

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **MHA1905448**

Date In: 13/11/19-850	Job description	Date & Time Completed	Done by
Ref No: HA/INC 1926188/24	SAS e-filing		
Veh No: JML 98493	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/11/19-07:40	i-Motor Claim Form	M71071235001	13/11/19 19:00
OD: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: hggage	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 repairer.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

HA1908626	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$3			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac 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 18:50
Date Of Accident	13/11/2019 07:40
Exact Location Of Accident	CAPRI BY FRASER CHANGI CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML9849S
Insured/Policyholder	
Name Of Registered Owner	TAN MUN HENG
NRIC No	S1762014B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92979867
Alternative Phone No	OFFICE-92979867

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID 1.8V CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110104790
Cover Note Number	

Driver

Name of Driver	TAN MUN HENG
NRIC No	S1762014B
Date Of Birth	22/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92979867
Fax Number	
Contact Number	OFFICE-92979867
EEmail Address	NOEMAIL

Address	23 JALAN SANKAM
Postcode	759036
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	HIT BY FALLEN TREE / OTHER OBJECTS
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO STATEMENT.

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	LUGGAGE
Vehicle Make/Model/Colour	CAPRI BY FRASER, CHANGI CITY
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
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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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.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

No Image

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/19 at @ 0740hrs, I stopped my vehicle (SML 98498) at the drop off point of Capri By Fraser Changi City to drop off my passenger. The bell boy from the hotel opened my boot to bring down the luggage. The bell boy then scratched my rear bumper as the luggage was very heavy. I then email to the management the next day and only they replied me on the 05/11/19 asking me to report to insurance company and claim from their insurance.

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:
NRIC/FIN No.:

Vehicle No.	SML 9849 S		Model / Make	Toyota Voxy
Date of Accident	13/10/19			
Time of Accident	0740 HRS			
Location of Accident	Capri By Fraser Changi City			
Exact purpose use during accident	Chauffeur			
Name of Owner	TAN MUN HENG			
Telephone No.	H/P : 9297 9867	Home :	Office :	
NRIC	S 17620148			
Address	23 Jalan Sankam (S) 759036			
Claim type	OD	THIRD PARTY		REPORTING ONLY
Insurance Company	NTUC			
Type of Coverage	Comprehensive		Third Party	Third Party / Fire / Theft
Policy No.	5110104790			
Name of Driver	As Above If No,			
NRIC			Any Passengers : <input checked="" type="radio"/>	
Date of birth	22/03/1966			
Occupation	Outdoor		/ Indoor	
Driving License Pass Date	14/12/1998			
Gender	Male		/ Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee,		If no, state Owner	
Weather condition	Clear		Raining Other	
Road Surface	Dry		Wet Other	
Any Injuries	No,		If Yes, Who?	
Name And Contact No.				
Name And Contact No.				
Police Report	No,		If Yes, Where?	
Vehicle B No.	Hotel Management		Any Passengers :	
Name of Driver			Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name	N. A.		Witness Contact : N. D.	
Accident Portion	Rear Bumper			
Camera Recorder	Yes / No			
Email Address	munheng03@yahoo.com			
PARTICULAR WORKSHOP	Twincor			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Tong			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

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: S110104790

Cover: drive CLASSIC

1. Index mark and Registration Number of Vehicle

To Be Advised

Chassis Number

ZWRB00364605

2. Name of Policyholder

TAN MUN HENG

3. Effective Date of Insurance

13 Jun 2019

4. Expiry Date of Insurance

12 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 or Hire'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)	SS2,000
EXCESS (SECTION 2)	SS1,500
WINDSCREEN EXCESS	SS100
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	TAN MUN HENG
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	GENIE FINANCIAL SERVICES PTE LTD
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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: IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue: 12 Jun 2019 17:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

General/Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110104790		TAN MUN HENG	S1762014B	GPC	drivo CLASSIC	SML9849S	SML9849S	13/06/2019	12/06/2020

Policy Information

Policy No.	5110104790	Policyholder Name	TAN MUN HENG	Policyholder NRIC	S1762014B
Certificate No.					
Address	23 JALAN SANKAM SEMBAWANG STRAITS ESTATE SINGAPORE 759036				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	12/06/2019	Effective Date	13/06/2019 00:00	Expiry Date	12/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	23 JALAN SANKAM	Address 2	SEMBAWANG STRAITS ESTATE	Address 3	SINGAPORE 759036
Address 4		Address Type	Singapore address	Post Code	759036
Unit No.		Related Policy Number	5110104790		

Insured Object: SML9849S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	14/06/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 14 Jun 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: GENIE FINANCIAL SERVICES PTE LTD CHASSIS NUMBER: ZWR800364605 ENGINE NUMBER: 2ZR0C98081 VEHICLE REGISTRATION NUMBER: SML9849S ORIGINAL REGISTRATION DATE: 13 Jun 2019

Continue

Cancel

Claim Handling

Accident MT/1071273

Policy No.	5110104790	Vehicle No.	SML98495	GST Registration No.	
Certificate No.					
Policyholder Name	TAN MUN HENG	Cover Type	drive CLASSIC	Policyholder NRIC	S17620148
Product Code	PRIVATE CAR (INSURANCE)	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	92979867	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	13/11/2019 18:58	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	13/11/2019	Time of Accident hh:mm	07:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CAPRI BY FRASER CHANGI CITY				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
CO Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED CO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total CO Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

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

Policyholder Mailing Address					
Address 1	23 JALAN SANKAM	Address 2	SEMBAWANG STRAITS ESTATE	Address 3	SINGAPORE 759036
Address 4		Address Type	Singapore address	Post Code	759036
Unit No.		Related Policy Number	5110104790		

OT Driver Info					
Driver Name	TAN MUN HENG	Driver Type	Main Driver	Driver DOB	22/03/1966
Unnamed driver Name		Driver NRIC	S17620148	Driving Experience	20
Register Date of Driver License	14/12/1998	Driver Age	53	Contact No. (Home)	0
Contact No. (Mobile)	92979867	Contact No. (Office)	0	Address 3	SINGAPORE 759036
Address 1	23 JALAN SANKAM	Address 2	SEMBAWANG STRAITS ESTATE	Post Code	759036
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	TAN MUN HENG	Insured NRIC	S17620148
Contact No. (Mobile)	92979867	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OT Vehicle Number	SML98495	TP Vehicle Number	LUGGAGE
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SML98495 / LUGGAGE ON 13 Nov 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/11/2019 19:00	Claim Close Date		Date Received	13/11/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1071273	Claim No.	001																																
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/11/2019 19:00																																
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