

NATIONAL Assessment Centre Services

Ref: Jan/03) **MAA418731106**

Date In: 09/10/2008 16:33	Job description	Date & Time Completed	Done by
Ref No: NEA/MIC/50/8283/y	SAS e-filing		
Veh No: 84 2323C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/10/2008 17:20	i-Motor Claim Form	M111014963002	09/10/2008
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:49
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: **SGM 8696M** 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)

Remarks	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

MAA006437

Claimant's Particulars :-	Invoice Preparation Checklist	
	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30)	
Contact No:	2) DA : Damage Assessment (\$100); INC (\$90)	
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	
	<i>For claiming against INC Only (wef 10 Jan 2005)</i>	
Date 1:	6) TR : Re-inspection \$75	
Date 2 / 3:	7) NI : Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	<i>OT*</i>	
	*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 (N/n INC) against INC \$20	
	9) N12: Idac Mobile \$0	

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 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. 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	09/10/2018 16:33
Date Of Accident	08/10/2018 17:20
Exact Location Of Accident	JOHOR BAHRU IMMGRATION TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2323C
Insured/Policyholder	
Name Of Registered Owner	GAN CHYE GIM (YAN CAIJIN)
NRIC No	S7442762F
Email Address	GAN_LOUIS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96823236
Alternative Phone No	OTHERS-96823236

Vehicle Particulars

Manufacturer	BMW
Model	520D-2.0 M SPORT (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097528889
Cover Note Number	

Driver

Name of Driver	GAN CHYE GIM (YAN CAIJIN)
NRIC No	S7442762F
Date Of Birth	24/12/1974
Occupation	INDOOR
Date Of Driving Pass	16/08/1993
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96823236
Fax Number	
Contact Number	OTHERS-96823236
EMail Address	GAN_LOUIS@HOTMAIL.COM

Address:	79 LENGKONG DUA
Postcode	417734
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	SIDE SWIPE
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	SGM8696M
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

 21/10/18

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

Johor Immigration Towards Singapore

SINGAPORE



JOHOR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DATE 8 OCT TIME 5:20PM . AFTER JOHOR IMMIGRATION TOWARD SINGAPORE DIRECTION SINGAPORE . PEAK HOUR TRAFFIC, ACCIDENTS HAPPENS WHEN TWO LANE MERGE TO ONE LANE . MY CAR SUZUKI WAS ON COMPLETE STOP I WAS WAITING GATEWAY WAS TO THIS VEHICLE ON MY RIGHT SEM 8889M . WAITING FOR HIM TO PASS SUDDENLY I HEAR DRAGGING SOUND THEN I NOTICE THIS VEHICLE REAR LEFT HAD CONTACT ON FLOOR RIGHT OF MY CAR

DECLARATION

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

[Signature] 9/10/18

Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Personnel's Signature
Name: *Rashi Nathoo*
NRIC/FIN No.:

Claim Handling

Accident MT/1014963

Policy No.	5097528889	Vehicle No.	SUJ2323C	GST Registration No.	
Certificate No.					
Policyholder Name	GAN CHYE GIM	Cover Type	Drive PREMIUM	Policyholder NRIC	S2442763F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	09/10/2018 16:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	08/10/2018	Time of Accident (h:mm)	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CAUSEWAY AFTER JB CUSTOM				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	Nil	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5097528889		

OJ Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification history

Claim 002 **New**

Claim Type *	DD-RX	Insured Name	GAN CHYE GIM	Insured NRIC	S2442	
Contact No.(Mobile)		Contact No.(Home)	Nil	Contact No.(Office)		
Email Address		Vehicle Number	SUJ2323C	TP Vehicle Number	SGH86	
Claim Description	SUJ2323C / SGH86RH ON 8 Oct 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at fault	GIA report	Received	
REPAIRS No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown			
Date Registered	09/10/2018 16:48	Claim Close Date		Date Received	09/10/	
Report Taken By	ROSLI WAHAB					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1014963	Claim No.	502
Last Doc. Received	Yes No	Upload Date	09/10/2018 16:49
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Updated By/Date	Category	Urgency	Description
		Photos	Normal	Photos 2018-10-9
		Photos	Normal	Photos 2018-10-9



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 16:49	Photos	Normal	Photos 2018-10-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 16:49	Photos	Normal	Photos 2018-10-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 16:48	Photos	Normal	Photos 2018-10-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 16:48	Photos	Normal	Photos 2018-10-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 16:48	Photos	Normal	Photos 2018-10-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 16:48	Photos	Normal	Photos 2018-10-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 16:48	SAS	Normal	SAS 2018-10-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 16:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-9

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

ACCIDENT STATEMENT

ACCIDENT DATE: 08/10/2018 (DD/MM/YYYY), TIME: 17:20 (HH:MM)

LOCATION: Johor: IMMIGRATION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU 2323 C
b) INSURANCE COMPANY: TAJUL
c) POLICY NUMBER: 5097528889
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 520D
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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: GAN CHEE GIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 5744262F CONTACT: 96823256
c) ADDRESS: 79 LENGKONG DUA 417724

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 24/12/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01 Jul 2003

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: NO

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGM 8696M MODEL: SURABU
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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 passengers
(including driver)
1

No of passengers
(including driver)
1

EMAIL = ganlouis@HOTMAIL.COM

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7442762F



Name
GAN CHYE GIM
(YAN CAIJIN)
顏才錦
Race
CHINESE
Date of birth **24-12-1974** Sex **M**
Country of birth
SINGAPORE



4783940

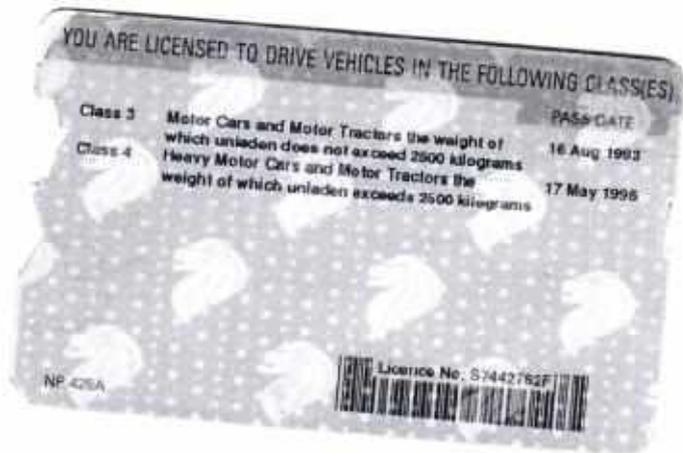


NRIC No. S7442762F



Date of issue
30-09-2011

Address
79 LENGKONG DUA
SINGAPORE 417734



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: 5097528889

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLU2323C |
| Chassis Number | : WBAJC32050WB94502 |
| 2. Name of Policyholder | : GAN CHYE GIM |
| 3. Effective Date of Insurance | : 24 Jan 2018 |
| 4. Expiry Date of Insurance | : 23 Jan 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\$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	: GAN CHYE GIM
NAMED DRIVER (1)	: N/A
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 : SIMPLY CARS PTE. LTD. (00000572211)

Date of Issue : 24 Jan 2018 11:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLU2323C		
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	B.M.W.	Vehicle Model:	520D M-SPORT AUTO
Chassis No.:	WBAJC32050WB94502	Engine No.:	69435134B47D20A
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	4
Engine Capacity:	1995 cc	Power Rating:	-
Maximum Power Output:	140.0 kW (187 bhp)		
Unladen Weight:	1635 kg	Maximum Laden Weight:	2245 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	24 Jan 2018	Original Registration Date:	24 Jan 2018
Manufacturing Year:	2017	Open Market Value:	\$58,259.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$38,433.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$30,000.00 (140%), next \$8,259.00 (180%)
Actual ARF Paid:	\$76,867.00		

Owner Particulars

Owner Name:	GAN CHYE GIM
Owner ID Type:	Singapore NRIC
Owner ID:	S7442762F
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	79
Registered Street Name:	LENGKONG DUA
Registered Unit No.:	-
Registered	