

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMA 119118076.

Date In: 6/9/19 10:22

Ref No: MA/INC19015779164

Veh No: SLM 9112R

DOA: 519/19 18:30

OD: TP: Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Date & Time Completed

Done by

MT/1061297201

6/9/19 15:36

Preferred Wksp / INC Assign Wksp / GW: (

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Fax:

TP Particulars:

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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	06/09/2019 10:22
Date Of Accident	05/09/2019 18:30
Exact Location Of Accident	BLK 201D TAMPINES ST 21 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9112R
Insured/Policyholder	
Name Of Registered Owner	HENG GOUT KUAN
NRIC No	S1164404Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93369561
Alternative Phone No	OFFICE-93369561

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	5089896029-02
Cover Note Number	-

Driver

Name of Driver	HENG GOUT KUAN
NRIC No	S1164404Z
Date Of Birth	13/11/1956
Occupation	INDOOR
Date Of Driving Pass	19/09/1980
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93369561
Fax Number	
Contact Number	OFFICE-93369561
Email Address	NOEMAIL

Address	BLK 338 TAMPINES ST 33 #09-214
Postcode	520338
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	COLLIDED INTO PARKED VEHICLE
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?	
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

I WAS REVERSING INTO A EMPTY LOT ALONG BLK 201D TAMPINES ST 21 OPEN CARPARK, I MISJUDGED GRAZED ONTO A PARKED VEH LEFT FRONT PORTION NEAR THE FRONT TYRE.

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	UNKNOWN
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)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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:

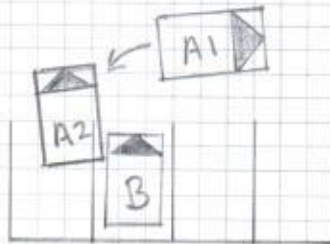
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A = SLM 9112 R

B = Unknown
(Private Car)

BLK 2010 Tampines St 21

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to statement

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1164404Z



Name
HENG GOUT KUAN

王 乐 光

Race
CHINESE

Date of birth
13-11-1956

Country of birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1164404Z
Name
HENG GOUT KUAN

Birth Date: 13 Nov 1956
Issue Date: 31 Oct 2003





NAME S1164404Z



Date of issue
03-10-2011

Address
APT BLK 338 TAMPINES STREET 33
#09-214
SINGAPORE 520338


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
19 Sep 1980

NP 428A

Licence No: S1164404Z



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: 5089896029-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLM9112R**
Chassis Number : ZSU600085782
2. Name of Policyholder : HENG GOUT KUAN
3. Effective Date of Insurance : 17 Apr 2019
4. Expiry Date of Insurance : 16 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	: HENG GOUT KUAN
NAMED DRIVER (1)	: ANNIE WONG PUAY CHOO
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
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 : HO TEE TEE (00000455529)
Date of Issue : 08 Apr 2019 10:08 hrs
Reprint : 08 Apr 2019 10:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1061297

Policy No.	5089896029-02	Vehicle No.	SLM9112R	GST Registration No.	
Certificate No.					
Policyholder Name	HENG GOUT KUAN			Policyholder NRJC	511644042
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93369561	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	06/09/2019 15:30	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	05/09/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 201D TAMPINES ST 21 OPEN CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

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 338 #09-214	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520338
Address 4		Address Type	Singapore address	Post Code	520338
Unit No.		Related Policy Number	5089896029-02		

OT Driver Info

Driver Name	HENG GOUT KUAN	Driver Type	Main Driver	Driver DOB	13/11/1956
Unnamed driver Name		Driver NRJC	511644042	Driving Experience	28
Register Date of Driver License	19/09/1990	Driver Age	62	Contact No.(Home)	
Contact No.(Mobile)	93369561	Contact No.(Office)		Address 3	SINGAPORE 520338
Address 1	BLK 338 #09-214	Address 2	TAMPINES STREET 33	Post Code	520338
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 Company	

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 New

Claim Type *	OD-MX	Insured Name	HENG GOUT KUAN	Insured NRJC	511644042
Contact No.(Mobile)	93369561	Contact No.	67891459	Contact No.(Office)	
Email Address		OT Vehicle Number	SLM9112R	TP Vehicle Number	UNKNOWN
Claim Description	SLM9112R / UNKNOWN ON 3 Sept 2019				
Preferred Workshop	0	Insured Liability	Fully at Fault		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered		Claim Close Date	06/09/2019 15:33	Date Received	06/09/2019 01
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1061297	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/09/2019 15:36
Path *		Category *	Please Select
Choose File No file chosen		Confidential	NO
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description	

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

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Normal

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









Please Select

NO

Normal

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2019 15:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2019 15:36	SAS	Normal	SAS 2019-9-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2019 15:36	Photos	Normal	Photos 2019-9-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2019 15:36	Photos	Normal	Photos 2019-9-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2019 15:33	Photos	Normal	Photos 2019-9-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2019 15:33	Photos	Normal	Photos 2019-9-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2019 15:33	Photos	Normal	Photos 2019-9-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2019 15:33	Photos	Normal	Photos 2019-9-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2019 15:33	Photos	Normal	Photos 2019-9-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2019 15:33	Photos	Normal	Photos 2019-9-6	

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading