

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005) *NA1907064*

Date In: <i>16/09/2009 19:58</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA1907064</i>	SAS e-filing		
Veh No: <i>SGH 680C</i>	E-mail (Defn 3hrs, AIC 2hrs)		
DOA: <i>16/09/2009 10:40</i>	I-Motor Claim Form	<i>M/1067676001</i>	<i>Kelvin</i>
OD: TP Reporting Only	I-Motor W/O (withn: OD 2hrs, TP 4hrs)		<i>20:13</i>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wker		

Preferred Wkep / INC Assgn Wkep / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: <i>SGH 680C</i>	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: ()

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

Injury: _____

Driver/Owner:	
Contact No:	
Damaged Portion:	

<i>NA1907064</i>	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$20
Wardens Comments:	For claiming against INC Only (wef 10 Jan 2005)	
Date:	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (Non INC) against IAC	\$20
	9) NI: 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	16/09/2019 19:58
Date Of Accident	16/09/2019 10:40
Exact Location Of Accident	JURONG GATEWAY RD AND TOH GUAN RD (FILTER LANE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH6840C
Insured/Policyholder	
Name Of Registered Owner	CHAN YIN KHENG
NRIC No	S1228308C
Email Address	STEWARTTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97832818
Alternative Phone No	OTHERS-81639802
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 L (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109432265
Cover Note Number	
Driver	
Name of Driver	STEWART TAN CHEE KIAT (STEWART CHEN ZHIJIE)
NRIC No	S7620079C
Date Of Birth	04/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97832818
Fax Number	
Contact Number	OTHERS-81639802
EMail Address	STEWARTTAN@GMAIL.COM

Address	BLK 442B BUKIT BATOK WEST AVENUE 8 #05-851
Postcode	652442
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	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?	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: : MIN 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	SHC4421G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO HUNG CHIEW
NRIC/Passport Number	S0169415D
Contact Number	90222349
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

MIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SGH6840C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

Veh A: SGH 6840 C
Veh B: SHC 4421 G

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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature
Date & Time:

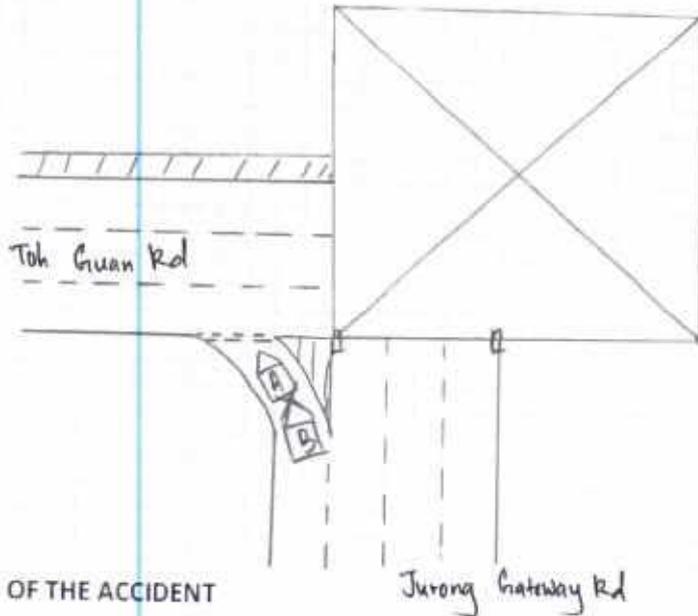
Driver's Signature
(If driver is not the policyholder)
Date & Time:

16/09/19
@ 1.40pm

16/09/2019

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

SKETCH PLAN
 Veh A: SGH 6840 C
 Veh B: SH C 4421 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the filter lane to check on coming traffic.
 Suddenly Vehicle B behind me bang onto my rear of vehicle.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 16/09/19
 @ 1.40pm

[Signature] 16/09/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
[Signature]

Claim Handling

Accident HT/1062676

Policy No.	5109432265	Vehicle No.	SGH6840C	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN YIN KHENG	Driver Type	Other CLASSIC	Policyholder NRIC	S1228308C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	87832818	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	vCode	No
KPI	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	0	vCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	16/09/2019 20:07	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/09/2019	Time of Accident hh:mm	10:40	Country of Accident	Singapore
Reporting Centre		Orange Force		IDR No.	
Accident Location	JURONG GATEWAY RD AND TOH GUAN RD (FILTER LANE)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	200.00	Driver is Covered?	Covered
OD Standard Excess	2,000.00	TP Standard Excess	1,300.00		
VIED OD Excess	0.00	VIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,300.00		

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 206 403-243	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 600206
Address 4		Address Type	Singapore address	Post Code	600206
Unit No.		Related Policy Number	5109432265		

01 Driver Info

Driver Name	Shewen Tan Chee Kiat	Driver Type	Named Driver	Driver DOB	04/07/1976
Unnamed Driver Name		Driver NRIC	S7610079C	Driving Experience	33
Register Date of Driver License	01/01/1996	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	81639802	Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.		Driver Vehicle No.	SGH6840C	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 **None**

Claim Type *	OD-MR	Insured Name	CHAN YIN KHENG	Insured NRIC	S1228308C
Contact No.(Mobile)	87832818	Contact No.(Home)	811	Contact No.(Office)	
Email Address	JENNYCHERRY@GHAD.COM	Vehicle Number	SGH6840C	TP	SPC44210
Claim Description	SGH6840C / SPC44210 ON 16 Sept 2019				
Preferred Workshop	<input type="checkbox"/> Insured Only <input checked="" type="checkbox"/> Not at Fault	Preferred Workshop, Name unknown	GIA report	Received	
Reported Date	16/09/2019 20:12	Claim Close Date		Date Received	16/09/2019 00:00
Report Taken By	ROSLI WANAB				
<input checked="" type="checkbox"/> Print All letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	HT/1062676	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	16/09/2019 20:13
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 16 Sep 2019 20:13	Photo	Normal	Photo 2019-9-16	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 16 Sep 2019 20:13	Photo	Normal	Photo 2019-9-16	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Sep 2019 20:12	Photos		Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Sep 2019 20:12	Photos		Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Sep 2019 20:12	Photos		Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Sep 2019 20:12	Photos		Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Sep 2019 20:12	Photos		Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Sep 2019 20:12	Photos		Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Sep 2019 20:12	Photos		Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Sep 2019 20:12	Photos		Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Sep 2019 20:12	Photos		Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Sep 2019 20:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Sep 2019 20:12	SAS		Normal	SAS 2019-9-16

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"/>		

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 16/09/19 ② *Time of Accident: @ 10.40 a.m.

*Accident Location: Jurong Gateway Rd & Toh Guan Rd (Filter lane)

Vehicle Details

*Vehicle Number: SGH 6840C *Make & Model: Toyota Corolla Altis 1.6
Auto

Insured / Policyholder

*Owner Name: Chan Xin Kheng *NRIC: S1228308C

*Address: Blk 206 Jurong East St 21 #03-243 S(600206)

*Email: *HP: 97832818

*Occupation: (Indoor / Outdoor) *Tel / H / Other:

Driver (M) same as above

*Driver Name: Stewart Tan chee kiat *NRIC: S7620079C

*Address: Blk 442B Bukit Batok west Ave 8 #05-851 S(652442)

*Date of Birth: 04/07/1976 *Driving Pass Date: 20/01/2003 *HP: 81639802

*Email: stewarttan@gmail.com *Gender: (Male) Female

*Occupation: Grab Driver (Indoor / Outdoor) *Tel / H / Other:

*Driver an employee: Yes / No (No) If no, what is relationship with the policyholder: Son

Passengers Details

*P/Name: Min (Male/Female) *P/Name: (Male/Female)

*P/Name: - (Male/Female) *P/Name: / (Male/Female)

Insurance Company

*Insurer: MUC *Coverage: C / TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: SHC 4421 G

Make & Model:

Vehicle Category: Taxi

Name of Driver: Teo Hung chiew

NRIC : S0169415D

HP : 9022 2349

No. of Passengers (Including Driver): 2

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (No) (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others:

*Weather conditions: Clear / Raining / others: *Any video cam: Yes (No)

*Road Surface: Dry / Wet / others:

*Witness: Yes / No (No) (Name: NRIC: HP:)

*Accident reported to police: Yes / No (No) *Summon against whom:

*Injured party: Yes / No (Yes) *No. of passengers (include driver):

-I/Name: Min *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / 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: 5109432265

Cover : drivo CLASSIC

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGH6840C |
| Chassis Number | : MR053ZEC107122291 |
| 2. Name of Policyholder | : CHAN YIN KHENG |
| 3. Effective Date of Insurance | : 14 May 2019 |
| 4. Expiry Date of Insurance | : 13 May 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	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHAN YIN KHENG
NAMED DRIVER (1)	: STEWART TAN CHEE KIAT
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 14 May 2019 12:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive