

NATIONAL Assessment Centre Services.

(ver 1 Jan'06)

MANA 19150283

Date In: 13/11/2009 15:40	Job description	Date & Time Completed	Done by
Ref No: XBA/INC19020163/4	SAS e-Milling		
Veh No: S60 2832	E-mail to Julia (hrs, AIC 2hrs)		
D.O.A: 13/11/2009 10:15	I-Motor Claims Form	11/10/2022-2001	13/11/2009 15:54
OID / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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:

SLW 1997P

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: ()

Date/Time: 13/11/2009 15:40	Accident No: 13/11/2009 15:40	Assessment No: 13/11/2009 15:40	Done by: 13/11/2009 15:40

MANA 1908516	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)	\$30
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-Inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repairs Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (NI): TP (N-a INC) against INC	\$20
	*N12: 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	13/11/2019 15:40
Date Of Accident	13/11/2019 10:15
Exact Location Of Accident	PIE TOWARDS CITY BEFORE EXIT 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ293Z
Insured/Policyholder	
Name Of Registered Owner	SIM CHIN CHYE
NRIC No	S2648523A
Email Address	CHERIESYW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96791477
Alternative Phone No	OTHERS-92355361

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5025491360-11
Cover Note Number	

Driver

Name of Driver	SIM YI WEN
NRIC No	S9171175C
Date Of Birth	23/04/1991
Occupation	INDOOR
Date Of Driving Pass	18/03/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96791477
Fax Number	
Contact Number	OTHERS-92355361
Email Address	CHERIESYW@GMAIL.COM

Address	2 NORMANTON PARK #22-151
Postcode	118999
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?	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	SLW1797P
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRISTIAN CHARLES EBER
NRIC/Passport Number	S7917087I
Contact Number	97909979
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN


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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:

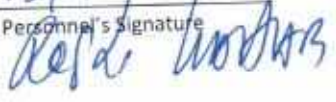
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



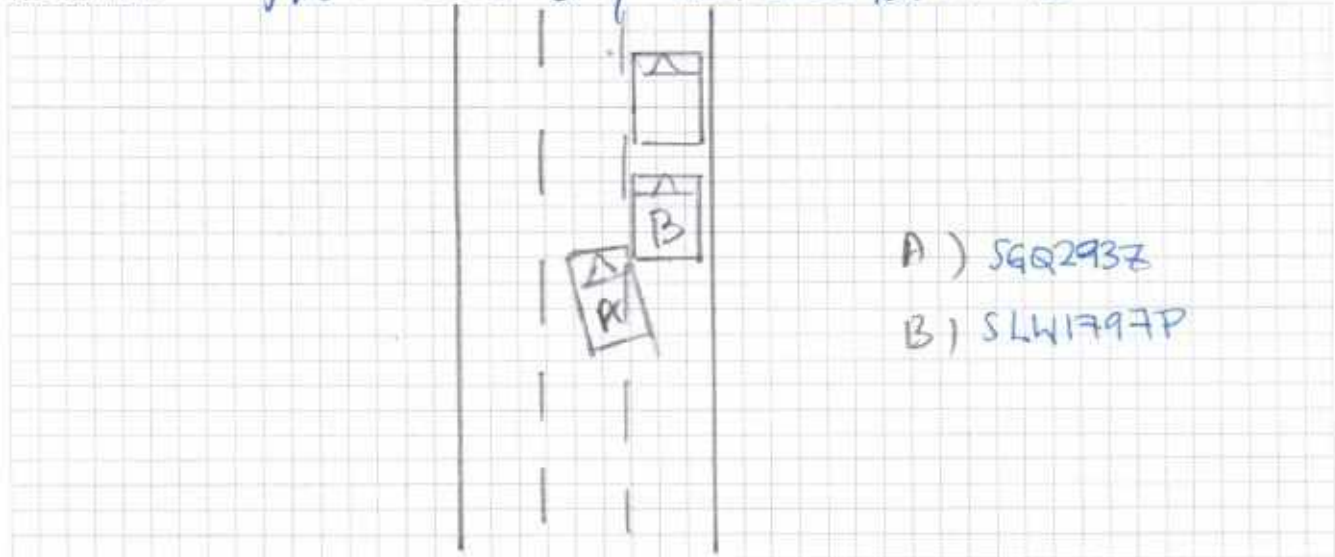
Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/11/19



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

SKETCH PLAN

PIKE TOWARDS CITY BRIDGE EXIT 12



A) 5GQ293Z

B) SLW1797P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Wednesday 13th November 2019, around 10:15am, ~~Vehicle~~ I (59171175C) was driving vehicle number 5GQ293Z on PIKE towards City. Just before Exit 12. The car in front vehicle number SLW1797P made an abrupt ~~stop~~ brake. In a bid to avoid the vehicle, I braked hard and tried to change lane but could not change in time before hitting the right corner of the car. No one was injured on site.

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: 13/11/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 11 / 2019) (DD/MM/YYYY), TIME: (10 : 15) (HH:MM)

LOCATION: PIE towards city before exit 12

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGQ293Z
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 502549 1260-10
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Camry 2.0
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: SIM CHIN CHYE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S911175C CONTACT: 96711977
 c) ADDRESS: 59 LOR 40 GEYLANG #06-23
SINGAPORE 398082

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SIM YI WEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S911175C CONTACT: 92855261
 c) ADDRESS: 59 LOR 40 GEYLANG #06-23
SINGAPORE 398082

* d) DATE OF BIRTH: (23 / 04 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18 MAR 2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) DAUGHTER
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 18 MAR 2010 DAE

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) SENT 997P
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLW1797P MODEL: VOLKSWAGEN
 b) DRIVER'S NAME: CHRISTIAN CHARLES EBER
 c) NRIC/FIN/PASSPORT: S579170871 CONTACT: 97909779

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = cheriesyn@gmail.com

VIDEO

Claim Handling

Accident MT/1071222

Policy No.	5025491360-11	Vehicle No.	SGQ293Z	GST Registrati
Certificate No.				Policyholder NI
Policyholder Name	SIM CHIN CHYE	Cover Type	Third Party, Fire & Theft	Loading
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(H
Contact No.(Mobile)	96791477	Special Remark		eCode
Email Address:		TCA	No Yes	eCode Reason
KFR	No Yes	NCD Entitlement(%)	50	Private Hire
NCD Protection	Yes			
Accident Details				Accident Type
Report Date	13/11/2019 15:51	Accident Report Within 24 hrs	Yes	Country of Acc
Date of Accident	13/11/2019	Time of Accident hh:mm	10:15	ICM No.
Reporting Centre		Orange Force		
Accident Location	PIETOWARDS CITY BEFORE EXIT 12			
Excess				Windscreen Ex
Own damage Excess	0.00	Additional Excess		
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		Yes
GST Registration No.		GST Status Verified		
Modification History				
Policyholder Mailing Address				
Address 1	59 LORONG 40 GEYLANG	Address 2	#06-23 THE WATERINA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5011203049-13	
Q1 Driver Info				
Driver Name	SIM YI WEN	Driver Type	Named Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S9171175C	Driving Exper
Register Date of Driver License	18/03/2010	Driver Age	28	Contact No.(H
Contact No.(Mobile)	92355361	Contact No.(Office)		Address 3:
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGQ293Z	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SG
Contact No.(Mobile)	96791477	Contact No.(Home)	62
Email Address	aaronsimcc@gmail.com	Q1 Vehicle Number	SG
Claim Description	SGQ293Z / SLW1797P ON 13 Nov 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received	13/11/2019 15:54	Claim Close Date
Report Taken By	ROSLI WAHAB		
<input type="checkbox"/> Print AK letter			
<input type="button" value="Save"/> <input type="button" value="Submit"/>			

Attachment

Accident No.	MT/1071222	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/11/2019 15:54
Path *		Category *	Confider
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:54	Photos		Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:54	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:54	SAS		Normal	Sr

Video List

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

THE SCHEDULE

0000
67895000

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5025491360-10
The Policyholder	: SIM CHIN CHYE 2 NORMANTON PARK #22-151 NORMANTON PARK SINGAPORE 118999

Period of Insurance	: 03 Jan 2018 To 02 Jan 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$801.29

Interest Insured

Cover Type	: Third Party, Fire & Theft	
Primary Driver	: SIM CHIN CHYE	
Named Driver (1)	: WONG SIEW CHEW	
Named Driver (2)	: SIM YI WEN	
Make/Model	: TOYOTA/CAMRY	Capacity : 2000cc
Registration Number	: SGQ293Z	Registration Year : 2007
Chassis Number	: MR053BK4107004816	Off-peak Car : No
Repair at Owner's Preferred Workshop	: No	Insure with COE : Yes
Excess (Section 1)	: N/A	NCD Entitlement : 50%
Excess (Section 2)	: N/A	NCD Protection : Yes(Free)
Additional Excess	: N/A	Loyalty Discount : 5%
Unnamed Driver Excess	: N/A	
Hire Purchase Company	: N/A	

Memo A : N/A

Endorsement Operative : M2, M4

Agency	: PENG SEW LIAN ALICE (00000515249)
Date of Issue	: 15 Dec 2017 21:45 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive