

NATIONAL Assessment Centre Services

Date In: 21/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19020630/13	SAS e-filing		
Veh No: SJQ6745L	E-mail (w/for 3hrs. AD 2hrs)		
DOA: 20/11/19 1405	i-Motor Claim Form	MT/1072297-002	
OD: (IP) 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: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SKV1502R	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%, F: 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

NA1908735	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-n INC) against INC \$20		
	9) N12: Idac 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	21/11/2019 09:37
Date Of Accident	20/11/2019 14:05
Exact Location Of Accident	UPP SERANGOON RD JUNC LOF UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ6745L
Insured/Policyholder	
Name Of Registered Owner	LOH YONG LUCK
NRIC No	S7221459E
Email Address	LOHYONGLUCK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96955601
Alternative Phone No	OTHERS-96955601
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PICNIC
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	5043291135-09
Cover Note Number	
Driver	
Name of Driver	LOH YONG LUCK
NRIC No	S7221459E
Date Of Birth	16/06/1972
Occupation	INDOOR
Date Of Driving Pass	20/08/1994
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96955601
Fax Number	
Contact Number	OTHERS-96955601
Email Address	LOHYONGLUCK@YAHOO.COM.SG

Address	BLK 418 SERANGOON CENTRAL #10-434
Postcode	550418
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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: : CHEONG YEN PING GENDER: : FEMALE
Passenger 2	NAME: : ELLIOT LOH 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

PLS REFER TO THE ATTACHED 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	SKV1502R
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKZ6789B
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)

DETAILS OF INJURED PERSON 1

Name LOH YONG LUCK
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJQ6745L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHEONG YEN PING
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJQ6745L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ELLIOT LOH
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJQ6745L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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:

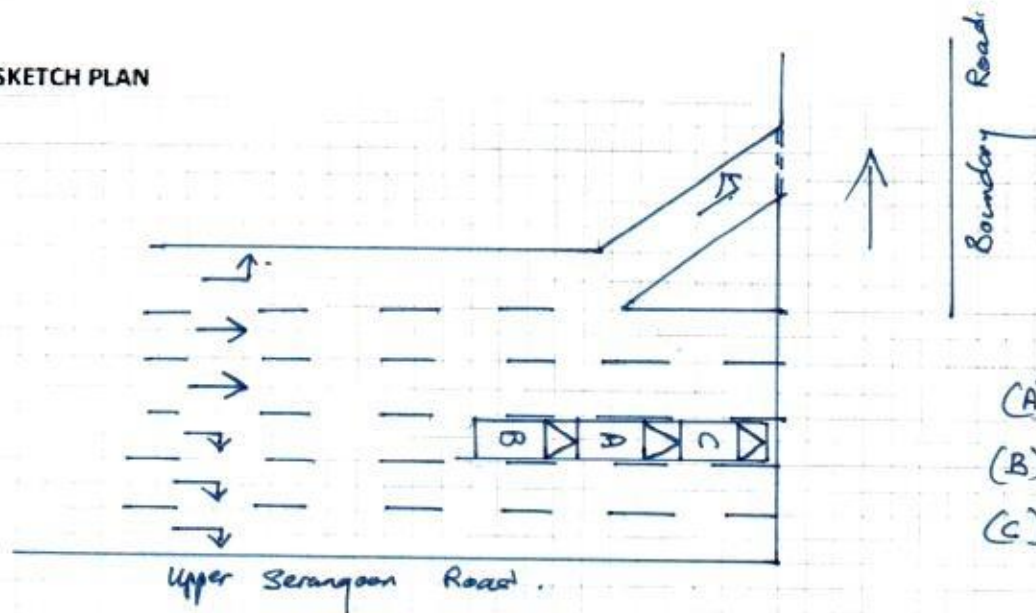
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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




- (A) SJQ 6745 L.
- (B) SKV 1502 R.
- (C) SKZ 6789 B.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 20/11/19 at @ 1405 hrs, I was travelling in my vehicle (SJQ 6745 L) along Upper Serangoon Road junction Upper Paya Lebar Road on the 3rd lane from the right. A vehicle (SKZ 6789 B) in front of me stopped due to red light. I slow down and stopped too. Suddenly, I felt a great impact from the rear. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the vehicle ahead.

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:

 21/11/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Vehicle No.	SJQ 6745L.	Model / Make	Toyota Periac.
Date of Accident	20/11/19.		
Time of Accident	1405 HRS		
Location of Accident	Upper Serangoon Road junction Upper Paya Lebar Road		
Exact purpose use during accident	Private Used.		
Name of Owner	Loh Yong Luck.		
Telephone No.	H/P: 9695 5601 . Home :	Office :	
NRIC	S 7221459E.		
Address	BLK 418 Serangoon Central #10-434 (S) 550418.		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC.		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	5043291135 - 09.		
Name of Driver	<u>As Above If No,</u>		
NRIC		Any Passengers : 02 (1M) (1F).	
Date of birth	16/06/1972.		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	20/08/1994.		
Gender	<u>Male</u> / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state <u>Owner</u> .		
Weather condition	Clear <u>Raining</u> Other		
Road Surface	Dry <u>Wet</u> Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	① Loh Yong Luck (H/P: 9695 5601) ③ Elliot Loh male.		
Name And Contact No.	② Cheong Yen Peng (H/P: 9848 8281) female		
Police Report	<u>No,</u> If Yes, Where?		
Vehicle B No.	SKV 1502 R.	Any Passengers :	Not sure.
Name of Driver		Contact No. :	
Vehicle C No.	SKZ 6789 B.	Any Passengers :	02 (1M) (1F).
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.A.
Accident Portion	Front and Rear Portion.		
Camera Recorder	Yes <u>(No)</u> .		
Email Address	lohyongluck@yahoo.com.sg.		
PARTICULAR WORKSHOP	Twincar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting.		
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: 5043291135-09

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJQ6745L**
Chassis Number : JTEGH23B400026614
2. Name of Policyholder : LOH YONG LUCK
3. Effective Date of Insurance : 21 May 2019
4. Expiry Date of Insurance : 20 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LOH YONG LUCK
NAMED DRIVER (1)	: CHEONG YEN PING PRISCILLA
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 : DIRECT SALES (00000609126)
Date of Issue : 15 Apr 2019 21:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1072297

Policy No.	5043291135-09	Vehicle No.	SJQ6745L	GST Registr
Certificate No.				
Policyholder Name	LOH YONG LUCK			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	21/11/2019 09:37	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	20/11/2019	Time of Accident hh:mm	14:05	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	UPPER SERANGOON JUNCTION UPPER PAYA LEBAR ROAD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Covi
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 418 #10-434	Address 2	SERANGOON CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5043291135-09	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Exper
Contact No.(Mobile)		Contact No.(Office)		Contact No.(I
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.		Driver Insure

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	L
Contact No.(Mobile)	96955601	Contact No. (Home)	
Email Address	lohyongluck@yahoo.com.sg	OI Vehicle Number	S
Claim Description	SJQ6745L / SKV1502R ON 20 Nov 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			

Print AK letter

Save Submit

Attachment

Accident No.

MT/1072297

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

21/11/2019 00:00

Path

Category

Confid

Choose File

No file chosen

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NO

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No file chosen

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NO

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No file chosen

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NO

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Message Read

Attachment List


Attachment

Uploaded By/Date

Category

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Urgency




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2019 14:53

NRIC/ Driving License

Y

Normal


NRIC/ Dr.



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2019 14:53

SAS

Normal




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2019 14:53

Photos

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2019 14:53

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Nov 2019 14:52

Photos

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Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading