

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MVA 119 11 3263

Date In: 27/08/2019 17:32	Job description	Date & Time Completed	Done by
Ref No: NBA/INC 19015115/F	SAS e-illing		
Veh No: SMJ3245I	E-mail P (Within 2hrs, AIC 2hrs)		
DOA: 26/08/2019 1935	I-Motor Claim Form	MT/1059751/001	27/08/2019
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		1803
	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: SMJ56423	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%. P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Location	Remarks

Driver/Owner:	1) ALT: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (110)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Warranty/Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI: Idea 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	27/08/2019 17:32
Date Of Accident	26/08/2019 19:35
Exact Location Of Accident	PIE AFT PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ3245J
Insured/Policyholder	
Name Of Registered Owner	J & M MOTORING PTE LTD
Co Reg No	201902613C
Email Address	WILSONWHITE1992@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96217987

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	5107773585
Cover Note Number	

Driver

Name of Driver	POH JUN JIE, WILSON
NRIC No	S9226931J
Date Of Birth	05/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96217987
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	175 UPPER EAST COAST ROAD #03-19 SINGAPORE
Postcode	455277
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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: : FRIEND 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

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	SMM5642S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEE THIAM KWEE
NRIC/Passport Number	
Contact Number	96302509
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.**
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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.



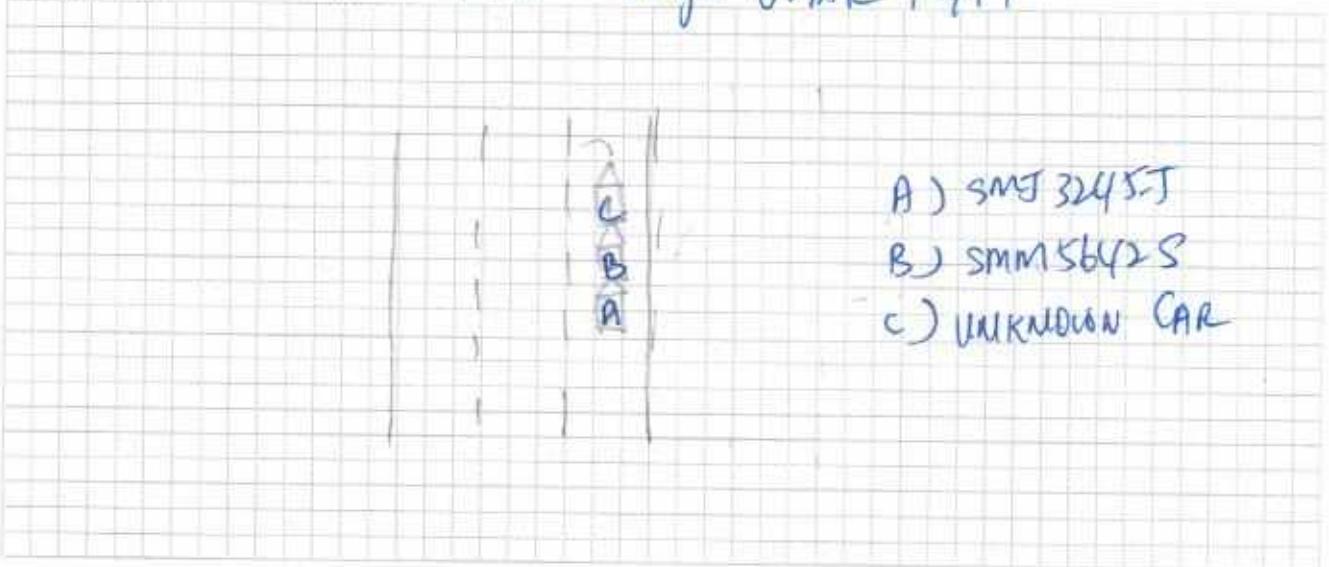
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/8/19 5:14 PM

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

SKETCH PLAN

PIE AFTER RAYA LUNAR FIT



A) SMJ 3245-J
B) SMM 5642-S
C) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE when I notice abrupt breaking in front of me, at 1st hour however when I did break brake, the car skid and hit the vehicle in front of me.

DECLARATION

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

*



Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)

Date & Time: 27/8/19 8:14PM

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1059751

Policy No.	5107773585	Vehicle No.	SMJ3245J
Certificate No.			
Policyholder Name	J & M MOTORING PTE LTD		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM
Contact No.(Mobile)	96217987	Contact No.(Office)	
Email Address		Special Remark	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes
NCD Protection	Yes	NCD Entitlement(%)	50

▼ Accident Details

Report Date	27/08/2019 17:54	Accident Report Within 24 hrs	Yes
Date of Accident	26/08/2019	Time of Accident hh:mm	19:35
Reporting Centre		Orange Force	
Accident Location	PIE AFT PAYA LEBAR EXIT		

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00
YIED OD Excess	500.00	YIED TP Excess	0.00
Additional Excess	0.00		
Total OD Excess Applicable	2,500.00	Total TP Excess Applicable	1,500.00

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	
Modification History	27/08/2019 18:00:20 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	163 GEYLANG ROAD	Address 2	#02-03 THE GRANDPLUS
Address 4		Address Type	Singapore address
Unit No.	02-03	Related Policy Number	5108682565

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	POH JUN JIE, WILSON	Driver NRIC	S9226931J
Register Date of Driver License	07/04/2016	Driver Age	27
Contact No.(Mobile)	96217987	Contact No.(Office)	
Address 1	175 UPPER EAST COAST ROAD	Address 2	# SUITES @ EASTCOAST
Address 4	#03-19	Address Type	Singapore address
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SMJ3245J

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>
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Modification History

Claim 001 OD-MX

New

Claim Type *

OD-MX

Contact No.(Mobile)

NIL

Email Address

Claim Description

SMJ3245J / S

Preferred Workshop Contact No. Finalisation Insured Liability Fully at Fault
 Repair Option Preferred Workshop, Name unknown
 Date Registered 27/08/2019 1
 Report Taken By PARASURAM

Print AK letter

Save Submit

Attachment



Accident No. MT/1059751 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 27/08/2019 18

Path *

Ca

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_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:03	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:02	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:02	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:02	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:02	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:02	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:02	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:02	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:02	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:02	Photos	Normal



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2019 18:02

NRIC/ Driving License

Y

Normal

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 27 Aug 2019 18:02

SAS

Normal

▼ Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26 / 07/2019 (dd/mm/yy) Time of Accident: 19 : 34 (24-HR-FORMAT)

Vehicle No.: SM332453 Vehicle Make & Model: Hyundai Avante Private Hire: (Y/N)

Exact location of Accident: P1E After Paya Lebar Exit

Policyholder's Name / IC No.: JSM MOTOR

Driver's Name / IC No.: PAH JUN JIE WILSON S922693E (As Above) ☐

Driver's Contact No.: 96217987 Company Contact No (Company Veh Only): _____

Driver's Address: 175 UPPER EAST COAST ROAD #03-19 (S) 455277

Email address: wilsonwite1992@gmail.com Insurance Company: NTUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Hirer

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☐ Outdoor

*No. of Passengers (Including Driver): _____

*Passanger Name: Friend

Gender: Male / Female

*Passanger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: NEE THIAM KWEE Vehicle No.: SMMS6423 (6)

Driver's Contact No.: 96302509 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____ (7)

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9226931J



Name

POH JUN JIE, WILSON

傅俊傑

Race
CHINESE

Date of birth
05-08-1992

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9226931J

POH JUN JIE, WILSON

Birth Date: 05 Aug 1992

Issue Date: 05 Jul 2018



Land Transport Authority
AUTO TRANSMISSION
VEHICLE ONLY



VOCATIONAL LICENCE

Licence No: S9226931J

Name: POH JUN JIE, WILSON

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

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
13	PRIVATE HIRE CAR VL	24/01/2019



5649586



NRIC No: S9226931J



Date of issue
29-08-2016

175 UPPER EAST COAST ROAD #03-19
SINGAPORE 455277

NRIC No: S9226931J Date: 15/04/2019

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 ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ 07 Apr 2016

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: 5107773585

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SMJ3245J**
 Chassis Number : KMHD841CMKU865473
2. Name of Policyholder : J & M MOTORING PTE LTD
3. Effective Date of Insurance : 28 Feb 2019
4. Expiry Date of Insurance : 27 Feb 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 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : ONE STOP INSURANCE AGENCY (00000571115)

Date of Issue : 25 Feb 2019 18:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, STAC_SIN_MING_800554

[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="28/08/2019 14:34"/>							
Vehicle No.(For Motor)	<input type="text" value="SM332453"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107773589		J & M MOTORING PTE LTD	201902613C	GPC	Group PREMIUM	SM332453	SM332453	28/02/2019	27/02/2020
<input type="button" value="Continue"/>										