

NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

MAA 469/83935

Date In: 30/10/2019 18:52	Job description	Date & Time Completed	Done by
Ref No: M34/MC19019211/Y	SAS e-filing		
Veh No: SMK 62989	E-mail (4 days 2hrs, A/C 2hrs)		
D.O.A: 25/10/2019 16:30	I-Motor Claim Form	M711069225-001	30/10/2019
OID (TP) Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		19.08
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLS 58298	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 repair.		
() 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:		
Date of Injury:		
Location:		
Description:		
Witness:		
Signature:		

NA1908192	Invoice Item	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (110)	
Damaged Portion:	3) TP: Towing Fee \$10.45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	• NI: Courtesy Car / Tpl Allowance \$5	
	• NI: Repair Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Licenses Coordination \$5	
	TP (NI) / TP (Non INC) against INC \$10	
	2) NI: Idea Mobile \$30	
	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	30/10/2019 18:52
Date Of Accident	29/10/2019 16:30
Exact Location Of Accident	THOMSON ROAD OUTSIDE OLD POLICE ACADEMY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK6298G
Insured/Policyholder	
Name Of Registered Owner	MARIA TARIGAN
NRIC No	S8474879Z
Email Address	MARIATARIGAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91689568
Alternative Phone No	OTHERS-90229322

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (A)
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	5110765659
Cover Note Number	

Driver

Name of Driver	EDDIE LIM
NRIC No	S7515606E
Date Of Birth	01/06/1975
Occupation	INDOOR
Date Of Driving Pass	12/10/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90229322
Fax Number	
Contact Number	OTHERS-91689568
Email Address	EDDIE.LIM75@GMAIL.COM

Address	15 ELLINGTON SQUARE
Postcode	568926
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	3
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)	2
Passenger 1	NAME: : DANIEL GOH GENDER: : MALE

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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS5829B
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWAN KOK SENG
NRIC/Passport Number	
Contact Number	90694108
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDU9916R
Vehicle Make/Model/Colour	TOYOTA ALPHARD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CALISTA KANG SING YEE
NRIC/Passport Number	S9313417F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Veh A: SWK 6298G

Veh B: SLS 5829B

Veh C: SDV 9916R

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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: 30/10/19
10.50am

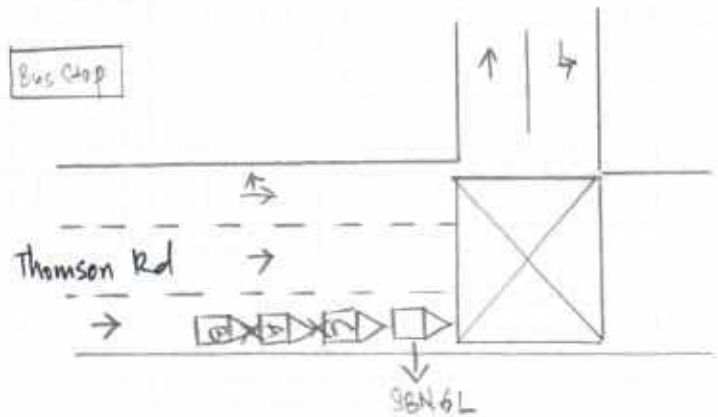
Reporting Centre Personnel's Signature
Name: Repd
NRIC/FIN No.:

SKETCH PLAN

Veh A: SMK 6298 G

Veh B: SLS 5829 B

Veh C: SDU 9916 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i travelling along Thomson Rd. Vehicle in front of me make an e-brake to complete stop, i followed. However Vehicle B behind me could not stop in time and rammed onto my rear of Vehicle. Caused to my Vehicle move forward to collided Vehicle in front of me.

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: 30/10/19
10.50am

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

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: 29/10/19 * Time of Accident: 4.30 pm
* Accident Location: Thomson Road, outside old police academy

Vehicle Details

* Vehicle Number: SMK 6298G * Make & Model: Honda Vezel^{1.5X} Hybrid

Insured / Policyholder

* Owner Name: Maria Tanigan * NRIC: S8474879Z
* Address: 15 Ellington Square S568926
* Email: mariatanigan@gmail.com * HP: 91689568
* Occupation: Director (Indoor / Outdoor) * Tel / H / Other: _____

Driver () same as above

* Driver Name: Eddie Lim * NRIC: S7515606E
* Address: 15 Ellington Square S568926
* Date of Birth: 01/06/75 * Driving Pass Date: 12/10/2019 * HP: 9890229322
* Email: eddie.lim75@gmail.com * Gender: Male / Female
* Occupation: Director (Indoor / Outdoor) * Tel / H / Other: _____
* Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Husband)

Passengers Details

* P/Name: Daniel Goh (Ind) (Male/Female) * P/Name: _____ (Male/Female)
* P/Name: _____ (Male/Female) * P/Name: _____ (Male/Female)

Insurance Company

* Insurer: Ntuc * Coverage: C / TPFT / TPO * Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SLS5829B
Make & Model: Nissan Qashqai
Vehicle Category: _____
Name of Driver: Kuan Kok Seng
NRIC: S7401354K
HP: 90694108
No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.: SP4996R
Make & Model: Toyota Alphard
Vehicle Category: _____
Name of Driver: Calista Kang Rong Yee
NRIC: S9313417F
HP: _____
No. of Passengers (Including Driver): 1

For Official Use Only

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

General Information of the accident

* Type of accident: Head-Rear / Side swipe / others: Chain Collision
* Weather conditions: Clear / Raining / others: _____ * Any video cam: Yes / No
* Road Surface: Dry / Wet / others: _____
* Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
* Accident reported to police: Yes / No * Summon against whom: _____
* Injured party: Yes / No * No. of passengers (include driver): _____
-I/Name: _____ * Fasten seat belt: Yes / No * Conveyed by Ambulance: Yes / No
-I/Name: _____ * Fasten seat belt: Yes / No * Conveyed by Ambulance: Yes / No

Claim Handling

Accident MT/1069225

Policy No.	5110765659	Vehicle No.	SMK6298G	GST Registrati
Certificate No.				
Policyholder Name	MARIA TARIGAN			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91689568	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	30/10/2019 19:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/10/2019	Time of Accident hh:mm	16:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	THOMSON ROAD OUTSIDE OLD POLICE ACADEMY			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
QD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
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	29 TRANSIT ROAD	Address 2	#04-20 FOREST HILLS CONDOM	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-20	Related Policy Number	5110765659	

▼ OI Driver Info

Driver Name	EDDIE LIM	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7515606E	Driver DOB
Register Date of Driver License	12/10/2009	Driver Age	44	Driving Exper
Contact No.(Mobile)	90229322	Contact No.(Office)		Contact No.(Hi
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMK6298G	Driver Insurer

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 *	QD-MX	Insured Name	MA
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SM
Claim Description	SMK6298G / SL558298 ON 29 Oct 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By			

Print AK letter

Save Submit

Attachment

Accident No. MT/1069225 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date: 30/10/2019 19:08

Path *

Category *

Confider

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

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Please Select ▼

NO

Choose File No file chosen

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Please Select ▼

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:08	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:08	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:08	SAS		Normal	S/
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:05	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:05	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:05	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:05	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:05	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:04	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:04	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:04	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:04	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:04	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:04	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2019 19:04	Photos		Normal	Phc

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading



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: S110765609

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMKE288G
Chassis Number : KUS1206738
2. Name of Policyholder : MARIA TARIGAN
3. Effective Date of Insurance : 28 Jun 2019
4. Expiry Date of Insurance : 28 Jun 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 imperative 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)	: \$5000
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: \$500
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	: EDDIE LIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: EFIZZIG 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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 28 Jun 2019 12:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive