

NATIONAL Assessment Centre Services (wef 1 Jan 05) **NA1191256**

Date In: <b>12/19-8:17</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1191256/24</b>	SAS e-filing		
Veh No: <b>5JW42064</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>12/19-1150</b>	i-Motor Claim Form	<b>12/19/05-02</b>	<b>12/19 8:30</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **5JW42064** 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: ( )

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

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Cat 1:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat 2 / 3:	9) N12 : Idac Mobile \$30			

## 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	12/09/2019 18:17
Date Of Accident	12/09/2019 11:50
Exact Location Of Accident	DRAYCOTT DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4206H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO TECK SENG
NRIC No	S1467460H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94750539
Alternative Phone No	OFFICE-94750539

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102700939
Cover Note Number	

### Driver

Name of Driver	YEO JIA WEI
NRIC No	S9220790J
Date Of Birth	17/06/1992
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87388310
Fax Number	
Contact Number	OFFICE-87388310
EMail Address	NOEMAIL

Address	BLK 987A BUANGKOK GREEN #03-01
Postcode	531987
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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	4
Was any body injured in the Accident?	YES
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: : - 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 STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ5826U
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) 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLW5118Z  
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) 2  
Passenger 1  
NAME: :  
GENDER: :

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SJQ2828H  
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) 1

**DETAILS OF INJURED PERSON 1**

Name YEO JIA WEI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJW4206H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## 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.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:

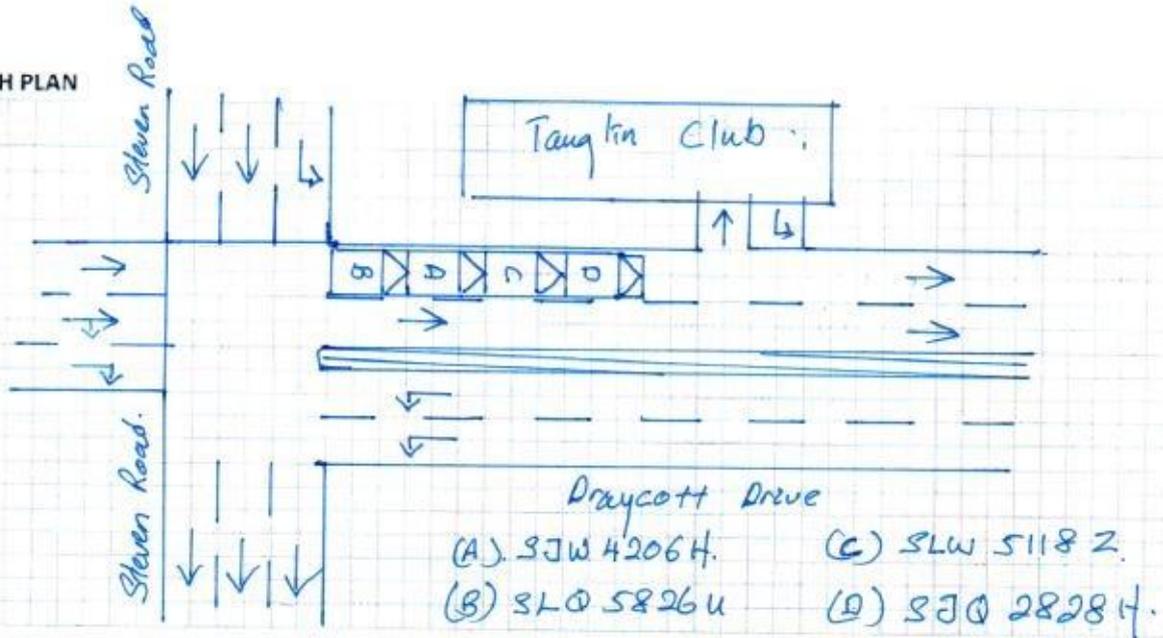
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



- Draycott Drive  
 (A) SJW 4206H.      (C) SLW 5118 Z.  
 (B) SLQ 5826U      (D) SJO 2828H.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 12/09/19 at @ 1150 hrs, I was travelling in my vehicle (SJW 4206H) along Steven Road turning right into Draycott Drive on the extreme left lane. After turning right into Draycott Drive, the vehicle in front stopped and I slow down and stopped too. Suddenly, a car (SLQ 5826U) from behind collided onto the rear portion of my vehicle. The impact was so strong, that pushed my vehicle forward and caused my vehicle to collide onto the vehicle ahead.

**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:

Vehicle No.	SJW 4206 H.		Model / Make	Kea Cerato
Date of Accident	12 / 09 / 19.			
Time of Accident	1150 HRS			
Location of Accident	Draycott Drive			
Exact purpose use during accident	Chauffeur			
Name of Owner	YEO TECK SENG.			
Telephone No.	H/P: 9475 0539	Home:	Office:	
NRIC	S1A67460 H.			
Address	BLK 241 Houyang St 22 #05-51 (8) S30241.			
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.	5102700939.			
Name of Driver	As Above If No, YEO JIA WEI.			
NRIC	S9220790J.	Any Passengers: 01 (F).		
Date of birth	17 / 06 / 1992.			
Occupation	<input checked="" type="radio"/> Outdoor	/	<input type="radio"/> Indoor	
Driving License Pass Date	30 / 11 / 2011			
Gender	<input checked="" type="radio"/> Male	<input type="radio"/> Female		
Contact No.	H/P: 8738 8310	Home:	Office:	
Address	BLK 987A, Buangkok Green #03-01 (8) S31987.			
Driver have any own vehicle	<input checked="" type="radio"/> No,	If yes, Reg No.		
Relationship	Employee,	If no, state Son.		
Weather condition	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining Other		
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet Other		
Any Injuries	No,	<input checked="" type="radio"/> If Yes, Who?		
Name And Contact No.	YEO JIA WEI (H/P: 8738 8310)			
Name And Contact No.				
Police Report	<input checked="" type="radio"/> No,	If Yes, Where?		
Vehicle B No.	SLQ 5826 U.	Any Passengers: N.A.		
Name of Driver	Contact No.:			
Vehicle C No.	SLW 5118 Z.	Any Passengers: 01 (M).		
Vehicle D No.	SJQ 2828 H.	Any Passengers: N.A.		
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	Front and Rear Portion.			
Camera Recorder	<input checked="" type="radio"/> Yes / No			
Email Address	yeojw@lve.com.			
PARTICULAR WORKSHOP	Festus N-51			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ping.			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

## 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:** 5102700939 **Cover :** drivo CLASSIC

- |  |   |
|--|---|
| 1. Index mark and Registration Number of Vehicle   | : <b>SJW4206H</b>   |
| Chassis Number   | : KNAFW411MA5192037   |
| 2. Name of Policyholder  | : YEO TECK SENG   |
| 3. Effective Date of Insurance   | : 30 Jul 2018   |
| 4. Expiry Date of Insurance  | : 23 Mar 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YEO TECK SENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: PRIME CARS CREDIT 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 : S & M ALLIANCE PTE LTD (00000614373)  
 Date of Issue : 26 Jul 2018 15:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

**Policy Query**

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102700939		YEO TECK SENG	S1467460H	GPC	drivo CLASSIC	SJW4206H	SJW4206H	30/07/2018	23/03/2020

Continue

Policy Information

Policy No.	5102700939	Policyholder Name	YEO TECK SENG	Policyholder NRIC	S1467460H
Certificate No.					
Address	BLK 241 #05-51 HOUGANG STREET 22 SINGAPORE 530241				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/07/2018	Effective Date	30/07/2018 00:00	Expiry Date	23/03/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 241 #05-51	Address 2	HOUGANG STREET 22	Address 3	SINGAPORE 530241
Address 4		Address Type	Singapore address	Post Code	530241
Unit No.	05-51	Related Policy Number	5102700939		

Insured Object: SJW4206H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	19/02/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 30 Jul 2018 TO 23 Sep 2019 In view of this amendment, an additional premium of \$266.07 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4541-83xx-xxxx-5990.
2	10/09/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 30 Jul 2018 TO 23 Mar 2020 In view of this amendment, an additional premium of \$864.72 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4524-19xx-xxxx-2362.

Continue Cancel



(00)

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	SAS		Normal	SAS 2019-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	Photos		Normal	Photos 2019-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	Photos		Normal	Photos 2019-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	Photos		Normal	Photos 2019-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	Photos		Normal	Photos 2019-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	Photos		Normal	Photos 2019-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	Photos		Normal	Photos 2019-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	Photos		Normal	Photos 2019-9-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	Photos		Normal	Photos 2019-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	Photos		Normal	Photos 2019-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2019 18:30	Photos		Normal	Photos 2019-9-12

Video List

Uploaded By/Date	Folder Data	File Name		Source	Action
		<input type="button" value="Display in new Window"/> <input type="button" value="Scan and uploading"/>			