exhaust Pipe			
1067	990319	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray			

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box			
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank			
1074	995052	Wiper Washer Tank Motor			
1075	990159	Alternator Assy			
1076	990160	Alternator Belt			
1077	992688	Power Steering Pump			
1078	992669	Power Steering Belt			
1079	994431	Power Steering Cooler Pipe			
1080	992692	Power Steering Hose			
1081	990010	ABS Pump Control Unit			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
1084	991005	Engine Top Cover			
1085	991011	Engine Under Cover			
1086	990946	Engine Mounting			
1087	990949	Engine Mounting Frt			
1088	990950	Engine Mounting LH			
1089	990952	Engine Mounting RH			
1090	990951	Engine Mounting Rear			
1091	992234	Gear Box Mounting			
1092	991520	Frt LH Chassis Member			
1093	991520	Frt RH Chassis Member			
1094	990728	Frt Vertical Cross Member			
1095	991863	Frt Lower Cross Member			
1096	995070	Frt LH Fender			BR R
1097	995072	Frt LH Fender Inner Panel			
1098	995147	Frt LH Fender Lamp			
1099	995148	Frt LH Fender Protector			
1100	991740	Frt LH Fender Inner Shield			7
1101	995179	Frt LH Mudflap			
1102	995170	Frt LH Wheel Rim			
1103	994025	Frt LH Rim Cover			
1104	995065	Frt LH Tyre			
1105	995071	Frt RH Fender			
1106	991739	Frt RH Fender Inner Panel			
1107	991744	Frt RH Fender Lamp			
1108	991752	Frt RH Fender Protector			
1109	991740	Frt RH Fender Inner Shield			
1110	991884	Frt RH Mudflap			
1111	992087	Frt RH Wheel Rim			
1112	994025	Frt RH Rim Cover			
1113	995065	Frt RH Tyre			
1114	992093	Frt Windscreen Glass			
1115	992117	Frt Windscreen Rubber			
1116	992108	Frt Windscreen Moulding			
1117	992098	Frt Windscreen Sealant			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
1120	992340	Frt Wiper Arm			
1121	992142	Frt Wiper Blade			
1122	995045	Wiper Panel Garnish			
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1129	990749	Dashboard Airbag			
1130	990750	Dashboard Airbag Sensor			
1131	990029	Airbag Control Unit			
1132	990864	Frt Driver Seat			
1133	991922	Frt RH Seat Belt Assy			
1134	991899	Frt Passenger Seat			
1135	995182	Frt LH Seat Belt Assy			
1136	990247	Socker			

No of Items: _____

Accessor: _____

ORIGINAL COPY

Claim Handling

[Task Transfer](#) [Exit](#)

[LOI](#) [S&S](#) [S&P](#)

Accident MT/1005408

Policy No.	5100295846	Vehicle No.	SK24703L	GST Registration No.	
Certificate No.					
Policyholder Name	TJING TECK JING			Policyholder NRIC	S8773269Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	94872436	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	<input type="text" value="No"/>
KFK	<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(%)	0	Private Hire	No

Accident Details

Report Date	31/07/2018 15:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/07/2018	Time of Accident (h:min)	08:55	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	JURONG-EAST STREET 11				

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 23 #11-22B	Address 2	GHJM MOH LINK	Address 3	GHJM MOH VALLEY
Address 4	SINGAPORE 271023	Address Type	Singapore address	Post Code	271023
Unit No.	11-22B	Related Policy Number	5100295846		

O1 Driver Info

Driver Name	TJING TECK JING	Driver Type	Main Driver	Driver DOB	07/03/1987
Unnamed driver Name		Driver NRIC	S8773269Z	Driving Experience	10
Register Date of Driver License	26/10/2007	Driver Age	31	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	GHJM MOH VALLEY
Address 1	BLK 23 #11-22B	Address 2	GHJM MOH LINK	Post Code	271023
Address 4	SINGAPORE 271023	Address Type	Singapore address		
Unit No.	11-22B				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SK24703L	Driver Insurer Company	NTUC

Declaration

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

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimae Bin Mantau

Claim Type	OD-MD	Insured Name	TJING TECK JING	Insured NRIC	S8773269Z
Contact No. (Mobile)	94872436	Contact No. (Home)		Contact No. (Office)	
Email Address	activeled87@hotmail.com	O1 Vehicle Number	SK24703L	TP Vehicle Number	5H9260P
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC		Name of Preferred Workshop	
Claim Description	SK24703L / 5H9260P ON 31 Jul 2018				
Preferred Workshop Contact No.		Insured Liability	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	income to assign workshop	Date Received	31/07/2018 00:00
Date Registered	31/07/2018 15:47	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer		OD Excess Collected by Workshop	
<input type="checkbox"/> Print AK letter					
Modification History					

Special Claim Creation Approval

Approval	Reason
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rsbm

From: Zuraimie Bin Mantau <zuraimie.mantau@income.com.sg>
Sent: Thursday, 2 August, 2018 11:52 AM
To: Hock Wah
Cc: LKK Bukit Merah (rsbm@lkkauto.com)
Subject: Vehicle SKZ4703L, OD Claim No: MT/1005408-001, DOA: 31/07/2018

Dear Hock Wah Motor

Excess \$600 applies.

Vehicle is currently with the owner.

Please arrange with the owner Mr Ting Teck Jing at 94872436 for the repair.

Strictly no further supplementary is allowed.

**Please forward the invoice and DV within 7 working days to us once repairs has been done.
Update the 'Repair Status' when repairs are done.**

XX

Our Ref: MT/CA/OD/051/1005408-001/ZBM
02 Aug 2018
HOCK WAH MOTOR WORKSHOP PTE LTD
BLK 3011 BEDOK NORTH AVE 4 #01-2008/10/12
BEDOK INDUSTRIAL PARK E
SINGAPORE 489977

Dear Sir

CLAIM NUMBER: MT/1005408-001
REPAIR OF VEHICLE NUMBER: SKZ4703L

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 02 Aug 2018
Make: MAZDA
Model: 3
Estimated Repair Days: 5
Location: NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933
Benefits Applicable: N/A
Excess Applicable: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimie Bin Mantau at 64307891 or email us at motor@income.com.sg.

Yours sincerely
Low Choo Mee
Senior Manager
Motor Insurance

Thank you

Zuraimee Bin Mantau
Senior Executive, Motor Insurance
T +65 6430 7891
www.income.com.sg



Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 07 / 2018 (DD/MM/YYYY), TIME: 08 : 56 (HH:MM)

LOCATION: JURONG EAST ST 11

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SK2 4703 L
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5100295846
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MAZDA 3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY TO WORK
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: TUNG TECK JING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8773269Z CONTACT: 9487 2486
c) ADDRESS: BLK 23 GHIM MOH ROAD #11-228 S'PORE 271023

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (07 / 03 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) ~~DATE~~ OF DRIVING PASS: _____

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 CLEAR)

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: SH 9260 P MODEL: HYUNDAI I30 TAXI
b) DRIVER'S NAME: ABDUL GHANI BIN BAJANG
c) NRIC/FIN/PASSPORT: S8 31803532D CONTACT: 8126 9648

9. THIRD PARTY VEHICLE

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

*No of passengers
(including driver)
(1)

*No of passenger
(including driver)
(2)

*No of passengers
(including driver)
()

email = tjting87@gmail.com

VIDEO =

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: 5100295846	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SKZ4703L
Chassis Number	: JM68M42A8G0327933
2. Name of Policyholder	: TING TECK JING
3. Effective Date of Insurance	: 30 Apr 2018
4. Expiry Date of Insurance	: 29 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	: TING TECK JING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT 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 : HUA YANG CREDIT PTE LTD (00000613824)
 Date of Issue : 30 Apr 2018 11:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive