

NATIONAL Assessment Centre Services. Inst 1 Jan 2005

MA1906632

Date In: 02/09/2019 14:37	Job description	Date & Time Completed	Done by
Ref No: NBA/AIC19015414	SAS e-filing		
Veh No: SKH 6831 G	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 30/08/2019 22:10	I-Motor Claim Form	MA1906632-001	02/09/2019
QID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:05
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SKW 28014 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 ( )

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: ( )

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

Injury: \_\_\_\_\_

Date/Time	Assigns

MA1906632	1) AR: Accident Reporting (\$30)	
Client/Whse/Insurer	2) DA: Damage Assessment (\$100)	INC (\$40)
Driver/Owner:	3) TP: Towing Fee	\$40/\$45
Contact No:	4) FT: Follow-Through Survey	\$120
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey)	\$30
QC Checked by (Engr-In-Charge):	For claiming against INC Only (Inst 10 Jan 2005)	
Architect Comments:	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Co-ordination	\$3
	TP (NI) / TP (Non-INC) against INC	\$20
	9) NI2: Idao Mobile	\$0
	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	02/09/2019 14:37
Date Of Accident	30/08/2019 22:10
Exact Location Of Accident	CTE TOWARDS SLE AFTER JALAN BAHAGIA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH6831G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN JIA LIANG, KELVIN
NRIC No	S8823801Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85718248
Alternative Phone No	OTHERS-85718248

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5057944229-06
Cover Note Number	

### Driver

Name of Driver	TAN JIA LIANG, KELVIN
NRIC No	S8823801Z
Date Of Birth	01/07/1988
Occupation	INDOOR
Date Of Driving Pass	26/07/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85718248
Fax Number	
Contact Number	OTHERS-85718248
EMail Address	NOEMAIL

Address	BLK 644 YISHUN STREET 61 #02-314
Postcode	760644
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: : PASSENGER 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

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	SKW280G
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	

407  
207

No. Of Passenger (Including Driver)

## 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**.
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.
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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.

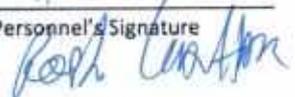


Policyholder's Signature Date  
& Time:

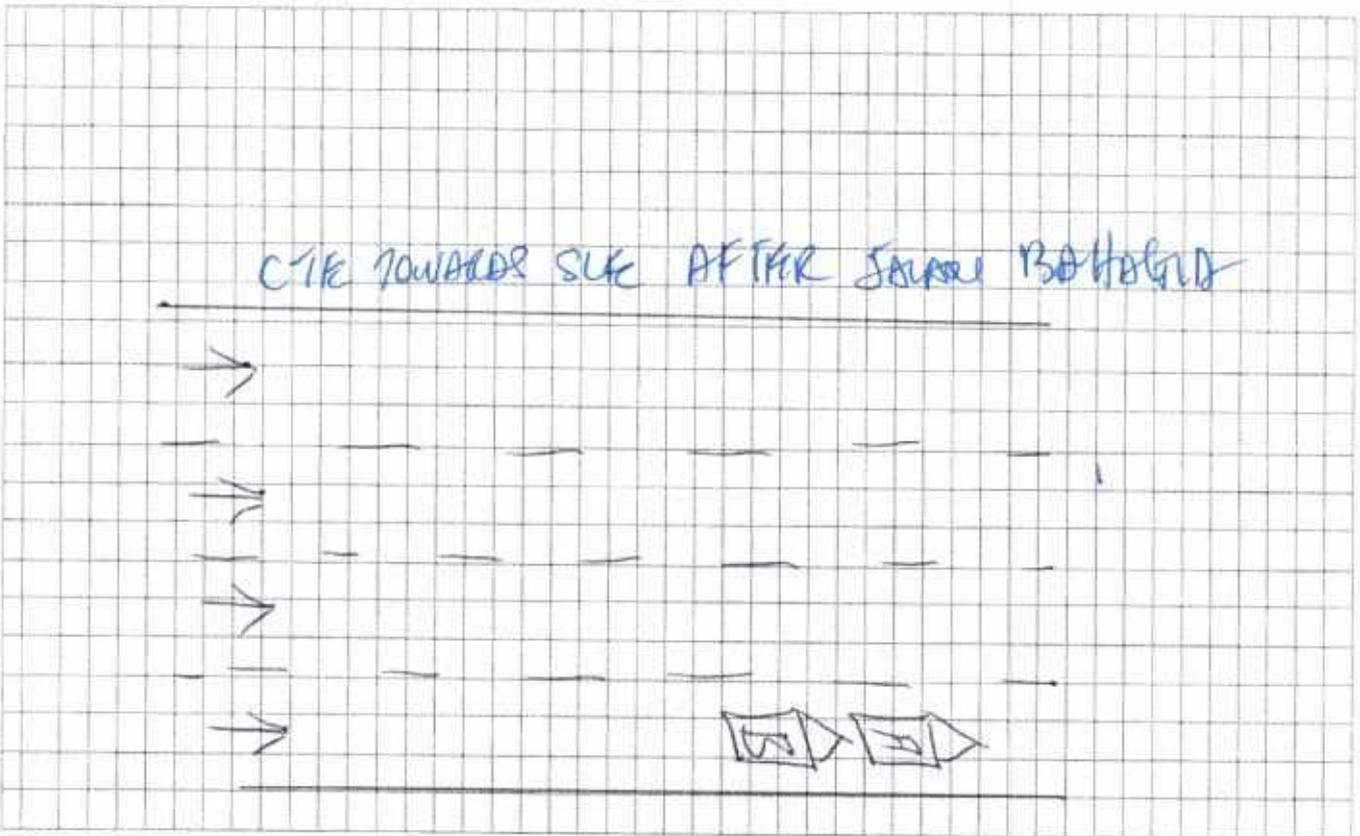
Driver's Signature  
(if driver is not the policyholder) Date  
& Time:

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

02/09/2019



SKETCH PLAN



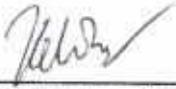
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving my vehicle (A) along CTE SLE After Jalan Bahagia suddenly I feel a strong impact from my rear portion.

A: SKH 683/G  
B: SKW 280 G

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:  
 NRIC/FIN No.:

**Claim Handling**

Accident MT/1000587

Policy No.	0017944329-09	Vehicle No.	SKW821G	GST Registration No.	
Certificate No.					
Policyholder Name	TAN JIA LIANG, KELVIN			Policyholder NRIC	88228012
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	loading	0
Contact No.(Mobile)	85718248	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
AFV	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	00	Private Mile	No

**Accident Details**

Report Date	02/09/2019 14:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to rear
Date of Accident	30/08/2019	Time of Accident (h:mm)	22:10	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	CTE TOWARDS SCE AFTER JALAN BAHAGIA				

**Excess**

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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 644 #02-314	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760644
Address 4		Address Type	Singapore address	Post Code	760644
Unit No.		Related Policy Number	SR5794239-06		

**DI Driver Info**

Driver Name	TAN JIA LIANG KELVIN	Driver Type	Main Driver	Driver DOB	01/07/1988
Unnamed driver Name		Driver NRIC	88228012	Driving Experience	7
Register Date of Driver License	26/07/2012	Driver Age	21	Contact No.(Home)	
Contact No.(Mobile)	85718248	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 644 #02-314	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760644
Address 4		Address Type	Singapore address	Post Code	760644
Unit No.		Driver Vehicle No.	SKW821G	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

**Declaration**

Smearlyear or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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**Modification History**

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	TAN JIA LIANG, KELVIN	Insured NRIC	88228012
Contact No.(Mobile)	85718248	Contact No.(Home)		Contact No.(Office)	
Email Address	TANJIALIANG88@HOTMAIL.CO	DI Vehicle Number	SKW821G	TP Vehicle Number	SKW280G
Claim Description	SKW821G / SKW280G DN 30 Aug 2019				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Repair Option	Preferred Workshop, Name unknown				
Date Registered	02/09/2019 15:05	Claim Close Date		Date Received	02/09/2019 00:00
Report Taken By	ROSLE WAHAB				

Save Submit

**Attachment**

Accident No.	MT/1000587	Claim No.	001
Last Disc. Received	Yes No	Upload Date	02/09/2019 15:05
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Recd			Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Sep 2019 15:05	Photo	Normal	Photos 2019-9-2	
	NAC_BUKIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Sep 2019 15:05	Photo	Normal	Photos 2019-9-2	
	NAC_BUKIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 02 Sep 2019 15:05	Photo	Normal	Photos 2019-9-2	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 13:05	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 13:05	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 13:05	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 13:05	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 15:05	NRIC Driving License	Y	Normal	NRIC Driving License 2019-9-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 15:05	SAS		Normal	SAS 2019-9-2

Video List

uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Displays in New Window</a> <a href="#">Scan and uploading</a>		

Email: [sm@idac.com.sg](mailto: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: 30/08/2019 (dd/mm/yy) Time of Accident: 22:10 (24-HR-FORMAT)

Vehicle No.: SKH 6831G Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: CTE SLE AFTER Jln Bahagia

Policyholder's Name / IC No.: Tan Jia Liang Kelvin 588 258012

Driver's Name / IC No.: \_\_\_\_\_ (As Above)

Driver's Contact No.: 85718248 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Insurance Company: Niuc

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

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

**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):** 02

\*Passenger Name: \_\_\_\_\_ Gender: Male /  Female \*Passenger 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: \_\_\_\_\_ Vehicle No: SKW 280 G

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

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

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

### 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: 5057944229-05

Cover : Third Party, Fire & Theft

- |                                                                                                                                                                                                                                                                                                               |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | : SKH6831G              |
| Chassis Number                                                                                                                                                                                                                                                                                                | : JHMGD185065221541     |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : TAN JIA LIANG, KELVIN |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : 28 Dec 2017           |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 27 Dec 2018           |
| 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: TAN JIA LIANG KELVIN
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 : S & M ALLIANCE PTE LTD (00000614373)  
Date of Issue : 26 Dec 2017 15:05 hrs  
Reprint : 26 Dec 2017 15:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive