

# NATIONAL Assessment Centre Services

Date In: 24/5/2019 11:04	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19009149/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SMG 78285	i-Motor Claim Form: MT/1045938-002	27/5/19	1330
DOA: 23/05/2019 14:00	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: SMC 4448X	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/1903858

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	
		1st Bill	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		
Auditors' Comments :-	5) RT: 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) N1: 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 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	24/05/2019 11:04
Date Of Accident	23/05/2019 14:00
Exact Location Of Accident	PIE TWDS TAMPINES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7828S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH CHIN POA
NRIC No	S8803549F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81125135
Alternative Phone No	OTHERS-81125135

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180
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	REPORTING ONLY
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	5108620421
Cover Note Number	

### Driver

Name of Driver	LOH CHIN POA
NRIC No	S8803549F
Date Of Birth	30/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81125135
Fax Number	
Contact Number	OTHERS-81125135
EMail Address	NOEMAIL

Address	BLK 2 ST . GEORGE'S ROAD #03-57
Postcode	322002
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC4448X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96205313
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 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. 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.:

PTE

A - SMG7  
B - SMCA

A-SMG78285  
B-SMC4948X

Verba Vehicle A is travelling towards PIE Tampines on lane 1.  
Vehicle B suddenly jam brake and causing my vehicle A to collide with B.

The front of vehicle A collided with the rear of vehicle B.

Vehicle sustained minor damages on the front.

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

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8803549F



Name  
LOH CHIN POA

罗金宝

Race  
CHINESE

Date of birth  
30-01-1988

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8803549F



LOH CHIN POA

Birth Date: 30 Jan 1988  
Issue Date: 03 Jan 2019



4607559



NRIC No. S8803549F



Date of issue  
07-07-2010

APT BLK 2 ST. GEORGE'S ROAD #03-57  
SINGAPORE 322002

NRIC No: S8803549F Date: 26/11/2012 (R)


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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$  18 Nov 2016

NP 428A

License No: S8803549F



## 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: 5108620421

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMG78285  
Chassis Number : WDD2043312G082747
2. Name of Policyholder : LOH CHIN POA
3. Effective Date of Insurance : 06 Apr 2019
4. Expiry Date of Insurance : 05 Apr 2020
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	: LOH CHIN POA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : S & M ALLIANCE PTE LTD (00000614373)  
Date of Issue : 05 Apr 2019 17:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



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="23/05/2019 14:00"/>
Vehicle No.(For Motor)	<input type="text" value="SMG7828S"/>	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"/>	5108620421		LOH CHIN POA	S8803549F	GPC	drive CLASSIC	SMG7828S	SMG7828S	06/04/2019	05/04/2020

▼ Policy Information

Policy No.	5108620421	Policyholder Name	LOH CHIN POA	Policyholder NRIC	S8803549F
Certificate No.					
Address	BLK 148 #09-1675 BEDOK RESERVOIR ROAD SINGAPORE 470148				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	05/04/2019	Effective Date	06/04/2019 00:00	Expiry Date	05/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
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	Young/Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	2 ST. GEORGE'S ROAD	Address 2	#03-57	Address 3	SINGAPORE 322002
Address 4		Address Type	Singapore address	Post Code	470148
Unit No.		Related Policy Number	5108620421		

▶ Insured Object: SMG7828S

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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## Claim Handling

Accident MT/1045938

Policy No.	5108620421	Vehicle No.	SMG7828S	GST Registration No.
Certificate No.				
Policyholder Name	LOH CHIN POA			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81125135	Contact No.(Office)		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	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	24/05/2019 16:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/05/2019	Time of Accident hh:mm	14:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS TAMPINES			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	2 ST. GEORGE'S ROAD	Address 2	#03-57	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108620421	

## ▼ OI Driver Info

Driver Name	LOH CHIN POA	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8803549F	Driving Experience
Register Date of Driver License	18/11/2016	Driver Age	31	Contact No.(Home)
Contact No.(Mobile)	81125135	Contact No.(Office)		Address 3
Address 1	2 ST. GEORGE'S ROAD	Address 2	#03-57	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

## 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 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	LOH CH
Contact No.(Mobile)	81125135	Contact No. (Home)	
Email Address		OI Vehicle Number	SMG78
Claim Description	SMG7828S / SMC4448X ON 23 May 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	27/05/2019 15:32

Report Taken By

Workshop  
Repairer

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1045938	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/05/2019 15:30
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:32	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:30	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:30	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:29	Photos	Normal	Photos