

NATIONAL Assessment Centre Services.

(with 1 Jan 2005)

MAIA 4691/33421

Date Inc: 08/10/2009 15:42	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBS INC 90/7752/4	E-mail (Vehicle 3hrs, A/C 3hrs)		
Veh No: SIN 874E	I-Motor Claims Form	ML1065928-001	09/10/2009
D.O.A: 07/10/2009 11:48	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:42
OD: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksn		

Preferred Wksn / INC Assign Wksn / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: PC 2880C	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 repolar.
() 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 > \$9000] ()		

Injury: _____

Date/Time	Action

MAIA 907619	INVOICE FOR NATIONAL ASSESSMENT CENTRE SERVICES
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged 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 (w/c 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*NS: Courtesy Car / Tpl Allowance \$3
	*NG: Repairs Co-ordination \$10
	*NT: Post Repair Inspection \$25
	*ND: DV / Collect Excess Co-ordination \$3
	TP (NI): TP (NI) 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	08/10/2019 15:47
Date Of Accident	07/10/2019 11:45
Exact Location Of Accident	ALONG CAVENAGH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1926E
Insured/Policyholder	
Name Of Registered Owner	SEOW LAY HOON
NRIC No	S1150013G
Email Address	MARCUS_SEE7@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92322139
Alternative Phone No	OTHERS-92322139

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	5109444925
Cover Note Number	

Driver

Name of Driver	SEE JUN XIANG MARCUS
NRIC No	S9234456H
Date Of Birth	07/09/1992
Occupation	INDOOR
Date Of Driving Pass	27/06/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92322139
Fax Number	
Contact Number	OTHERS-92322139
Email Address	MARCUS_SEE7@HOTMAIL.COM

Address	BLK 885A TAMPINES STREET 83 #09-123
Postcode	521885
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NEPHEW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	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

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	PC2980C
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FOO HEE LIM
NRIC/Passport Number	S1259496H
Contact Number	97359728
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 08/10/2019 16:29

Reporting Centre Personnel's Signature

Name:

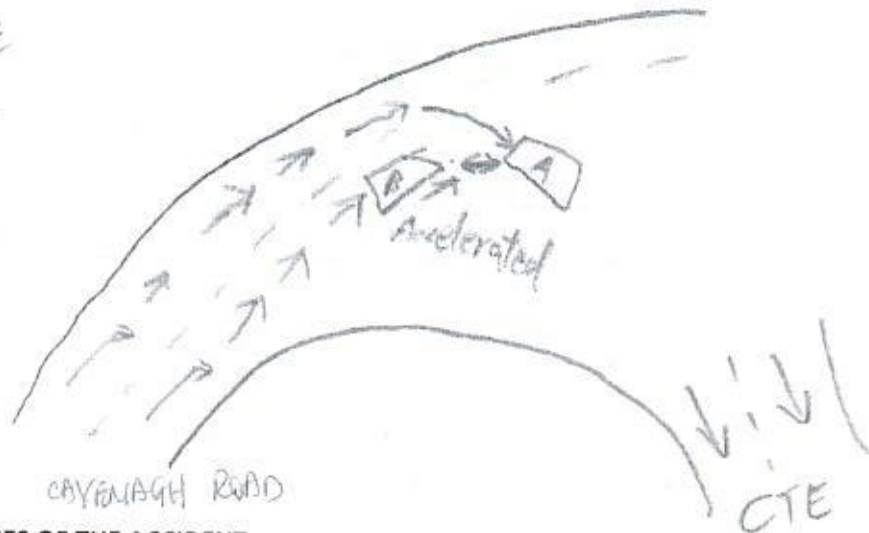
NRIC/FIN No.:

SKETCH PLAN

CAVENAGH ROAD

A) SJN 1926 E

B) PC 2980 C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- I was ~~on~~ the outer lane when I realised I had to turn to CTE, seeing that the other said vehicle is a distance away, I decided to turn into the lane using my right signal to get to CTE.
- He accelerated only to swerve right to knock into my rear-right using his front right.

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: 05/07/2019 10:37

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident HT/1065928

Policy No.	5109444925	Vehicle No.	SJN1926E	GST Registration No.	
Certificate No.					
Policyholder Name	SEOW LAY HOON			Policyholder NRIC	S1150013G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92322139	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	08/10/2019 15:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	07/10/2019	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CAVENAGH ROAD				

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	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

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 BA #15-73	Address 2	BOON TIONG ROAD	Address 3	SINGAPORE 164008
Address 4		Address Type	Singapore address	Post Code	164008
Unit No.		Related Policy Number	5109445306		

O1 Driver Info

Driver Name	SEE JUN XIANG MARCUS	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9234456H	Driver DOB	07/09/1992
Register Date of Driver License	27/09/2016	Driver Age	27	Driving Experience	3
Contact No.(Mobile)	92322139	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore registered car?	Yes - No	Driver Vehicle No.	SJN1926E	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History



Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	SEOW LAY HOON	Insured NRIC	S1150013G
Contact No.(Mobile)	96191273	Contact No. (Home)	62747852	Contact No. (Office)	
Email Address	julesseow@yahoo.com.sg	OT Vehicle Number	SJN1926E	TP Vehicle Number	PC2980C
Claim Description	SJN1926E / PC2980C ON 7 Oct 2019				
Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Received
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered	08/10/2019 16:13	Claim Close Date		Date Received	08/10/2019 00:00
Report Taken By	RQSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1065928	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/10/2019 09:43			
Path *		Category *	Confidential	Urgency *	Description *	
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
Message Read						
<input type="button" value="Send Message"/>						
Attachment List						
Attachment	Uploaded By/Date	Category	<input type="button" value="Clear"/>	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 09:43	NRIC/ Driving License	<input checked="" type="radio"/>	Normal	NRIC/ Driving License 2019-10-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 09:43	NRIC/ Driving License	<input checked="" type="radio"/>	Normal	NRIC/ Driving License 2019-10-9	

S (BUKIT MERAH)) on 09 Oct 2019 09:43

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 09:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 09:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 09:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2019 09:43	SAS		Normal	SAS 2019-10-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 15:58	Photos		Normal	Photos 2019-10-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 15:58	Photos		Normal	Photos 2019-10-8
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 15:58	Photos		Normal	Photos 2019-10-8

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (07/10/2017) (DD/MM/YYYY), TIME: (11:47) (HH:MM)

LOCATION: Cavenagh Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN1926E
 b) INSURANCE COMPANY: NIUC Insurance
 c) POLICY NUMBER: 5109744925
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Fit
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: See Lay Hoon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1150013G CONTACT: 9232439
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: See Jan Xiang Marcus (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 92274156H CONTACT: 9232439
 c) ADDRESS: Blk 385A Tampines St 33 #07-123, Singapore 521535

* d) DATE OF BIRTH: (07/09/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27/6/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Nephew

5. a) WEATHER CONDITION: (CLEARLY RAINING / OTHERS) Others
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC 2930C MODEL: Nissan
 b) DRIVER'S NAME: POO Hoo Lim
 c) NRIC/FIN/PASSPORT: S1257406H CONTACT: 97359723

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = marcus - see7@hotmail.com

VIDEO

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: 5109444925

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJN1926E**
Chassis Number : GE61098499
2. Name of Policyholder : SEOW LAY HOON
3. Effective Date of Insurance : 09 May 2019
4. Expiry Date of Insurance : 08 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 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	: SEOW LAY HOON
NAMED DRIVER (1)	: SEE JUN XIANG MARCUS
NAMED DRIVER (2)	: SEE JUN JIE MILLEN
HIRE PURCHASE COMPANY	: ABWIN 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 09 May 2019 14:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive