

NATIONAL Assessment Centre Services

[wef: 1 Jan 2015]

190418/33566

Date In: 15/10/2018 12:26	Job description	Date & Time Completed	Done by
Ref No: N/A/190418/33566	SAS e-filing		
Veh No: 88F5L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/10/2018 14:31	I-Motor Claim Form	MD/10/2015-001	15/10/2018 12:44
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: SLT79144	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

NA/1906628	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add. Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	OD:		
	*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-in INC) against INC \$20		
	9) N12: Idau Mobile \$10		
	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 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	15/10/2018 12:26
Date Of Accident	12/10/2018 14:30
Exact Location Of Accident	CTE TOWARDS SGH BEFORE OUTRAM EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5L
Insured/Policyholder	
Name Of Registered Owner	SEE MING FOONG MELINDA
NRIC No	S0049661H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97526150
Alternative Phone No	OTHERS-97526150

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200CGI
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	5080588286-02
Cover Note Number	

Driver

Name of Driver	SEE MING FOONG MELINDA
NRIC No	S0049661H
Date Of Birth	22/05/1953
Occupation	INDOOR
Date Of Driving Pass	26/01/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97526150
Fax Number	
Contact Number	OTHERS-97526150
Email Address	NOEMAIL

Address	26 TOH HEIGHTS
Postcode	507831
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?	YES
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	SLT7914U
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOO ENG HOCK (QIU YONGFU)
NRIC/Passport Number	S7623631C
Contact Number	90568889
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SEE MING FOONG MELINDA
Approximate Age	

8

Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJF5L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

Mubasher 15-10-2018

Policyholder's Signature

Date & Time: 11-25 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

A) SJF SL
B) SLT 7914U

X			
A			
B			

C7K Towards
SCH B/F DAYTON
EXIT

12 Oct 2018, 2:30 pm
Heavy traffic at exit, about 100 metres, of
Outram Road. Suddenly there was a bang on
^{the} ~~my~~ rear of my car.

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Name: Kelly Antik

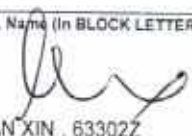
NRIC/FIN No.: 9801 2345 6789



ORIGINAL

MEDICAL CERTIFICATE

EMD2018387376

Name SEE MING FOONG MELINDA		NRIC No. S0049661H
This is to certify that the above-named is unfit for duty for a period of <u>1</u> days from <u>12-Oct-2018</u> to <u>12-Oct-2018</u> inclusive.		
Type of medical leave granted : <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Maternity Leave, Delivered on : _____ <input type="checkbox"/> Sterilization Leave, Operated on : _____		
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 12-Oct-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  LEE MAN XIN, 63302Z



Claim Handling

Accident MT/1015615

Policy No.	5080586286-02	Vehicle No.	SJFSL	GST Registration No.	
Certificate No.					
Policyholder Name	SEE HING FOONG MELINDA	Driver Type	Drive CLASSIC	Policyholder NRIC	50349661H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97526150	Special Remark		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No
KPK	Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No	Private Hire	No		
Accident Details					
Report Date	15/10/2018 12:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/10/2018	Time of Accident (hh:mm)	14:30	Country of Accident	Singapore
Reporting Centre		Crash Force		ICM No.	
Accident Location	LTE TOWARDS SGH BEFORE OUTRAM EXIT				
Excess					
Own Damage Excess	600.00	Additional Excess	500	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		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	26 TOH HEIGHTS	Address 2	TOH ESTATE	Address 3	SINGAPORE 507831
Address 4		Address Type	Singapore address	Post Code	507831
Unit No.		Related Policy Number	5080586286-02		
01 Driver Info					
Driver Name	SEE HING FOONG MELINDA	Driver Type	Main Driver	Driver DOB	22/05/1953
Unnamed driver Name		Driver NRIC	50849661H	Driving Experience	16
Register Date of Driver License	01/01/2000	Driver Age	65	Contact No.(Home)	
Contact No.(Mobile)	97526150	Contact No.(Office)		Contact No.(Home)	
Address 1	26 TOH HEIGHTS	Address 2	TOH ESTATE	Address 3	SINGAPORE 507831
Address 4		Address Type	Singapore address	Post Code	507831
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SJFSL	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes	No	

Modification History

Claim 001

New

Claim Type *	DD-MX	Insured Name	SEE HING FOONG MELINDA	Insured NRIC	50349661H
Contact No.(Mobile)	97526150	Contact No.(Home)	65464850	Contact No.(Office)	
Email Address	melinda.see@ntuc.com.sg	Vehicle Number	SJFSL	Vehicle Number	SL7791
Claim Description	SJFSL / SL7791AU ON 12 Oct 2018				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Finalisation	Repair Order	Preferred Workshop, Name unknown			
Date Registered	15/10/2018 12:37	Claim Close Date		Date Received	15/10/
Report Taken By	ROSLE WANAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1015615	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/10/2018 12:44
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE	SAS	Normal	Description
S (BUKIT MERAH)) on 13 Oct 2018 12:44			SAS 2018-10-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:39

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-10-15

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:37

Photos

Normal

Photos 2018-10-15

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:37

Photos

Normal

Photos 2018-10-15

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:37

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 12:37

Photos

Normal

Photos 2018-10-15

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 10 / 2018 (DD/MM/YYYY). TIME: 14 : 30 (HH:MM)

LOCATION: CTE TOWARDS SGT BEFORE OUTRAN EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 5 L
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5080588286-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERCEDES E 200
 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: SEE MING FRONG MELINDA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 50049661-H CONTACT: 97526150
 c) ADDRESS: 36 TOH HEIGHTS SE 507831

* 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: 22 / 05 / 1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26 JAN 1978

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)

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: SLT 7914 U MODEL: CAMRY
 b) DRIVER'S NAME: KOO ENG HOCK (QU YONGFU)
 c) NRIC/FIN/PASSPORT: S7623631 C CONTACT: 90568889

9. THIRD PARTY VEHICLE

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

EMAIL =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0049661H



SEE MING FOONG MELINDA

施鳴鳳

Race

CHINESE

Date of Birth

22-05-1953

Country of Birth

SINGAPORE

Sex

F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S0049661H

Holder

SEE MING FOONG MELINDA

Birth Date 22 May 1953

Issue Date 12 Jul 2003



1804725

NRIC No. S0049661H



Blood Group Date of issue

B+ 19-03-1994

26 TOH HEIGHTS
SINGAPORE 507831

NRIC No: S0049661H

Date: 24/06/2008

No: 6221176

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

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

26 Jan 1978

Licence No: S0049661H



1 of 426A

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: 5080588286-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJF5L
Chassis Number : WDD2120482A157078
2. Name of Policyholder : SEE MING FOONG MELINDA
3. Effective Date of Insurance : 18 Jun 2018
4. Expiry Date of Insurance : 17 Jun 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	: S\$500
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	: SEE MING FOONG MELINDA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: CITIBANK SINGAPORE 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 : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)
Date of Issue : 15 May 2018 15:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive