

NATIONAL Assessment Centre Services.

(ver 1 Jan 200)

MAA/19/56523

Date In: 27/11/2019 10:58	Job description	Date & Time Completed	Done by
Ref No: MAA/19/020985/4	SAS e-filing		
Veh No: SJU 6024M	E-mail (Adjust 3hrs, AIC 2hrs)		
DOA: 26/11/2019 12:00	I-Motor Claim Form	MT/107324-001	27/11/2019 11:42
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLM 8523U	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:	Assign:

MAA/19/09042	Invoice	Amount
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 (ver 10 Jan 200)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) : TP (NIN INC) against INC \$20	
	9) N12: Idea 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	27/11/2019 10:55
Date Of Accident	26/11/2019 12:00
Exact Location Of Accident	JUNCTION OF COUNTRYSIDE ROAD/COUNTRYSIDE PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6024M
Insured/Policyholder	
Name Of Registered Owner	KWOK WING KEE
NRIC No	S1799367D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97539879
Alternative Phone No	OTHERS-97539879

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	5106324908
Cover Note Number	

Driver

Name of Driver	LEE LAI LAM
NRIC No	S6925254J
Date Of Birth	14/05/1969
Occupation	INDOOR
Date Of Driving Pass	21/12/1994
Driving Experience	24 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97539879
Fax Number	
Contact Number	OTHERS-97539879
EMail Address	NOEMAIL

Address	157 COUNTRYSIDE ROAD
Postcode	786883
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	COLLISION - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : ANNABELLE KWOK GENDER: : FEMALE
Passenger 2	NAME: : ANNALLISA KWOK GENDER: : FEMALE

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	SLM8523U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED NASIR KHAN BIN BABROO MIAH
NRIC/Passport Number	S1744014D
Contact Number	87845253
Address	
Postcode	

Insurance Company Name

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

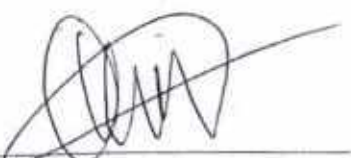
SKETCH PLAN

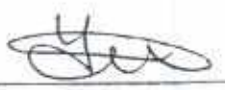
IMPORTANT NOTICE

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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. 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:

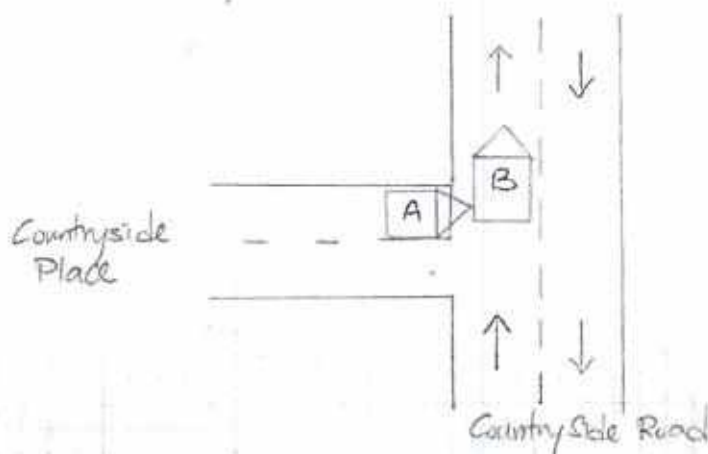
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Roshan
NRIC/FIN No.:

SKETCH PLAN



TIP: A=SLM8523U
INSURED B=STJ46024m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 Nov 2019, about 12:00 p.m., I was driving along countryside road. Car A from countryside place didn't stop and hit onto my car left rear side. We stopped on the side road and took pictures of each others vehicle and exchange handphone number and relevant documents. Mr Mohd. Alasir the driver of Car A has confessed that it was clearly his fault for not stopping at the junction.

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 Person's Signature

Name: _____

NRIC/FIN No.:

Provide Insurance Certificate (Cover note not acceptable), Copies of NRIC & Driving Licence.
Company Stamp needed for company registered vehicles

Personal Particulars of yourself (Vehicle A)

Date of Accident: 26 / 11 / 19 (dd/mm/yy) Time of Accident: 12 / 00 (24hr Format)
Vehicle No: SJUB024M Vehicle Make & Model: Honda Stream
Exact Location of Accident: Junction of Countryside Road and Countryside Place.
☆ Registered Owner / Company Name: KWOK WING KEE ☆ Nric No / Co Regn No: S1799367D
Driver's Name / NRIC No: LEE LAI LAM, S6925254J (As above) ☐ Driving Pass Date: 21 / 12 / 1994
Driver's Contact No: 9753 9879 Additional Contact No: _____ Insurance Co: NTUC Income
☆ Email Id: _____ Type of Coverage: Comprehensive / TPFT / TP

☆ **Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner (Spouse) Children / Friend / Parent / Sibling / Relative / Employee or others (please specify): _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose of vehicle usage at time of accident?

☒ Private Use / ☐ Work Purpose

Occupation (nature of Job):

☒ Indoors / ☐ Outdoors

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet

☆ **Was there any video captured by your Car Camera?**

Yes / No

ANNADELLA KWOK (F)

☆ **Number of passengers in your vehicle (including driver):**

3

ANNADELLA KWOK (F)

☆ **Any unknown person(s) approach to assist in Accident claims after accident:**

Yes / No

Any injuries: (MC of 3 days or more, police report is required)

☐ Yes / ☒ No If Yes, which police station? _____ Singapore ☐ / Malaysia ☐

Injured Person Name: _____ Approximate Age: _____

Injuries Sustained: _____ Injured person in which vehicle? _____

The Other Party (Vehicle B) Details

☆ Driver's Name & NRIC No: Mohamed Naair Khan Bin Babroo Miah, ☆ Vehicle No: S1744014D
Insurance Company (If Any): MSIG Insurance. ☆ Driver's Contact No: 8784 5253

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved: Vehicle No: _____ Driver Name & / NRIC No: _____

Independent Witness (If Any): _____ Contact No: _____

Preferred Witness (If Any): _____ Contact No: _____

If no proper documents are produced, IDAC/ Reporting Centre should not file the report. Information will be discarded after one week. For late reporting, NCD will be affected.

Driver's Signature / Date & Time

Claim Handling

Accident MT/1073224

Policy No.	5106324908	Vehicle No.	SJU6024M	GST Registrati
Certificate No.				
Policyholder Name	KWOK WING KEE			Policyholder Na
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97539879	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	27/11/2019 11:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/11/2019	Time of Accident hh:mm	12:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF COUNTRYSIDE ROAD/COUNTRYSIDE PLACE			

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	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	157 COUNTRYSIDE ROAD	Address 2	SINGAPORE 786683	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-115	Related Policy Number	5106324908	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	LEE LAI LAM	Driver NRIC	56925254J	Driving Exper
Register Date of Driver License	21/12/1994	Driver Age	50	Contact No.(Hi
Contact No.(Mobile)	97539879	Contact No.(Office)		Address 3
Address 1	16 # LENTOR CRESCENT	Address 2	SINGAPORE 786683	Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJU6024M	Driver Insurer

Declaration

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

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	Claim Close Date
50100000 No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	27/11/2019 11:42	
Date Registered				ROSLI WANA8	
Report Taken By					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1073224	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/11/2019 11:42
Path *		Category *	Confider
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 11:42	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 11:42	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 11:42	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 11:42	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 11:42	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 11:42	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 11:42	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 11:42	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Nov 2019 11:42	SAS		Normal	S/

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: S106324908

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJU6024M |
| Chassis Number | : JHMRN6880AC200057 |
| 2. Name of Policyholder | : KWOK WING KEE |
| 3. Effective Date of Insurance | : 17 Dec 2018 |
| 4. Expiry Date of Insurance | : 16 Dec 2019 |
| 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	: KWOK WING KEE
NAMED DRIVER (1)	: N/A
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 : BKW AUTOMOBILE PTE LTD (00000614328)
Date of issue : 13 Dec 2018 10:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive