

NATIONAL Assessment Centre Services [Ref: 12/2005]

Date In: <i>02/05/19</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA/INC1900700/13</i>	SAS e-filing		
Veh No: <i>SMF0677K</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>30/04/19 1550</i>	i-Motor Claim Form	<i>MT/1042710-001</i>	
OD: <input checked="" type="checkbox"/> TP 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</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (*TWINCAR*) Tel: () Fax: ()

TP Particulars: Veh No: *SLV4832G* 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) iT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	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		
	*N8: DV / Collect Excess Coordination \$5		
	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 willful 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	02/05/2019 12:10
Date Of Accident	30/04/2019 15:50
Exact Location Of Accident	29 MANDAI ESTATE OPEN CARPARK LOT 113
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4677K
Insured/Policyholder	
Name Of Registered Owner	SIM HWEI CHIN (SHEN HUIJUN)
NRIC No	S7535574B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97963820
Alternative Phone No	OTHERS-97963820

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104810858
Cover Note Number	

Driver

Name of Driver	SIM HWEI CHIN (SHEN HUIJUN)
NRIC No	S7535574B
Date Of Birth	29/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	29/07/1997
Driving Experience	21 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97963820
Fax Number	
Contact Number	OTHERS-97963820
E Mail Address	NOEMAIL

Address	BLK 183C WOODLANDS ST 13 #10-613
Postcode	733183
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	AFTER RAIN
Road Surface	WET

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)	0

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 Witness 1

Name	MR YAP
Phone Number	90723700
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV4832G
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:

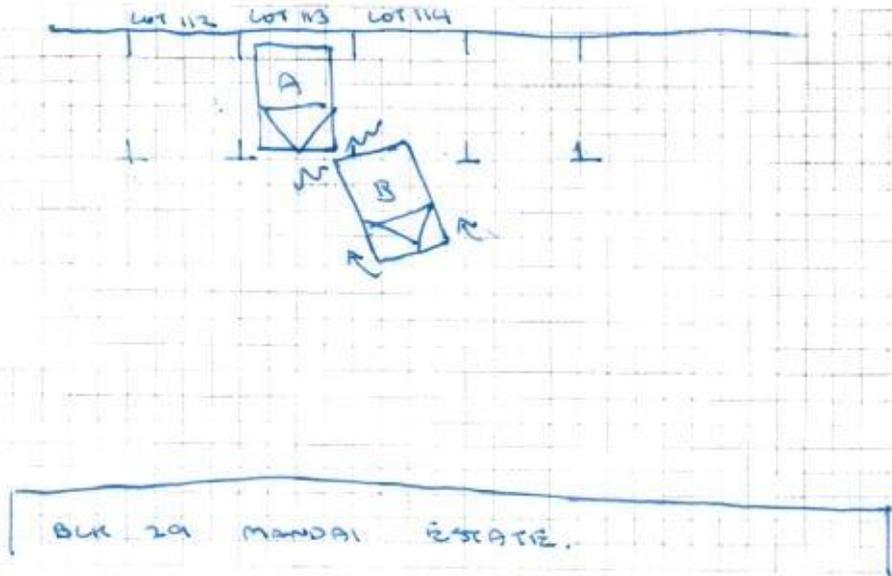
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A
- SMF 4677K

VEHICLE B
- SLV 4832 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

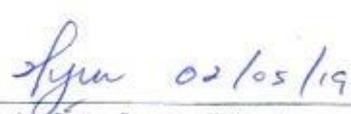
MY VEHICLE WAS STATIONARY PARKED AT LOT NUMBER 113 OF 29 MANDAI ESTATE.
APPROXIMATELY 1550 HRS, MY COLLEAGUE GAVE ME A CALL WHILE I WAS IN MY OFFICE, AND INFORMED ME THAT MY VEHICLE WAS INVOLVED IN A ACCIDENT. AND SO I MADE MY WAY TO THE SCENE AND MANAGED TO GET A FEW PICTURES AND ALSO THE PARTICULAR OF THE PERSON WHO REVERSE HIS VEHICLE AND HIT ONTO MY (STATIONARY PARKED) VEHICLE.
THE PERSON WHO AT SCENE AND INFORMED ME OF THE ACCIDENT WAS MR JAP OF HIS CONTACT : 9072 3700.
VEHICLE A - SMF 4677K
VEHICLE B - SLV 4832 G

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.	SMA 4677K	Model / Make	HYUNDAI ELANTRA
Date of Accident	30 / 04 / 2019		
Time of Accident	15 50	HRS	
Location of Accident	29 MANDAL ESTATE, OPEN CARPARK LOT 113		
Exact purpose use during accident	STATIONARY PARKED.		
Name of Owner	SIM HWEI CHIN		
Telephone No.	H/P : 97963820	Home :	Office :
NRIC	S7535574B		
Address	BLK 183C WOODLANDS ST 13 #10-613 S(733193)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5104810858		
Name of Driver	As Above If No, SIM HWEI CHIN		
NRIC	Any Passengers : NIL		
Date of birth	29 NOV 1975		
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	29 JUL 1997		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	Employee,	If no, state	OWNER
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	Dry	<u>Wet</u>	Other AFTER RAIN
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.	SLV 4832G	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	MR YAP	Witness Contact : 90723700	
Accident Portion	FRONT LEFT PORTION		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	TUNCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

S7535574B



SIM HWEI CHIN
(SHEN HUIJUN)

沈慧君

CHINESE

29-11-1975

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7535574B**
Name:



SIM HWEI CHIN
(SHEN HUIJUN)

Birth Date: 29 Nov 1975

Issue Date: 29 Jul 2003



Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S7535574B**

Name : **SIM HWEI CHIN**



Please visit www.lta.gov.sg to check the status of this vocational licence



NRIC No: **S7535574B**



Date of issue: 16-12-2005

APT BLK 183C WOODLANDS STREET 13 #10-813
SINGAPORE 733183

NRIC No: **S7535574B** Date: 04/12/2018 (R)

3 8 1 2 1 0 2

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

Class	Description	PASS DATE
3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Jul 1997



Licence No: **S7535574B**

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	20/04/2018
03	BUS VL	09/11/2018
04	BUS ATTENDANT	09/11/2018



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: 5104810858

Cover : drivo CLASSIC

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : KMHD841CMJU764723 |
| 2. Name of Policyholder | : SIM HWEI CHIN (SHEN HUIJUN) |
| 3. Effective Date of Insurance | : 30 Oct 2018 |
| 4. Expiry Date of Insurance | : 29 Oct 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SIM HWEI CHIN (SHEN HUIJUN)
NAMED DRIVER (1)	: SIM HWEI KIAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ORCHARD CREDIT (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)

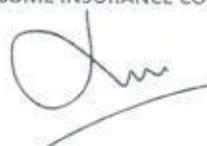
Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue : 30 Oct 2018 13:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1042710

Policy No.	5104810858	Vehicle No.	SMF4677K	GST Registration No.
Certificate No.				
Policyholder Name	SIM HWEI CHIN (SHEN HUIJUN)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97963820	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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	03/05/2019 10:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/04/2019	Time of Accident hh:mm	15:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	29 MANDAI ESTATE OPEN CARPARK LOT 113			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed 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	BLK 570C #10-846	Address 2	WOODLANDS AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104810858	

▼ OI Driver Info

Driver Name	SIM HWEI CHIN (SHEN HUIJUN)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7535574B	Driver DOB
Register Date of Driver License	29/07/1987	Driver Age	43	Driving Experience
Contact No.(Mobile)	97963820	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 183C	Address 2	WOODLANDS STREET 13	Address 3
Address 4	SINGAPORE 733183	Address Type	Singapore address	Post Code
Unit No.	#10-613			
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	SIM HW
Contact No.(Mobile)	97963820	Contact No.(Home)	NIL
Email Address		O1 Vehicle Number	SMF467
Claim Description	SMF4677K / SLV4832G ON 30 Apr 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered		Preferred Repair Option	Preferred Workshop (refer below)
Report Taken By		GIA report	Received
<input checked="" type="checkbox"/> Print AK letter		Date Registered	03/05/2019 10:13
		Claim Close Date	
		Workshop Repairer	ROSLINDA

Save Submit

Attachment

Accident No. MT/1042710 Claim No. 001
 Last Doc. Received Yes No Upload Date 03/05/2019 00:00

- Choose File No file chosen
- Message Read

Path *

- Clear

Category *

Category *	Confidential
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:12	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:12	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:11	Photos	Normal	Photos

Video List

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