

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In <u>18/03/19</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/INC19004891/13</u>	SAS e-filing		
Veh No <u>E2181H</u>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A <u>16/03/19</u> <u>1150</u>	i-Motor Claim Form	<u>MT/1036426-001</u>	
OD <u>(TP)</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( <u>VISION AUTOWORK</u> )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <u>SLM3507A</u>	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

<u>NA1902076</u>	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : Towing Fee \$40/\$45			
	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 : Idac DA + SMRT Survey \$160			
Driver/Owner:	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Contact No:	*N7: Post Repair Inspection \$25			
Damaged Portion:	*N8: DV / Collect Excess Coordination \$5			
QC Checked by (Engr-In-Charge):	TP (N11) : TP (Non INC) against INC \$20			
<b>Auditors' Comments :-</b>	9) N12: Idac Mobile 30			
	Invoice dated / Fee Charged			
Cat. 1:	Invoice dated / Fee Charged			
Cat. 2 / 3:	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	18/03/2019 17:55
Date Of Accident	16/03/2019 11:50
Exact Location Of Accident	SECOND LINK EXPRESSWAY ENTER MALAYSIA CHECKPOINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EZ1181H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEE POH HWEE
NRIC No	S6838156H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98431181
Alternative Phone No	OTHERS-98431181

### Vehicle Particulars

Manufacturer	AUDI
Model	Q3
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	5104944000
Cover Note Number	

### Driver

Name of Driver	NG LIEN YEE
NRIC No	S1764714H
Date Of Birth	27/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96861181
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	109 LOYANG VIEW
Postcode	507180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM3507A
Vehicle Make/Model/Colour	
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

### IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

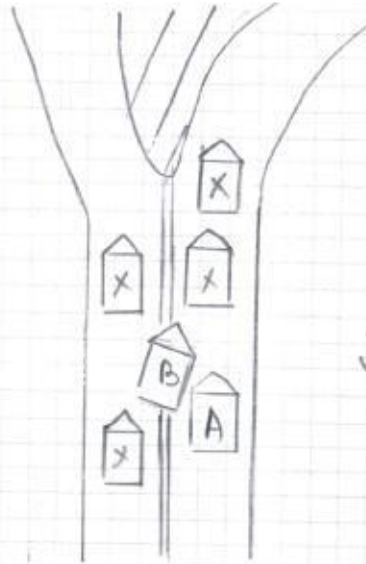
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

  
Policyholder's Signature  
Date & Time:

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

 18/03/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



A = EZ1181H

B = SLM3507A

Second Link Expressway  
Entering Maysia Checkpoint

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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

Policyholder's Signature  
Date & Time:

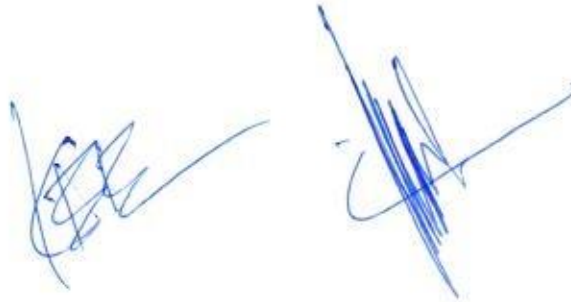
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

On 16.03.19 at about 11:50 hours along Second Link Expressway Entering Malaysia Checkpoint. I was travelling straight on the lane 1, it was heavy traffic and I have queued for 5 hours, suddenly vehicle (B) squeezed without signaling and cut into my lane and collided onto left hand side portion of my vehicle (A).

Vehicle (A): EZ 1181H

Vehicle (B): SLM 3507A

Two handwritten signatures in blue ink. The signature on the left is more fluid and cursive, while the signature on the right is more angular and stylized.



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 16/03/2019. Time: 11:50. (hh:mm) 24 hr format	
Location Second Link Expressway Entering Malaysia Checkpoint.	
Vehicle Number EZ1121H	
Insured Name Kee Poh Hwee	
NRIC/FIN 568381564	Contact Number 9843 1181
Make Audi	Model Q3
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting	
Insurance Company NTUC	
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only	
Policy Number 5104944000	
Name of Driver Ng Lien Jee	( ) Same as Insured
NRIC/FIN 51764714H	Contact Number 9686 1181
Date of Birth 27/02/1966	
Driving Pass Date 14/08/2014	
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor	
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female	
Email Address eddieeneller@yahoo.com.sg	( ) NO EMAIL
Address of Driver 109 Loyang View	
S(507180)	
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No	
If No, Relationship of the Driver with the Insured	
( ) Owner ( <input checked="" type="checkbox"/> ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling	
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No	
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others	
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others	
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No	
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No	
If yes, injured detail	
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No	
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report	
DETAILS OF 3 <sup>rd</sup> party	Name / Nric Contact
Veh B SLM3507A	
Veh C	
Veh D	
Veh E	
Veh F	

Driver Only.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1764714H

NAME  
NG LIEN YEE  
黄龄毅

CHINESE  
Date of Birth 27-02-1966 Sex M  
SINGAPORE



EZ1181H  
driver

Barcode  
NRIC No. S1764714H

Fingerprint

Blood Group B+ Date of Issue 24-01-1996

Address  
109 LOYANG VIEW  
SINGAPORE 507180  
NRIC No. S1764714H Date: 11/07/2015



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1764714H**

Name: **NG LIEN YEE**

Birth Date: **27 Feb 1966**

Issue Date: **14 Aug 2014**

002334964D




EZ1181H  
Driver

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

		EFFECTIVE DATE
Class 2B	Motocycles <= 200 CC	24 Jan 2014
Class 3	Motor cars <= 2000 kg w/o <= 7 passengers, exclusive of the driver, and motor tractor vehicles <= 2500 kg	14 Aug 2014

S1764714H

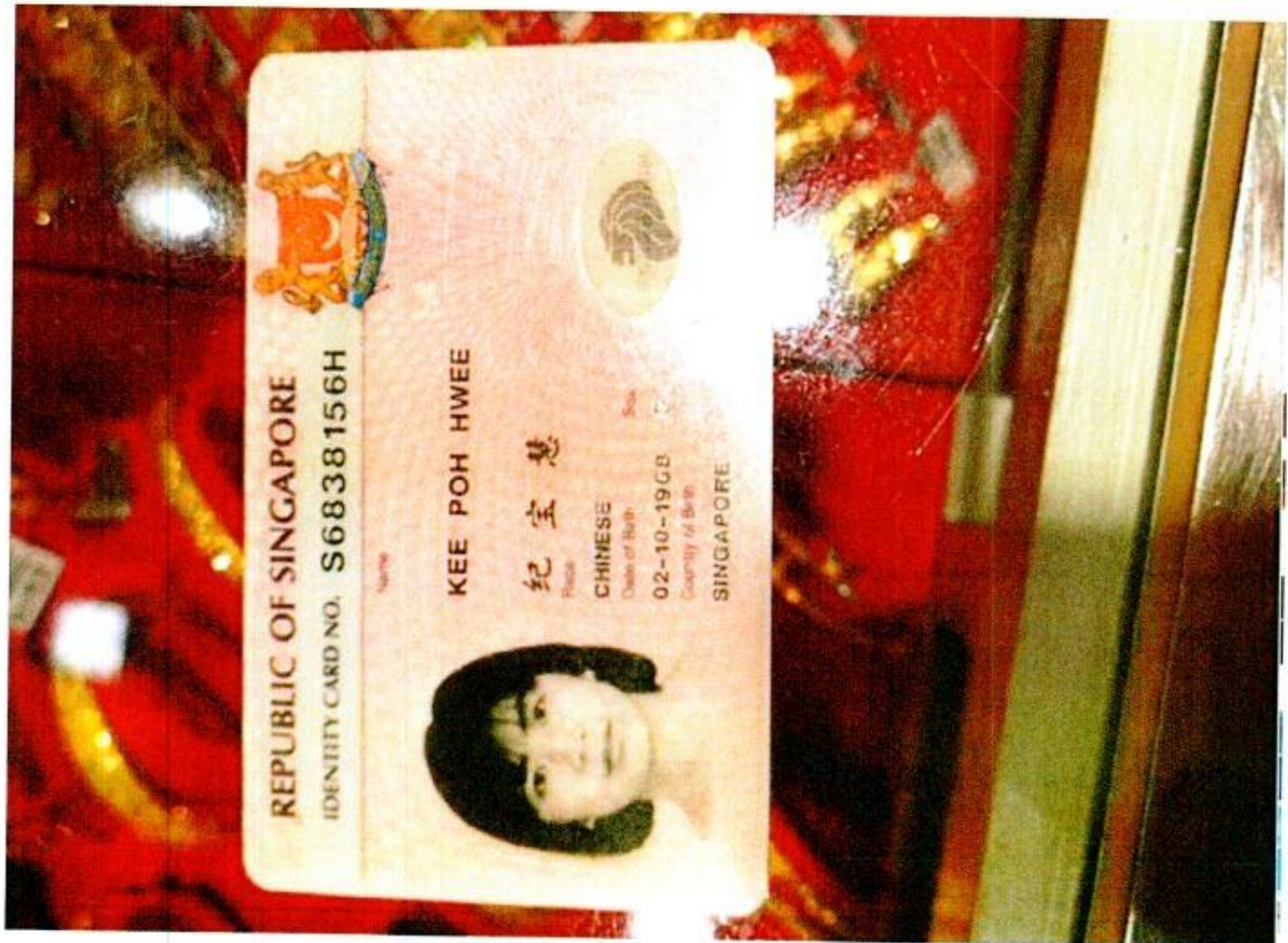
S / No. 9000316806

NP 428A

Licence No: S1764714H



EZ 1181H (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:** 5104944000

**Cover :** drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **EZ1181H**  
Chassis Number : WAUZZZ8U9GR035664
2. Name of Policyholder : KEE POH HWEE
3. Effective Date of Insurance : 25 Nov 2018
4. Expiry Date of Insurance : 24 Nov 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KEE POH HWEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
Date of Issue : 05 Nov 2018 15:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1036426

Policy No.	5104944000	Vehicle No.	EZ1181H	GST Registration No.
Certificate No.				
Policyholder Name	KEE POH HWEE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	98431181	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
<b>▼ Accident Details</b>				
Report Date	18/03/2019 18:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/03/2019	Time of Accident hh:mm	11:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SECOND LINK EXPRESSWAY ENTER MALAYSIA CHECKPOINT			
<b>▼ Excess</b>				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
<b>▼ Benefits</b>				
<b>▼ GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>▼ Policyholder Mailing Address</b>				
Address 1	109 LOYANG VIEW	Address 2	SINGAPORE 507180	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104944000	
<b>▼ OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	NG LIEN YEE	Driver NRIC	S1764714H	Driving Experience
Register Date of Driver License	14/08/2014	Driver Age	53	Contact No.(Home)
Contact No.(Mobile)	96861181	Contact No.(Office)	0	Address 3
Address 1	109 LOYANG VIEW	Address 2	SINGAPORE 507180	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
<b>Declaration</b>				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KEE PO
Contact No.(Mobile)	98431181	Contact No. (Home)	654314
Email Address	k.jaslyn@yahoo.com.sg	OI Vehicle Number	EZ1181
Claim Description	EZ1181H / SLM3507A ON 16 Mar 2019		
Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault
Workshop Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	18/03/2019 18:24
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA



Save Submit

## Attachment

Accident No.	MT/1036426	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/03/2019 00:00
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:24	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:24	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:24	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Mar 2019 18:24	Photos	Normal	Photos

## Video List

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