

NATIONAL Assessment Centre Services. [ver 1 Jan'05] **19 MAY 09 / 29990**

Date In: 01/10/2009 13:05	Job description	Date & Time Completed	Done by
Ref No: NRBATA00090172884	SAS e-filing		
Veh No: SL9 912C	E-mail (w/old sheet, AIC sheet)		
D.O.A: 29/09/2009 18:20	I-Motor Claims Form	MT/1064890-001	01/10/2009
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		19:29
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Work		

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

TP Particulars: Veh No: **SMG 5T12G** 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 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: _____

Damage: _____

NR901284		
Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non INC) against INC \$20	
	9) NI: Idas 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	01/10/2019 13:05
Date Of Accident	29/09/2019 18:30
Exact Location Of Accident	JB ENTERING TO MALAYSIA CUSTOM TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS972C
Insured/Policyholder	
Name Of Registered Owner	LEE CHENG YU
NRIC No	S8086485Z
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-97669558
Alternative Phone No	OTHERS-97669558

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102857522-01
Cover Note Number	

Driver

Name of Driver	LEE CHENG YU
NRIC No	S8086485Z
Date Of Birth	19/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97669558
Fax Number	
Contact Number	OTHERS-97669558
Email Address	SALES@MIA.COM.SG

Address	BLK 645 JALAN TENAGA #10-105
Postcode	410645
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	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	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)	3
Passenger 1	NAME: : FATHER GENDER: : MALE
Passenger 2	NAME: : MOTHER 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG5772G
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)

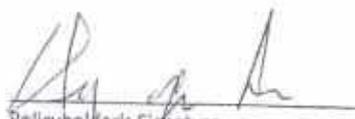
SKETCH PLAN

IMPORTANT NOTICE

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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:



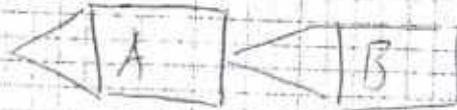
Reporting Centre Personnel's Signature
Name: *Rashid*
NRIC/FIN No.:

SKETCH PLAN

ASLS972C

BSME-57726

Malaysia Custom
 Towards SIBPAH

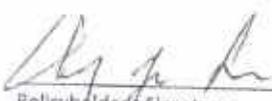


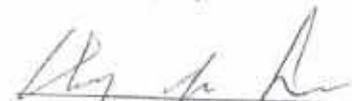
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at JB toward Malaysia Custom coming
 back to Singapore due to heavy traffic my front
 car stop and I ~~also~~ also stop completely to wait for
 him to move suddenly I felt a straight impact
 from my rear so I alighted from my car and
 saw vehicle B have collided onto my rear portion
 of my vehicle and cause my rear ^{spring} damage.

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: Rosa Watab
 NRIC/FIN No.:

Claim Handling

Accident **MT106496**

Policy No.	S102657622-01	Vehicle No.	SL5972C	GST Registration No.	
Certificate No.					
Policyholder Name	LEE CHENG YU	Driver Type	Drive CLASSIC	Policyholder NRIC	S8086485Z
Product Code	BB/STATE CAR INSURANCE	Contact No.(Office)		Leading	C
Contact No.(Mobile)	97665558	Special Remarks		Contact No.(Home)	
Email Address		TCA	No Yes	eCall	No
KPI	No Yes	NCD Entitlement(%)	20	eClaim Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	01/10/2019 14:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/09/2019	Time of Accident Occur	18:30	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	38 ENTERING TO MALAYSIA CUSTOM TOWARDS SINGAPORE				

Total Excess Applicable

Excess Type	Per Accident	Written excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
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				

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 645 #10-105	Address 2	JALAN TENAGA	Address 3	BUNDS TENAGA VILLE
Address 4	SINGAPORE 410645	Address Type	Singapore address	Post Code	410645
Unit No.	10-105	Related Police Number	S102657622-01		

OT Driver Info

Driver Name	LEE CHENG YU	Driver Type	Main Driver	Driver DOB	19/08/1980
Unnamed Driver Name		Driver NRIC	S8086485Z	Driving Experience	10
Register Date of Driver License	25/02/2000	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	97665558	Contact No.(Office)		Address 1	BLK 645 #10-105
Address 1	BLK 645 #10-105	Address 2	JALAN TENAGA	Address 2	BUNDS TENAGA VILLE
Address 4	SINGAPORE 410645	Address Type	Singapore address	Post Code	410645
Unit No.	10-105	Driver Vehicle No.	SL5972C	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
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Modification history

Claim 001 **Raw**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop: Insured Liability: Not at Fault: Preferred Workshop, Name unknown: GIA report: Received:

Date Registered:

Report Taken By:

Print All letter

Attachment

Accident No. **MT106496** Claim No. **001**

Last Doc. Received Yes No Updated Date **01/10/2019 14:29**

Path *

Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Oct 2019 14:29	Photo	Normal	Photos 2019-10-1	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Oct 2019 14:29	Photo	Normal	Photos 2019-10-1	

Uploaded By/Date	Folder Data	File Name	Source	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:29	Photos	Normal	Photos 2019-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:29	Photos	Normal	Photos 2019-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:29	Photos	Normal	Photos 2019-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:29	Photos	Normal	Photos 2019-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:29	Photos	Normal	Photos 2019-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:29	Photos	Normal	Photos 2019-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:29	Photos	Normal	Photos 2019-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:29	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2019 14:29	SAS	Normal	SAS 2019-10-1

Date of Accident : 29/09/19 Accident Time: 1830 (24-HR-Format)
 Accident Place : JB Entering to Malaysia Custom toward Singapore
 Vehicle No. (Car Plate No.) : SLS972C Make/Model: Toyota Vios
 Insurance Company : NTUC Policy No: _____
 Owner or Company Name / IC No. : Lee Cheng Yu, S8086485Z
 Owner or Company Contact No. : 97669558 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LEE CHENG YU S8086485Z
 DRIVER'S Date Of Birth : 19091980 DRIVER'S License Pass Date 23 Aug 2014
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : APT BLK 645 SALAN TENAGA #10-105 ^{Singapore} 410845
 DRIVER'S Contact No./ Alt No. : 1) 97669558 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : _____ sales@mia.com.sg
 Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET
 Reporting Type : Reporting Only Claim Other Party Claim Own Insurance
 Number of Passengers (Including Driver): 03
 Was there any video Captured by car camera YES NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): 01 driver

Other Party Driver's Particular (if any)

Vehicle No: <u>SMG 57724</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

my parent } 01 man
 } 01 women

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: 5102857522-01

Cover : drive CLASSIC
1. Index mark and Registration Number of Vehicle : SLS972C
Chassis Number : MR053HY9305103498
2. Name of Policyholder : LEE CHENG YU
3. Effective Date of Insurance : 20 Sep 2019
4. Expiry Date of Insurance : 19 Sep 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 B 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	: LEE CHENG YU
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue : 19 Aug 2019 11:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive