

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 01/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19011557/13	SAS e-filing		
Veh No: 5J090J14	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 29/06/19 1155	i-Motor Claim Form	MT/1051388-001	
OD (TP) 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: (TWINCAR) Tel: () Fax: ()

TP Particulars: Veh No: SKES88JG 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>NA1904961</u>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR : Re-inspection \$75			
Cat 2 / 3:	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 \$0			
	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	01/07/2019 09:19
Date Of Accident	29/06/2019 11:55
Exact Location Of Accident	JLN UBI JUNCTION OF CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9021Y
Insured/Policyholder	
Name Of Registered Owner	THACH NGOC MINH
NRIC No	S2764109A
Email Address	CLSTNM@NUS.EDU.SG
Mobile Phone No	(LOCAL) +65-91995669
Alternative Phone No	OTHERS-91995669

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	5109045299
Cover Note Number	

Driver

Name of Driver	THACH NGOC MINH
NRIC No	S2764109A
Date Of Birth	07/10/1962
Occupation	INDOOR
Date Of Driving Pass	08/09/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91995669
Fax Number	
Contact Number	OTHERS-91995669
Email Address	CLSTNM@NUS.EDU.SG

Address	BLK 257 BANGKIT ROAD #05-51
Postcode	670257
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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	SKE5882G
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)

Vehicle No.	SJK 9021 Y.		Model / Make	Toyota Vios.
Date of Accident	29 / 06 / 19.			
Time of Accident	11:55 HRS			
Location of Accident	Jln Ubi junction Changi Road.			
Exact purpose use during accident	Private Used.			
Name of Owner	Thach Ngoc Minh.			
Telephone No.	H/P : 9199 566 9	Home :	Office :	
NRIC	S 2764109 A.			
Address	BLK 257 Bangket Road #05-51 (S) 670257			
Claim type	OD	<input checked="" type="radio"/> THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC.			
Type of Coverage	<input checked="" type="radio"/> Comprehensive	<input type="radio"/> Third Party	<input type="radio"/> Third Party / Fire / Theft	
Policy No.	SB 5109045299			
Name of Driver	<input checked="" type="radio"/> As Above If No,			
NRIC	Any Passengers : 01 (F)			
Date of birth	07 / 10 / 1962.			
Occupation	Outdoor	/	<input checked="" type="radio"/> Indoor	
Driving License Pass Date	08 / 09 / 2008.			
Gender	<input checked="" type="radio"/> Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state <i>Owner</i> .		
Weather condition	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Other	
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Other	
Any Injuries	<input checked="" type="radio"/> No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	<input checked="" type="radio"/> No,	If Yes, Where?		
Vehicle B No.	SKE 5882 G.	Any Passengers :	N.A.	
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	N.A	Witness Contact :	N.A.	
Accident Portion	Rear Portion.			
Camera Recorder	<input checked="" type="radio"/> Yes / No			
Email Address	clstnm@nus.edu.sg			
PARTICULAR WORKSHOP	Twencar.			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Z: Teng			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

SKETCH PLAN

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.
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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:

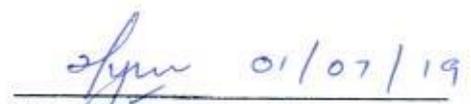
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

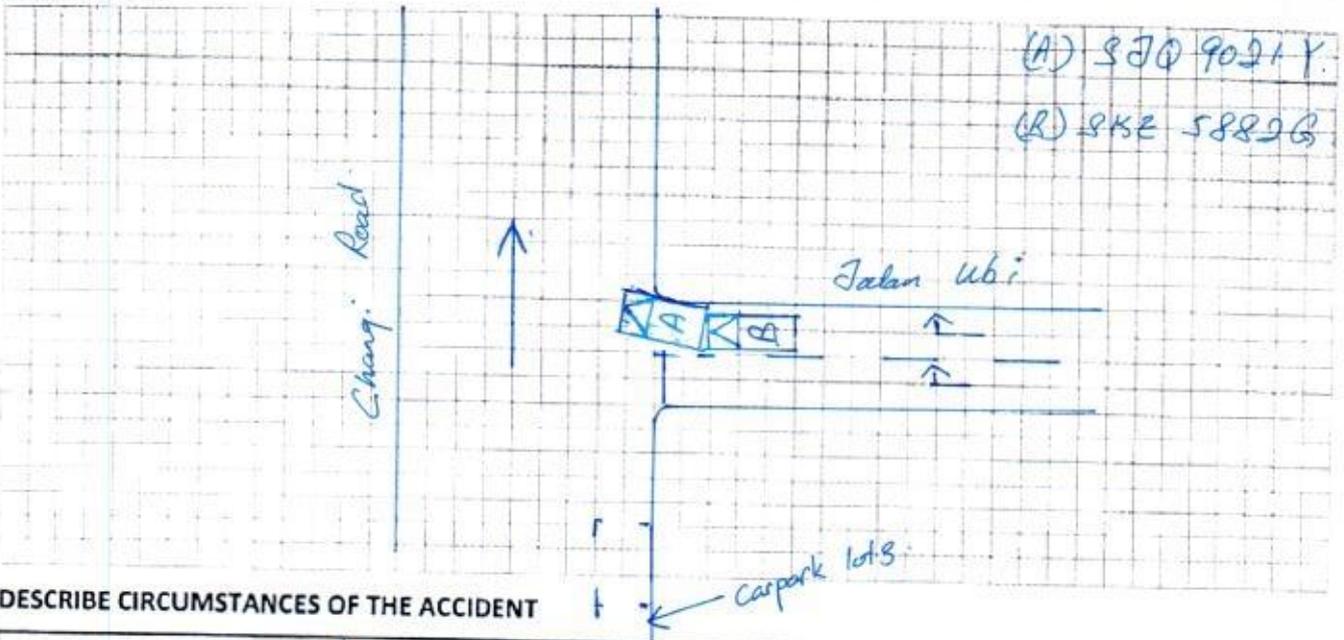


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



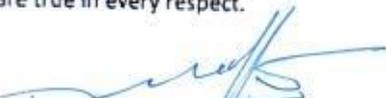
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/06/19 at @ 1155 hrs, I was travelling in my vehicle (SJO 9021 Y) along Jalan Ubi on the right lane. I stopped at the stop line before turning right into Changi Road, to give way to the traffic on the main road. Suddenly, a car (SKE 5882 G) from behind collided onto the rear portion of my vehicle.

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:

 01/07/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2764109A**

Name:

THACH NGOC MINH

Birth Date: **07 Oct 1962**

Issue Date: **11 Jul 2014**



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2764109A**



Name:

THACH NGOC MINH

Race
VIETNAMESE

Date of birth
07-10-1962

Sex
M

S2764109A

Country of birth
VIETNAM

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	01 Sep 2001
Class 2A Motorcycles between 201 cc and 400 cc	06 Apr 2004
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	08 Sep 2008

For LKK/NAC Use Only



Licence No: **S2764109A**

NP 428A



9072942



NRIC No. **S2764109A**

Nationality
VIETNAMESE

Date of issue
18-01-2010

APT BLK 257 BANGKIT ROAD #05-51
SINGAPORE 670257

NRIC No: **S2764109A**

Date: **09/04/2013**

No: **7336634**

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: 5109045299

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJQ9021Y |
| Chassis Number | : MR053HY9305111473 |
| 2. Name of Policyholder | : THACH NGOC MINH |
| 3. Effective Date of Insurance | : 24 Apr 2019 |
| 4. Expiry Date of Insurance | : 28 May 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	: THACH NGOC MINH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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)

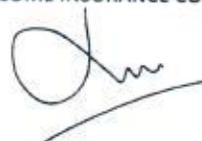
Agency : MOTORIST PTE. LTD. (00000573851)
Date of Issue : 24 Apr 2019 17:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1051388

Policy No.	5109045299	Vehicle No.	SJQ9021Y	GST Registration No.
Certificate No.				
Policyholder Name	THACH NGOC MINH			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91995669	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	No	NCD Entitlement(%)	30	Private Hire

▼ Accident Details

Report Date	01/07/2019 18:23	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/06/2019	Time of Accident hh:mm	11:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JLN UBI JUNCTION OF CHANGI ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		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	BLK 257 #05-51	Address 2	BANGKIT ROAD	Address 3
Address 4	SINGAPORE 670257	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109045299	

▼ OI Driver Info

Driver Name	Thach Ngoc Minh	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S2764109A	Driver DOB
Register Date of Driver License	08/09/2008	Driver Age	56	Driving Experience
Contact No.(Mobile)	91995669	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 257	Address 2	BANGKIT ROAD	Address 3
Address 4	SINGAPORE 670257	Address Type	Singapore address	Post Code
Unit No.	#05-51			
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	THACH
Contact No.(Mobile)	91995669	Contact No.(Home)	669317
Email Address	thachminh@yahoo.com	OI Vehicle Number	SJQ902
Claim Description	SJQ9021Y / SKES882G ON 29 Jun 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	01/07/2019 18:26	Claim Close Date	

Report Taken By

ROSLINDA Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1051388 Claim No. 001
Last Doc. Received Yes No Upload Date 01/07/2019 00:00

- Choose File No file chosen
Message Read

Table with columns: Clear, Category *, Confidential. Contains dropdown menus for category selection and NO/YES options.

Attachment List

Main attachment list table with columns: Attachment, Uploaded By/Date, Category, Urgency, Des. Lists multiple photo attachments from NAC_PAYA_UBI_800601.

Video List

Table header for video list with columns: Uploaded By/Date, Folder Date, File Name.

Display in New Window Scan and uploading