

NATIONAL Assessment Centre Services

Part 1 (Jan 09)

NA 49089113

Date In: 08/01/2009 19:15	Job description	Date & Time Completed	Done by
Ref No: NA 49089113	SAS e-filing		
Veh No: 8W1 7529P	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 05/07/2009 18:05	i-Motor Claim Form	MT/1052474-001	09/01/2009 11:04
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: (	Tel: (	Fax: (
TP Particulars:	Veh No: SAC 4909.5	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 4905085	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$10);	Am't (\$)	Am't (\$)
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	Am't (\$)	Am't (\$)
Contact No:	3) TP: Towing Fee \$40/\$45	Am't (\$)	Am't (\$)
Damaged Portion:	4) FT: Follow-Through Survey \$120	Am't (\$)	Am't (\$)
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30	Am't (\$)	Am't (\$)
	For claimant against INC Only (wef 10 Jan 2005)	Am't (\$)	Am't (\$)
	6) TR: Re-inspection \$75	Am't (\$)	Am't (\$)
	7) N1: Idm DA + SMRT Survey \$160	Am't (\$)	Am't (\$)
	8) NTUC Additional Services:	Am't (\$)	Am't (\$)
	12) N1:	Am't (\$)	Am't (\$)
	* N3: Courtesy Car / Tpl Allowance \$5	Am't (\$)	Am't (\$)
	* N6: Repair Co-ordination \$10	Am't (\$)	Am't (\$)
	* N7: Post Repair Inspection \$25	Am't (\$)	Am't (\$)
	* N8: DV / Collect Excess Coordination \$5	Am't (\$)	Am't (\$)
	* N11: TP (Non INC) against INC \$20	Am't (\$)	Am't (\$)
	* N12: Idm N12 \$0	Am't (\$)	Am't (\$)
	Invoice dated	Fee Charged	Fee Charged
	Invoice dated	Fee Charged	Fee Charged

Cap 2/3: 1/1/1

07-MAY-2019 16:33

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	08/07/2019 19:15
Date Of Accident	05/07/2019 18:05
Exact Location Of Accident	JUNCTION OF JALAN BUKIT MERAH/LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7529P
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Insured/Policyholder

Name Of Registered Owner	DEREK SCOTT KHOO YAM SEONG
NRIC No	S1712326B
Email Address	DEREKSKHOO@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96156317
Alternative Phone No	OTHERS-96156317

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	5109649108
Cover Note Number	

Driver

Name of Driver	DEREK SCOTT KHOO YAM SEONG
NRIC No	S1712326B
Date Of Birth	30/09/1965
Occupation	INDOOR
Date Of Driving Pass	16/02/1990
Driving Experience	29 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96156317
Fax Number	
Contact Number	OTHERS-96156317
Email Address	DEREKSKHOO@YAHOO.COM

Address	BLK 105 BUKIT PURMEI ROAD #12-09
Postcode	090105
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	SIDE SWIPE
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

PLEASE REFER TO SKETCH PLAN

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	SHC4909S
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

08/07/2019

Driver's Signature

(If driver is not the policyholder)

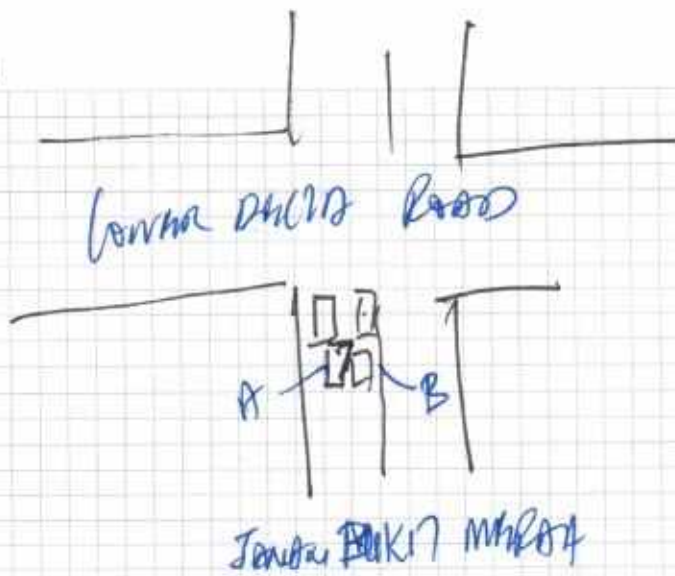
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A) SMJ 7529P

B) SHC 4909S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was inching forward to the turning lane when both of our side mirrors made contact.

DECLARATION

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

Policyholder's Signature

Date & Time:

02/07/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

02/07/2019
Resh Lina



an 8/20/2019

Claim Handling

Accident MT/1052474

Policy No.	5109549108	Vehicle No.	SHU7529P	GST Registration No.	
Certificate No.				Policyholder NRIC	S17123285
Policyholder Name	DEREK SCOTT KHOO YAM SEONG	Cover Type	Drive CLASSIC	Leading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96156317	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KPK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	09/07/2019 11:00	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/07/2019	Time of Accident hh:mm	18:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF JALAN BUKIT MERAH/LOWER DELTA ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00	Driver is Covered?	Covered
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 105 #12-08	Address 2	BUKIT PURMEI ROAD	Address 3	SINGAPORE 090105
Address 4		Address Type	Singapore address	Post Code	090105
Unit No.		Related Policy Number	5109549108		
01 Driver Info					
Driver Name	DEREK SCOTT KHOO YAM SEONG	Driver Type	Main Driver	Driver DOB	30/09/1965
Unnamed driver Name		Driver NRIC	S17123285	Driving Experience	26
Register Date of Driver License	15/02/1990	Driver Age	53	Contact No.(Home)	
Contact No.(Mobile)	96156317	Contact No.(Office)		Address 3	SINGAPORE 090105
Address 1	BLK 105 #12-08	Address 2	BUKIT PURMEI ROAD	Post Code	090105
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SHU7529P	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001

New

Claim Type *	CO-MX	Insured Name	DEREK SCOTT KHOO YAM SEONG	Insured NRIC	S17123285
Contact No.(Mobile)	96156317	Contact No.(Office)	96156317	Contact No.(Home)	
Email Address	derek_khoo@name.com	Vehicle Number	SHU7529P	TP	SHC49095
Claim Description	SHU7529P / SHC49095 ON 9 Jul 2019				
Preferred Workshop	Insured Liability	Partially at Fault	GIA report	Received	
Report Taken By	Report Option	Preferred Workshop, Name unknown			
Date Registered	09/07/2019 11:04	Claim Close Date		Date Received	09/07/2019 00:00
Send Message					
Save Submit					

Attachment

Accident No.	MT/1052474	Claim No.	001
Last Doc. Received	No Yes No	Upload Date	09/07/2019 11:04
Main *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_B06676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:04		Photos	Normal
NAC_BUKIT_MERAH_B06676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:04		Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:04	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:04	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:04	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:04	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:04	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:04	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:04	SAS	Normal	SAS 2019-7-9
Video List				
Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in new Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (05/07/2019) (DD/MM/YYYY), TIME: (18:07) (HH:MM)

LOCATION: Junction of Jln BT Merah & Lower Delta Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMS 7529P
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5109649108
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: SCIROCCO 2008
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: DEREK KHOO (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S1712326B CONTACT: 96156317
 C) ADDRESS: BLK 105 BT SUME1 RD
#12-09

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS. ARBANA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16/08/1990

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 4909S MODEL: TOYOTA RAV4
 b) DRIVER'S NAME: ANN
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)
(2) 1

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email = derek.khoo@yahoo.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1712326B



DEREK SCOTT KHOO YAM SEONG

For LKK/NAC Use Only

Race: CHINESE
Date of Birth: 30-09-1965
Sex: M
Country of Birth: SINGAPORE

S1712326B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S1712326B



DEREK SCOTT KHOO YAM SEONG

For LKK/NAC Use Only

Birth Date: 30 Sep 1965
Issue Date: 05 Jan 2019

0020696820

0004080



NAC No. S1712326B

For LKK/NAC Use Only

Speed Limit: 0+
Date of issue: 19-05-1993

APT BLK 105 BUKIT PURMEI ROAD #12-09
SINGAPORE 090105

NAC No. S1712326B Date: 12/09/2010 (R) No: 8530881

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	15 Feb 1990

For LKK/NAC Use Only

NP 428A



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: 5109649108

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMJ7529P**
Chassis Number : **WVWZZZ13ZAV410483**
2. Name of Policyholder : **DEREK SCOTT KHOO YAM SEONG**
3. Effective Date of Insurance : **20 May 2019**
4. Expiry Date of Insurance : **14 Oct 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	: DEREK SCOTT KHOO YAM SEONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE 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)

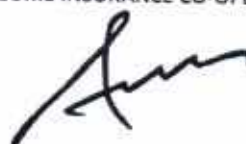
Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 17 May 2019 17:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive