

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In <u>15/04/19</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/INC19006613/13</u>	SAS e-filing		
Veh No <u>5JF5646D</u>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A <u>13/04/19</u> <u>1345</u>	i-Motor Claim Form	<u>MT/1040290 - 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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (<u>TWINCAR</u>)	Tel:	Fax:
TP Particulars:	Veh No: <u>G45993H</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>NA1902806</u>	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat. 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 2 / 3:	TP (N11) : TP (Non INC) against INC \$20		
	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	15/04/2019 10:29
Date Of Accident	13/04/2019 13:45
Exact Location Of Accident	PASIR RIS DR 1 TWDS PASIR RIS DR 12 INFRT BLK 740
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5646D
Insured/Policyholder	
Name Of Registered Owner	PANG LEE YUEN
NRIC No	S7373965I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92337931
Alternative Phone No	OTHERS-92337931

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5101400207
Cover Note Number	

Driver

Name of Driver	PANG LEE YUEN
NRIC No	S7373965I
Date Of Birth	22/06/1973
Occupation	INDOOR
Date Of Driving Pass	28/09/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92337931
Fax Number	
Contact Number	OTHERS-92337931
Email Address	NOEMAIL

Address	BLK 107B CANBERRA STREET #12-581
Postcode	752107
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 (including own vehicle) 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

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	GU5993H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PANG LEE YUEN
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Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJF5646D

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:

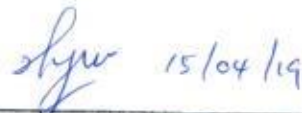
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Policyholder's Signature
Date & Time:



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



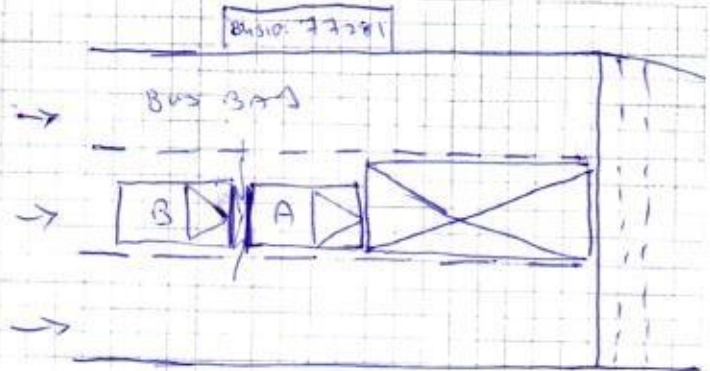
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PASIR RIS DR 1 TOWARDS PASIR RIS DR 12
INFRONT BLK 740

VEHICLE A
- SJF 5646D

VEHICLE B
- GU 5993H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG PASIR RIS DR 1 TOWARD DR 12 DIRECTION.

WHILE DRIVING STRAIGHT AHEAD AND APPROACHING TO THE TRAFFIC LIGHT INFRONT OF BUS STOP: 77281, INFRONT OF BLK 740. I NOTICED THE TRAFFIC LIGHT WAS TURNING RED, AND SO I APPLIED BRAKE TO SLOW DOWN MY VEHICLE. EVENTUALLY MY VEHICLE HAD CAME INTO A STATIONARY POSITION, DUE TO THE RED TRAFFIC LIGHT. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE (GU 5993H) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SJF 5646D

VEHICLE B - GU 5993H

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:

 15/04/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SSR 564617	Model / Make	TOYOTA U103
Date of Accident	13/04/2019		
Time of Accident	1345	HRS	
Location of Accident	DABIE RIS DR 1 TOWARD PASIR RIS DR 12 WFRONT BLK		
Exact purpose use during accident	PRIVATE USE (240)		
Name of Owner	PANH LEE YUEN		
Telephone No.	H/P : 92337931	Home :	Office :
NRIC	S 73739651		
Address	BLK 107B CANBERRA ST #12-581 S(752107)		
Claim type	OD THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5101400207		
Name of Driver	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth			
Occupation	Outdoor / Indoor		
Driving License Pass Date	22 JUN 1973		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state OWNER		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	PANH LEE YUEN, 92337931		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	CU 579314	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	REAR		
Camera Recorder	Yes / (No)		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	SALES@NSI.COM.SG		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S73739651



Name

PANG LEE YUEN

范丽云

Race

CHINESE

Date of Birth

22-06-1973

Sex

F

Country of Birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S73739651

Name

PANG LEE YUEN

Birth Date 22 Jun 1973

Issue Date 24 Feb 2003



0002246048



A0159112

NRIC No S73739651



Blood Group

O+

Valid Until

04-07-2002

APT BLK 107B GANESHA STREET #12-081
SINGAPORE 762107

NRIC No S73739651

Date 03/03/2010

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

Class 2B	Motorcycles not exceeding 200 cc	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Sep 1999

28 Sep 1999

NP 428A



Licence No S73739651

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: 5101400207

Cover : drive CLASSIC

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJF5646D |
| Chassis Number | : MR053HY9305065348 |
| 2. Name of Policyholder | : PANG LEE YUEN |
| 3. Effective Date of Insurance | : 19 Jun 2018 |
| 4. Expiry Date of Insurance | : 18 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	: 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	: PANG LEE YUEN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL 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 AUTO AGENCY (00000614645)
Date of Issue : 18 Jun 2018 15:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1040290

Policy No.	5101400207	Vehicle No.	SJF5646D	GST Registration No.
Certificate No.				
Policyholder Name	PANG LEE YUEN	Cover Type	drive CLASSIC	Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading
Contact No.(Mobile)	92337931	Special Remark		Contact No.(Home)
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason
NCD Protection	No			Private Hire

▼ Accident Details

Report Date	15/04/2019 19:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/04/2019	Time of Accident hh:mm	13:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PASIR RIS DR 1 TWDS PASIR RIS DR 12 INFRT BLK 740			

▼ 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

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 107B #12-581	Address 2	CANBERRA STREET	Address 3
Address 4	SINGAPORE 752107	Address Type	Singapore address	Post Code
Unit No.	12-581	Related Policy Number	5101400207	

▼ OI Driver Info

Driver Name	PANG LEE YUEN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7373965I	Driving Experience
Register Date of Driver License	28/09/1999	Driver Age	45	Contact No.(Home)
Contact No.(Mobile)	92337931	Contact No.(Office)	0	Address 3
Address 1	BLK 107B	Address 2	CANBERRA STREET	Post Code
Address 4	SINGAPORE 752107	Address Type	Singapore address	
Unit No.	#12-581			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

Declaration

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

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop (refer below)		

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name PANG L

Contact No. (Home) NIL

OI Vehicle Number SJF564

SJF5646D / GU5993H ON 13 Apr 2019

15/04/2019 19:52 Claim Close Date

ROSLINDA Workshop Repairer

Save Submit

Attachment



Accident No. MT/1040290 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 15/04/2019 00:00

Path *

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

Clear

Category *

Confidential

Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2019 19:52	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2019 19:52	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2019 19:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2019 19:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2019 19:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2019 19:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2019 19:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2019 19:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2019 19:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2019 19:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2019 19:51	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading