

NATIONAL Assessment Centre Services

Date In: 03/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021335/13	SAs e-filing		
Veh No: SGJ8915E	E-mail (w/chr, stat, AIC 2hrs)		
DOA: 24/11/19 1000	i-Motor Claim Form	MT/1074154-001	
PREMIUM	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD TP / Reporting Only	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: FREE 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

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	03/12/2019 15:21
Date Of Accident	24/11/2019 10:00
Exact Location Of Accident	ALONG EAST COAST RD OSCP D1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ3915E
Insured/Policyholder	
Name Of Registered Owner	HONG CHONG HUI
NRIC No	S2552923E
Email Address	HONGCH@IEEE.ORG
Mobile Phone No	(LOCAL) +65-96891877
Alternative Phone No	OFFICE-96891877
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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?	YES
If No, Please state action to be taken	
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	5092250082-02
Cover Note Number	
Driver	
Name of Driver	HONG CHONG HUI
NRIC No	S2552923E
Date Of Birth	25/09/1953
Occupation	INDOOR
Date Of Driving Pass	19/06/1978
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96891877
Fax Number	
Contact Number	OFFICE-96891877
Email Address	HONGCH@IEEE.ORG

Address	164 CEYLON ROAD
Postcode	429726
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?	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)	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

PLS REER 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	
Vehicle Make/Model/Colour	
Details Of Properties	TREE
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

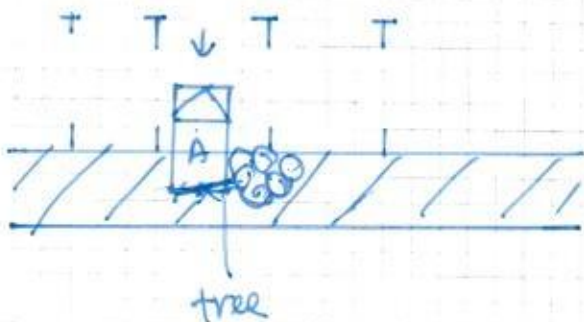
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

fyner 03/12/19

SKETCH PLAN

EAST COAST RD
OSCP DI



Vehicle A: SGJ3915E

B: TREE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (S4J3915E) traveling along East Coast Park OSCP D1. When I about to park into the car park lot, I accidentally press the accelerate too hard and the rear portion of my vehicle collided onto the tree.

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.	SGJ3915E		Model / Make	Toyota wish
Date of Accident	24 / 11 / 2019			
Time of Accident	1000	HRS		
Location of Accident	Along East Coast Park OSCP D1			
Exact purpose use during accident	Private use			
Name of Owner	Hong Cheng Hui			
Telephone No.	H/P : 9689 1877	Home :	Office :	
NRIC	S2552923E			
Address	164 Ceylon Road SC429726			
Claim type	<input checked="" type="radio"/> OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	<input checked="" type="radio"/> Comprehensive	<input type="radio"/> Third Party	<input type="radio"/> Third Party / Fire / Theft	
Policy No.	5092250082-02			
Name of Driver	<input checked="" type="radio"/> As Above If No,			
NRIC	Any Passengers : -			
Date of birth	25 / 9 / 1953			
Occupation	<input checked="" type="radio"/> Outdoor	/	<input type="radio"/> Indoor	
Driving License Pass Date	19 / 6 / 1978			
Gender	<input checked="" type="radio"/> Male	/	<input type="radio"/> Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	<input checked="" type="radio"/> No,	If yes, Reg No.		
Relationship	Employee,	If no, state <u>Owner</u>		
Weather condition	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Other	
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Other	
Any Injuries	<input checked="" type="radio"/> No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	<input checked="" type="radio"/> No,	If Yes, Where?		
Vehicle B No.	-	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	Witness Contact :			
Accident Portion	Rear portion			
Camera Recorder	Yes / <input checked="" type="radio"/> No			
Email Address	hongch@ieee.org			
PARTICULAR WORKSHOP	N-51 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: 5092250082-02

Cover : drive PREMIUM

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : SGJ3915E |
| Chassis Number | : ZNE100314593 |
| 2. Name of Policyholder | : HONG CHONG HUI |
| 3. Effective Date of Insurance | : 10 Jul 2019 |
| 4. Expiry Date of Insurance | : 09 Jul 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.

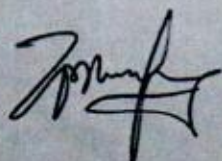
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: HONG CHONG HUI
NAMED DRIVER (1)	: JENNIFER TEO LAY HEONG
NAMED DRIVER (2)	: HONG KAH JUN
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

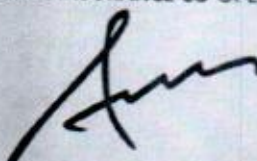
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : I INSURANCE AGENCY (00000572538)
Date of Issue : 25 Jun 2019 18:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Authorised Officer



Chief Executive

Countersigned By:

Claim Handling

Accident MT/1074154

Policy No.	5092250082-02	Vehicle No.	SGJ3915E	GST Registrat
Certificate No.				
Policyholder Name	HONG CHONG HUI			Policyholder t
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE PREMIUM	Loading
Contact No.(Mobile)	96891877	Contact No.(Office)	0	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	03/12/2019 16:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/11/2019	Time of Accident hh:mm	18:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG EAST COAST RD (SECT D)			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess	0.00			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
Benefits				
Coverage		Sum Insured		
Excess Waiver		99999999.99		
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
Policyholder Mailing Address				
Address 1	164 CEYLON ROAD	Address 2	SINGAPORE 429726	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5092250082-02	
OI Driver Info				
Driver Name	HONG CHONG HUI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S2552923E	Driver DOB
Register Date of Driver License	01/01/1973	Driver Age	66	Driving Exper
Contact No.(Mobile)	96891877	Contact No.(Office)	0	Contact No.(I
Address 1	164 CEYLON ROAD	Address 2	SINGAPORE 429726	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				

Claim 001 OD-MD New

Claim Type	OD-MD	Insured Name	
Contact No.(Mobile)	96891877	Contact No. (Home)	
Email Address	HONGCH@IEEE.ORG	Vehicle Number	
Claim Description	SGJ3915E / TREE ON 24 Nov 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	03/12/2019 16:39
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.

MT/10/4154

Claim No.

001

Last Doc. Received

* Yes No

Upload Date

03/12/2019 00:00

Path

Category

Confid

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

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NO

Choose File

No file chosen

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NO

Choose File

No file chosen

Clear

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NO

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No file chosen

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Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:39	NRIC/ Driving License	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:39	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:39	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:39	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:39	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:39	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:38	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:38	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:38	Photos	Normal	P
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:38	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:38	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 16:38	Photos	Normal	P

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading