

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MW119/18999**

Date In: 2/11/19-16:59	Job description	Date & Time Completed	Done by
Ref No: NAJ1191927272727	SAS e-filing		
Veh No: 5122741C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/19-1730	i-Motor Claim Form	6711023931-001	2/11/19 17:13
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **512.1689A** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idnc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*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 (Non INC) against INC \$20		
	9) N12: Idnc 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	02/12/2019 16:59
Date Of Accident	01/12/2019 13:30
Exact Location Of Accident	LOR 24 GEYLANG OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ2144K
Insured/Policyholder	
Name Of Registered Owner	LOW CHER HOCK
NRIC No	S1651895F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93840130
Alternative Phone No	OFFICE-93840130

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
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	5104993147-01
Cover Note Number	

Driver

Name of Driver	LOW CHER HOCK
NRIC No	S1651895F
Date Of Birth	08/01/1964
Occupation	INDOOR
Date Of Driving Pass	12/06/1987
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93840130
Fax Number	
Contact Number	OFFICE-93840130
EEmail Address	NOEMAIL

Address	BLK 1 TANJONG PAGAR PLAZA #22-47
Postcode	082001
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	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?	
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)	0

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	SJL1689A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO YIEN TIANG
NRIC/Passport Number	
Contact Number	96662891
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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



Vehicle A: SKQ 2144K

Vehicle B: SJL1689A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, my vehicle A was parked at Lor 24 Gaylang OSCP Lot 22 and I leaved my vehicle. Time around 1330HR, I was been told by my friend that my vehicle been collided by vehicle B (SJL1689A). So I came to the scene and check, I realised the front portion of vehicle B collided onto the rear portion of my vehicle, we managed exchange both parties particular and report to the 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.	SKQ 2144K	Model / Make	Mercedes Benz C180
Date of Accident	1/12/2019		
Time of Accident	1330	HRS	
Location of Accident	Along Lor 24 Geylang DSCP Lot 22		
Exact purpose use during accident	Private use		
Name of Owner	Low Cher Hock		
Telephone No.	H/P: 93840130	Home:	Office:
NRIC	S1651895F		
Address	BLK 1 Tanjong Pagar Plaza #22-47 S(082001)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5104993147-01		
Name of Driver	As Above If No,		
NRIC	Any Passengers: -		
Date of birth	8/1/1964		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	12/06/1987		
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.	SJL 1689A	Any Passengers:	-
Name of Driver	Ho Yien Tiang	Contact No.:	9666 2891
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		Witness Contact:	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	lowcherhock@yahoo.com.sg		
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd		
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: 5104993147-01

Cover : drive CLASSIC

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKQ2144K |
| Chassis Number | : WDD2050402R015420 |
| 2. Name of Policyholder | : LOW CHER HOCK |
| 3. Effective Date of Insurance | : 12 Nov 2019 |
| 4. Expiry Date of Insurance | : 11 Nov 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	: S\$1,500
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	: LOW CHER HOCK
NAMED DRIVER (1)	: LOW SENG HOOM
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 : LEE LIOK TECK ELSON (00000514431)

Date of Issue : 04 Nov 2019 14:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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"/>	5104993147-01		LDW CHER HOCK	S1651895F	GPC	drive CLASSIC	SKQ2144K	SKQ2144K	12/11/2019	11/11/2020

Policy Information

Policy No.	5104993147-01	Policyholder Name	LOW CHER HOCK	Policyholder NRIC	S1651895F
Certificate No.					
Address	BLK 1 #22-47 TANJONG PAGAR PLAZA SINGAPORE 082001				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/11/2019	Effective Date	12/11/2019 00:00	Expiry Date	11/11/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	LEE LIOK TECK ELSON	Agent Tel.	63927392	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 1 #22-47	Address 2	TANJONG PAGAR PLAZA	Address 3	SINGAPORE 082001
Address 4		Address Type	Singapore address	Post Code	082001
Unit No.		Related Policy Number	5104993147-01		

Insured Object: SKQ2144K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1073931

Policy No.	S104993147-01	Vehicle No.	SKQ2144K	GST Registration No.	
Certificate No.					
Policyholder Name	LOW CHER HOCK	Policyholder NRIC	S1651895F	Loading	0
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Contact No.(Home)	0
Contact No.(Mobile)	93840130	Contact No.(Office)	0	eCode	
Email Address		Special Remark		eCode Reason	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	Private Hire	No
NCD Protection	Yes	NCD Entitlement(%)	50	Accident Type	Collision - Head to Rear
Accident Details				Country of Accident	Singapore
Report Date	02/12/2019 17:12	Accident Report Within 24 hrs	Yes	ICM No.	
Date of Accident	01/12/2019	Time of Accident (hh:mm)	13:30		
Reporting Centre		Orange Force			
Accident Location	LOR 24 GEYLANG OPEN SPACE CARPARK				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	1500	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	2100.00				

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 1 #22-47	Address 2	TANJONG PAGAR PLAZA	Address 3	SINGAPORE 082001
Address 4		Address Type	Singapore address	Post Code	082001
Unit No.		Related Policy Number	S104993147-01		

OI Driver Info

Driver Name	LOW CHER HOCK	Driver Type	Main Driver	Driver DOB	08/01/1984
Unnamed driver Name		Driver NRIC	S1651895F	Driving Experience	32
Register Date of Driver License	12/06/1987	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	93840130	Contact No.(Office)	0	Address 3	SINGAPORE 082001
Address 1	BLK 1	Address 2	TANJONG PAGAR PLAZA	Post Code	082001
Address 4		Address Type	Singapore address		
Unit No.	22-47				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LOW CHER HOCK	Insured NRIC	S1651895F
Contact No.(Mobile)	93840130	Contact No.(Home)	62213279	Contact No.(Office)	
Email Address	lowcherhock@yahoo.com.sg	OI Vehicle Number	SKQ2144K	TP Vehicle Number	S1L1689A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	Name of Preferred Workshop	
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKQ2144K / S1L1689A DN 1 Dec 2019				
Preferred Workshop Contact No.		Insured Liability *	NOT at Fault	CIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	02/12/2019 00:00
Date Registered	02/12/2019 17:13	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1073931	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/12/2019 17:14

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 02 Dec 2019 17:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-12-2	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 02 Dec 2019 17:13	SAS	Normal	SAS 2019-12-2	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 02 Dec 2019 17:13	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 02 Dec 2019 17:13	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 02 Dec 2019 17:13	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 02 Dec 2019 17:13	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 02 Dec 2019 17:13	Photos	Normal	Photos 2019-12-2	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading