

# NATIONAL Assessment Centre Services. [ver 1 Jan'09]

MMA 119158662

Date In: 21/2/19 13:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021203164	SAS e-filing		
Veh No: SJY 1764 Y	E-mail (within 3hrs, AIC 2hrs)		
DOA: 29/11/19 20:00	1-Motor Claim Form	MT 11073950 201	21/2/19 18:02
OD: <input checked="" type="checkbox"/> Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: SLG 2857 Z .. 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 110011-6711-6010)	Completed by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date/Time	Action

WA1909036

Claimant's Particulars:	Invoice Information	Am (\$)	Adj (\$)
Driver/Owner:	1) AIC: Accident Reporting (\$30);	10.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil); TP (Inc INC) against INC \$20		
	9) N12: Idao 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	02/12/2019 13:57
Date Of Accident	29/11/2019 20:00
Exact Location Of Accident	PIE TWDS TAMPINES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1764Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	53264813K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67440777

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5110752456
Cover Note Number	

### Driver

Name of Driver	CHUA CHUAN YANG CHARLES
NRIC No	S8112317I
Date Of Birth	17/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	10/08/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93389529
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 482 ADMIRALTY LINK #11-03
Postcode	750482
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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	2
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)	2
Passenger 1	NAME: : UNKNOWN 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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC2857Z
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)



## SKETCH PLAN

### IMPORTANT NOTICE

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

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

# SKETCH PLAN

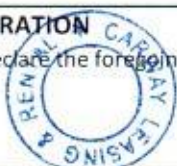
Refer to sketch

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

### DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

Signature

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

Signature

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

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Map

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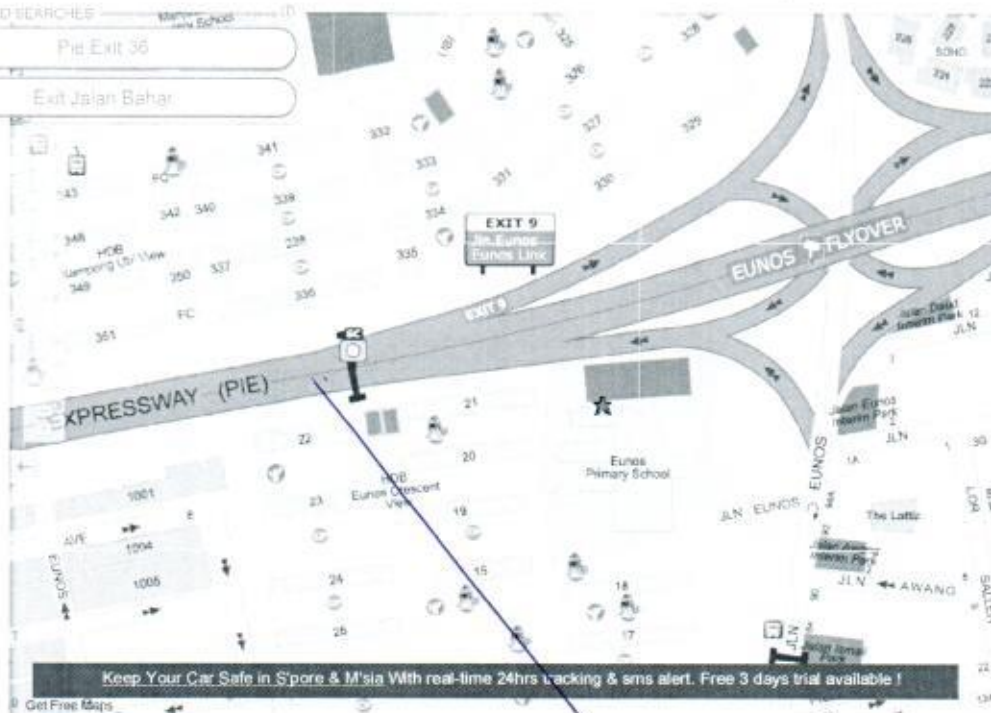


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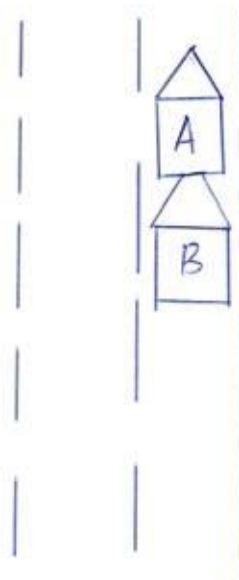
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Accident site

A - SJY1764Y  
B - SLC2857Z

PIE TOWARDS TAMPINES



~~SP112317T~~  
SP112317T  
Chua chuan Yang Charles



## **Accident Statement**

On 29th of Nov 2019 at around 2000Hrs, I was driving my vehicle (SJY1764Y) along PIE towards Tampines. Suddenly a vehicle (SLC2857Z) hit onto the back of my vehicle. My vehicle was damaged. I'm making a claim against third party.



---

Name: CHUA CHUAN YANG, CHARLES  
I/C: S8112317I



## 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:** 5110752456-000011

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJY1764Y**  
Chassis Number : JMYSRCY2AAU001870
2. Name of Policyholder : CARWAY LEASING & RENTAL
3. Effective Date of Insurance : 27 Jun 2019
4. Expiry Date of Insurance : 26 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 Hirer'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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) 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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)  
Date of Issue : 27 Jun 2019 15:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

## Accident MT/1073950

Policy No.	5110752456	Vehicle No.	SJY1764Y	GST Registration No.	
Certificate No.	5110752456-000011				
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	53264813K
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	67440777	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	02/12/2019 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/11/2019	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	P/E TWDS TAMPINES				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	03-01	Related Policy Number	5110754147		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHUA CHUAN YANG CHARLES	Driver NRIC	S8112317I	Driver DOB	17/04/1981
Register Date of Driver License	10/08/2012	Driver Age	38	Driving Experience	7
Contact No.(Mobile)	93389529	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 482 #11-03	Address 2	ADMIRALTY LINK	Address 3	SINGAPORE 750482
Address 4		Address Type	Singapore address	Post Code	750482
Unit No.	11-03				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CARWAY LEASING & RENTAL	Insured NRIC	53264813K		
Contact No.(Mobile)	58627777	Contact No. (Home)		Contact No. (Office)	657441		
Email Address		Vehicle Number	SJY1764Y	TP Vehicle Number	SLC281		
Claim Description	SJY1764Y / SLC281Z ON 29 Nov 2019				Name of Preferred Workshop	G	
Preferred Workshop	0	Insured Liability	Not at Fault				
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received			
Date Registered				Claim Close Date	02/12/2019 18:01	Date Received	02/12/2019
Report Taken By	LIEW SHAN HUI						
<input checked="" type="checkbox"/> Print AK letter							

Save Submit

## Attachment

Accident No.	MT/1073950	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/12/2019 18:02
Path *			
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		Clear	Please Select

## Attachment List

2/2