

NATIONAL Assessment Centre Services

Date In: 17/05/2019 17:02	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 19008824/14	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SJF1659T	i-Motor Claim Form	MT/1045064-001	17/5/19 1750
DDA: 16/05/2019 15:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: SMJ6720P	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

NA1903641

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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		
	8) NTUC Additional Services:-		
	ON*		
	*N3: 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 \$0		
	Invoice dated	Fee Charged	

Auditors' Comments :-

Sub 1:

Sub 2 / 3:

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	17/05/2019 17:02
Date Of Accident	16/05/2019 15:45
Exact Location Of Accident	SINGAPORE CUSTOM B4 TO MALAYSIA CUSTOM BRIDGE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJF1659T
Insured/Policyholder	
Name Of Registered Owner	VOON BOO HAN
NRIC No	S7287441B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92384113
Alternative Phone No	OTHERS-92384113
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5092679667-01
Cover Note Number	
Driver	
Name of Driver	VOON BOO HAN
NRIC No	S7287441B
Date Of Birth	19/06/1972
Occupation	INDOOR
Date Of Driving Pass	20/02/1995
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92384113
Fax Number	
Contact Number	OTHERS-92384113
Email Address	NOEMAIL

Address	BLK 450 TAMPINES STREET 42 #03-114
Postcode	520450
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?	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:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ6770P
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

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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:

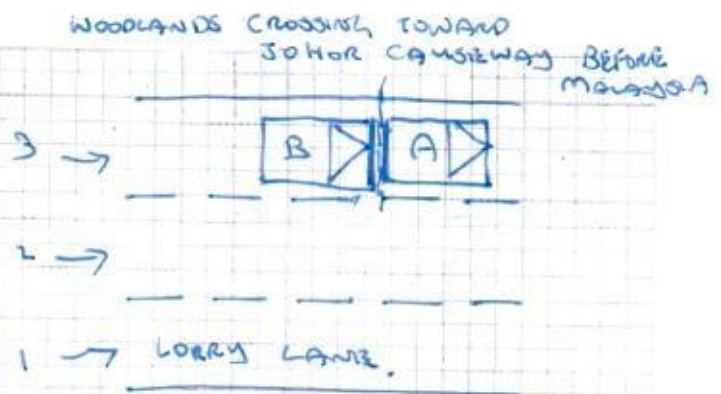
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

17/5/2019

SKETCH PLAN

VEHICLE A
- SJF 1659T

VEHICLE B
- SMJ 6770P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT ALONG WOODLANDS CROSSING TOWARD JOHOR CAUSEWAY. I WAS ON THE EXTREME LEFT LANE.

WHILE DRIVING STRAIGHT AHEAD, AND DUE TO HEAVY TRAFFIC THIS VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY, AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SMJ 6770P) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SJF 1659T

VEHICLE B - SMJ 6770P

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:

17/5/2019

Vehicle No.	5JF 1659T	Model / Make	HONDA VIZEL
Date of Accident	16/05/19		
Time of Accident	1545	HRS	
Location of Accident	SINGAPORE custom	Before	TO MALAYSIA custom
Exact purpose use during accident	PRIVATE USE		(BRIDGE)
Name of Owner	VOON BOO HAN		
Telephone No.	H/P: 9238 4113	Home :	Office :
NRIC	5728741B		
Address	BLK 450 TAMANAS ST 42 #03-114 S(520450)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	509 267 9667 - 01		
Name of Driver	As Above	If No,	
NRIC		Any Passengers :	NIL
Date of birth	19/06/1972		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	20 FEB 1995		
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.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SMJ 6990P	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	FRONT / REAR	VIEW.
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 @ n5i.com.sg		

IDENTITY CARD NO. S7287441B



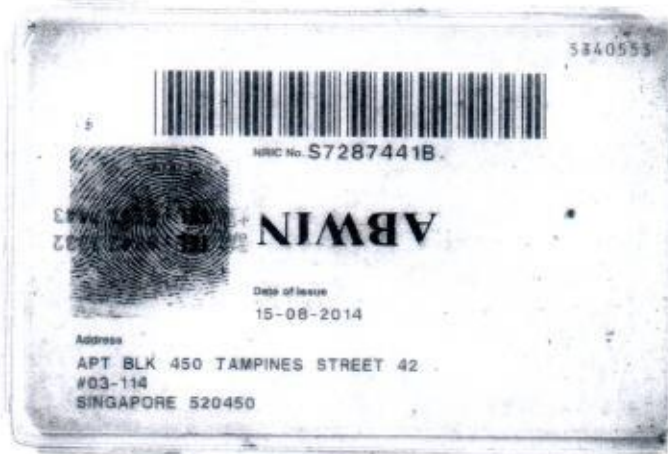
VOON BOO HAN

溫武漢

CHINESE

18 06 1972

MALAYSIA



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: 5092679667-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJF1659T**
Chassis Number : RU11209524
2. Name of Policyholder : VOON BOO HAN
3. Effective Date of Insurance : 17 Jul 2018
4. Expiry Date of Insurance : 16 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: VOON BOO HAN
NAMED DRIVER (1)	: TAN AI TING
NAMED DRIVER (2)	: TAN AI CHING
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : 12 Jun 2018 21:00 hrs



Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

ABWIN PTE LTD

8 KAKI BUKIT ROAD 2
RUBY WAREHOUSE COMPLEX
#01-33 SINGAPORE 417841

TEL: 6542 3332 FAX: 6542 3301

Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/05/2019 15:45"/>
Vehicle No.(For Motor)	<input type="text" value="SJF1659T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092679667-01		VOON BOO HAN	S7287441B	GPC	drivo CLASSIC	SJF1659T	SJF1659T	17/07/2018	16/07/2019

Policy Information

Policy No.	5092679667-01	Policyholder Name	VOON BOO HAN	Policyholder NRIC	S7287441B
Certificate No.					
Address	BLK 450 #03-114 TAMPINES STREET 42 SINGAPORE 520450				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/06/2018	Effective Date	17/07/2018 00:00	Expiry Date	16/07/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 450 #03-114	Address 2	TAMPINES STREET 42	Address 3	SINGAPORE 520450
Address 4		Address Type	Singapore address	Post Code	520450
Unit No.		Related Policy Number	5092679667-01		

Insured Object: SJF1659T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1045064

Policy No.	5092679667-01	Vehicle No.	SJF1659T	GST Registration No.
Certificate No.				
Policyholder Name	VOON BOO HAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	92384113	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	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	17/05/2019 17:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/05/2019	Time of Accident hh:mm	15:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SINGAPORE CUSTOM B4 TO MALAYSIA CUSTOM BRIDGE			

▼ Excess

Own damage Excess	500.00	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 450 #03-114	Address 2	TAMPINES STREET 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5092679667-01	

▼ OI Driver Info

Driver Name	VOON BOO HAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7287441B	Driver DOB
Register Date of Driver License	20/02/1995	Driver Age	46	Driving Experience
Contact No.(Mobile)	92384113	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 450	Address 2	TAMPINES STREET 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-114			
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	VOON E
Contact No.(Mobile)	92384113	Contact No. (Home)	
Email Address		OI Vehicle Number	SJF165
Claim Description	SJF1659T / SMJ6770P ON 16 May 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	17/05/2019 17:51	Claim Close Date	
Report Taken By		Workshop Repairer	

✓ Print AK letter

Save

Submit

Attachment



Accident No.	MT/1045064	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/05/2019 17:50
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 17:50	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 17:49	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 17:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 17:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 17:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 17:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 17:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 17:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 May 2019 17:48	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading