

NATIONAL Assessment Centre Services

[AMT 1 Jan 2005]

Date In: 30/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9001974/13	SAS e-filing		
Veh No: SHD9455L	E-mail (within 8hrs, AIC 2hrs)		
DOA: 29/01/19 1605	i-Motor Claim Form	MT/1050180-001	
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: (N-51	Tel:	Fax:
TP Particulars:	Veh No: SHD11586	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/900857	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	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	30/01/2019 14:15
Date Of Accident	29/01/2019 16:05
Exact Location Of Accident	MANDAI CREMATORIUM(300 MANDAI RD)OPEN C/PARK BLK D
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD9455L
Insured/Policyholder	
Name Of Registered Owner	YEO SIEW CHOO
NRIC No	S0020527C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92702288
Alternative Phone No	OTHERS-92702288
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
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	5104599470
Cover Note Number	
Driver	
Name of Driver	LAI YANGYI,TERRY
NRIC No	S8527354Z
Date Of Birth	17/08/1985
Occupation	INDOOR
Date Of Driving Pass	01/11/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91086086
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	98 ST.FRANCIS RD #06-01
Postcode	328074
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SHD1158G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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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:

 30/01/19

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

SKETCH PLAN

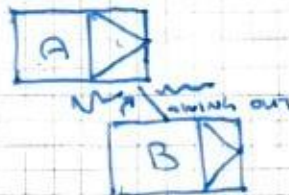
OPEN CARPARK AREA NEAR BLOCK D MANDAI CREMATORIUM

VEHICLE A

- SMD 9455L

VEHICLE B

- SHD 1158G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG THE DRIVE WAY OF THE OPEN CARPARK AREA OF BLK D MANDAI CREMATORIUM.

WHILE DRIVING AHEAD, WHILE PASSING BY THE DROP OFF POINT ON THE RIGHT SIDE OF MY VEHICLE, SUDDENLY THE VEHICLE AT THE DROP OFF POINT, THE PASSENGER OPENED THE LEFT REAR DOOR AND HIT ONTO THE RIGHT SIDE OF MY VEHICLE. AS IT WAS TOO SUDDEN I DOESN'T HAVE TIME TO REACT AND TO PREVENT THE COLLISION.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS THE REAR PASSENGER OF VEHICLE (SHD 1158G) THAT OPENED THE DOOR WITHOUT CHECKING ON ON-COMING VEHICLE AND HIT ONTO THE RIGHT SIDE OF MY VEHICLE.

VEHICLE A - SMD 9455L

VEHICLE B - SHD 1158G

DECLARATION

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

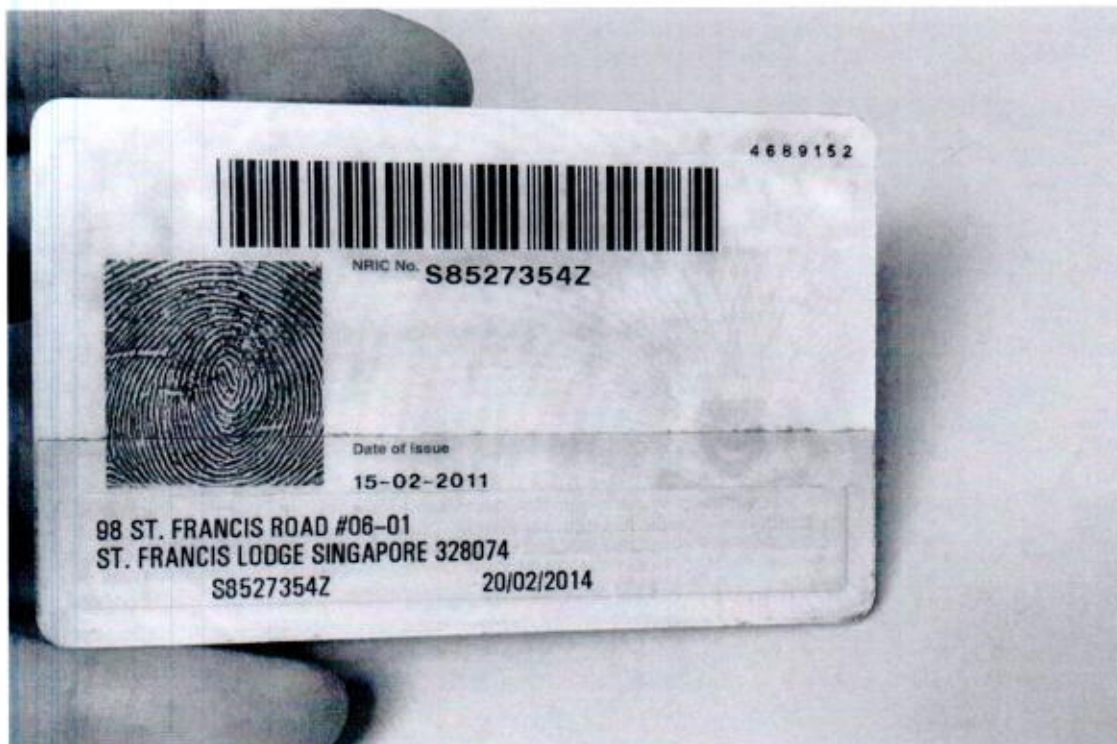
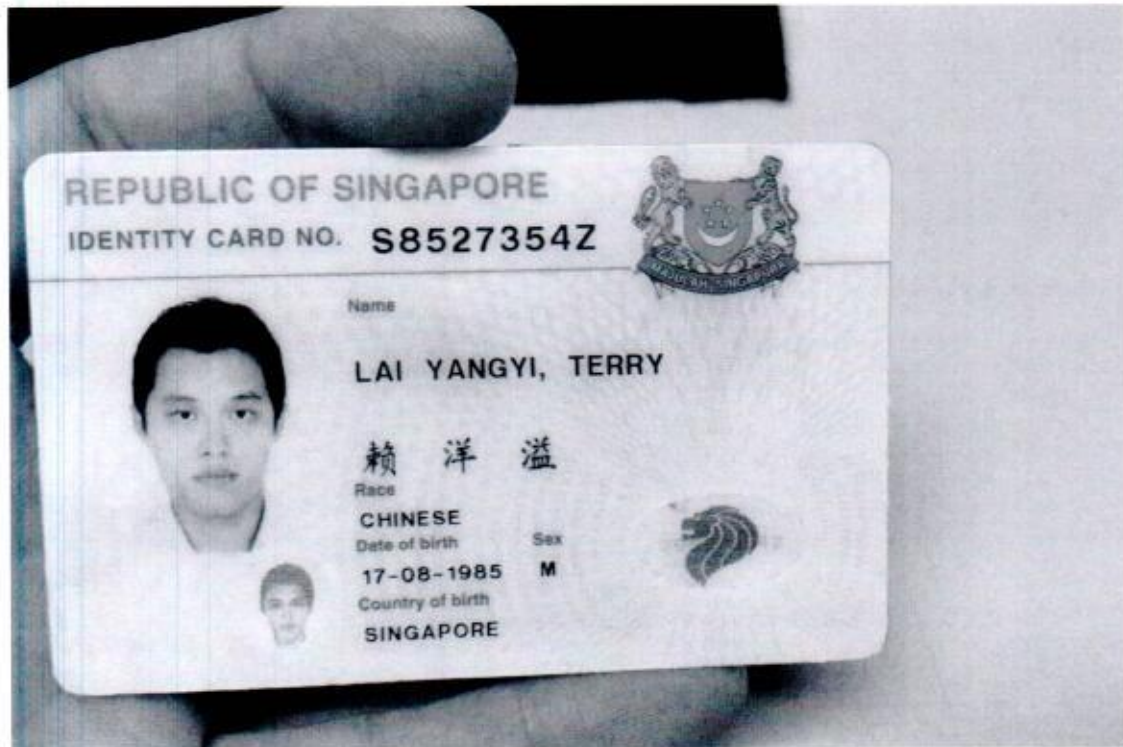
Policyholder's Signature
Date & Time:

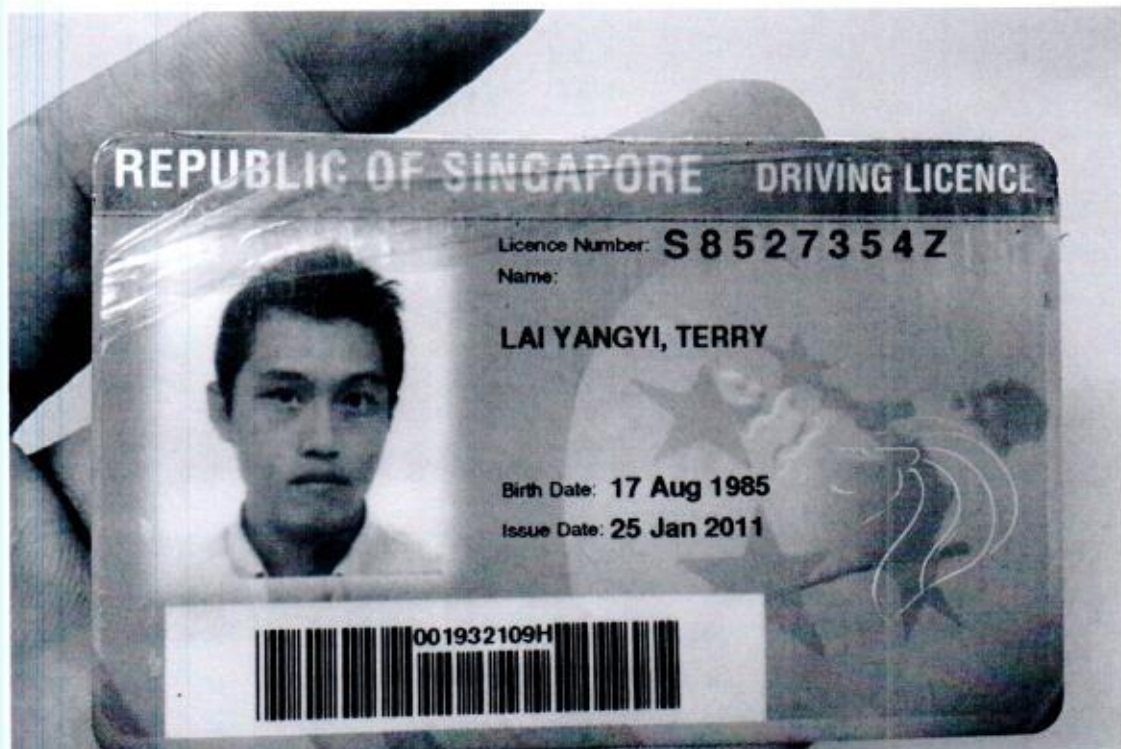
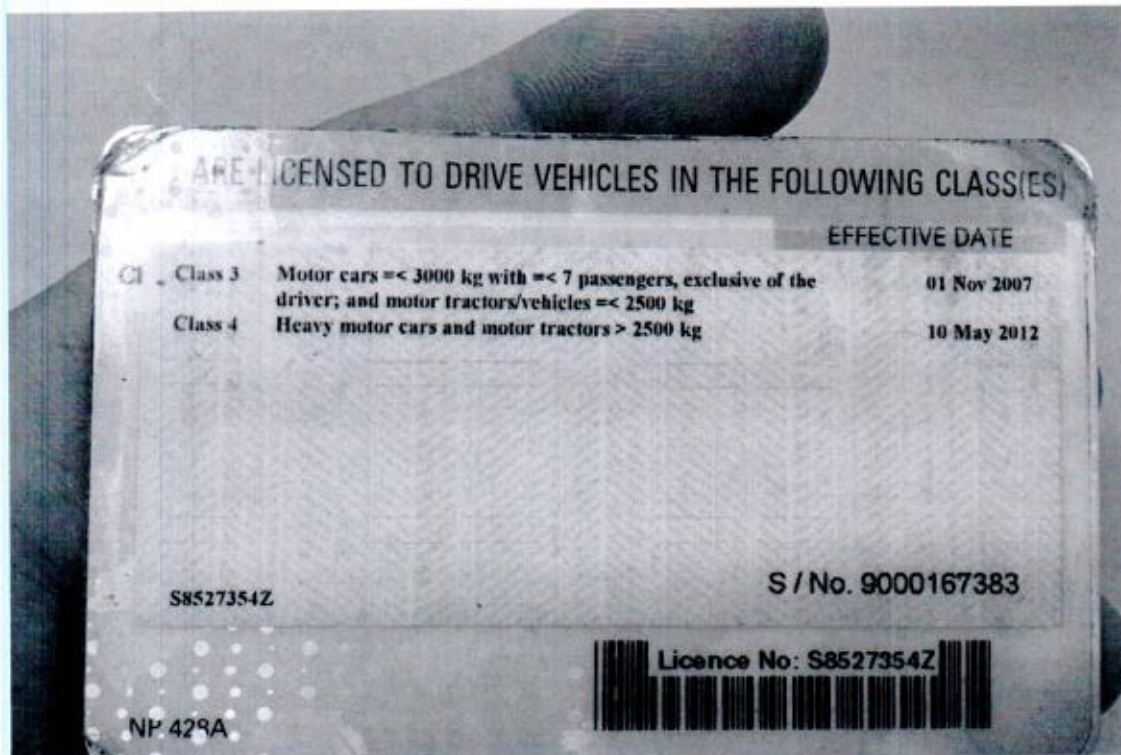
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Vehicle No.	SMD 9455L	Model / Make	TOYOTA CAMRY
Date of Accident	29/01/2019		
Time of Accident	1605	HRS	
Location of Accident	MANDAI CREMATORIUM (300 MANDAI RD) OPEN CARPARK AREA BLK D		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	JEO SIEW CHOU		
Telephone No.	H/P : 9270 2288	Home :	Office :
NRIC	S0020527C		
Address	98 ST FRANCIS ROAD #06-01 S(328074)		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	S104599470		
Name of Driver	As Above If (No) LAI YANH MI, TERRY		
NRIC	S85273542	Any Passengers :	1 (FEMALE "AUNT")
Date of birth	17/05/1985		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	01 NOV 2007		
Gender	<u>Male</u> / Female		
Contact No.	H/P : 91086086	Home :	Office :
Address	98 ST FRANCIS ROAD #06-01 S(328074)		
Driver have any own vehicle	<u>No</u> If yes, Reg No.		
Relationship	Employee,	If no, state	SON
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	<u>No</u> If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> If Yes, Where?		
Vehicle B No.	SMD 1158G	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	RIGHT SIDE OF VEHICLE		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

PRINER





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0020527C



Name

YEO SIEW CHOO



楊秀珠

Race

CHINESE

Date of Birth

18-09-1953

Sex

F

Country of Birth

SINGAPORE



0286915



NRIC No. S0020527C



Blood Group

O+

Date of issue

19-03-1992

98 ST. FRANCIS ROAD #06-01
SINGAPORE 328074

S0020527C

01/11/2013

OWNER

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: 5104599470

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMD9455L**
Chassis Number : MR053BK4107045261
2. Name of Policyholder : YEO SIEW CHOO
3. Effective Date of Insurance : 11 Oct 2018
4. Expiry Date of Insurance : 21 Jul 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	: YES
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YEO SIEW CHOO
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 : ABWIN PTE LTD (00000614234)

Date of Issue : 11 Oct 2018 09:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1030180

Policy No.	S104599470	Vehicle No.	SMD9455L	GST Registration No.
Certificate No.				
Policyholder Name	YEO SIEW CHOO			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	92702288	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	30/01/2019 15:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/01/2019	Time of Accident hh:mm	16:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	MANDAI CREMATORIUM(300 MANDAI RD)OPEN C/PARK BLK D			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

▼ Benefits

Coverage		Sum Insured	
Transport Allowance		99999999.99	

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	98 ST. FRANCIS ROAD	Address 2	#06-01 ST. FRANCIS LODGE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S104599470	

▼ OI Driver Info

Driver Name	LAI YANGYI TERRY	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S8527354Z	Driver DOB
Register Date of Driver License	01/01/2015	Driver Age	33	Driving Experience
Contact No.(Mobile)	91086086	Contact No.(Office)	0	Contact No.(Home)
Address 1	98 ST. FRANCIS ROAD	Address 2	ST. FRANCIS LODGE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#06-01			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	YEO SII
Contact No.(Mobile)	92702288	Contact No.(Home)	637331
Email Address		Vehicle Number	SMD9455L
Claim Description	SMD9455L / SHD1158G ON 29 Jan 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop (refer below)	GIA report	Pending
Date Registered	30/01/2019 15:44	Claim Close Date	
Report Taken By	ROSINDA	Workshop Repairer	

[Print AK letter](#)

[Save](#) [Submit](#)











Attachment



Accident No. MT/1030180 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 30/01/2019 15:44

Choose File	No file chosen	Clear	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:44	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:44	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:42	Photos	Normal	Photos

Video List

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