

# NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

NA19161421

Date In: 07/12/2019 14:39	Job description	Date & Time Completed	Done by
Ref No: NA19161421	SAS e-filing		
Veh No: SMC 8887T	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 06/12/2019 21:15	I-Motor Claim Form	MT1074763-001	07/12/2019 15:09
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 Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SH 7152P

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:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time	Action

NA19021421

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: Ideal DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TE (NI1): TP (vs INC) against inc \$20		
	9) NI2: Ideal 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	07/12/2019 14:39
Date Of Accident	06/12/2019 21:15
Exact Location Of Accident	BALESTIER ROAD TOWARDS LAVENDER STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC3887T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEE CHOONG KIAT (XU ZONGJIE)
NRIC No	S7130140J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84799281
Alternative Phone No	OTHERS-84799281
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108512148
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHEE CHOONG KIAT (XU ZONGJIE)
NRIC No	S7130140J
Date Of Birth	29/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84799281
Fax Number	
Contact Number	OTHERS-84799281
EMail Address	NOEMAIL

Address	BLK 726 TAMPINES STREET 71 #06-187
Postcode	520726
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 - CHANGE/CROSS LANE
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?	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)	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

PLEASE REFER TO SETCH 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	SLH7152P
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	CHEE CHOONG KIAT (XU ZONGJIE)
------	-------------------------------

Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMC3887T
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.
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.

*MAES*

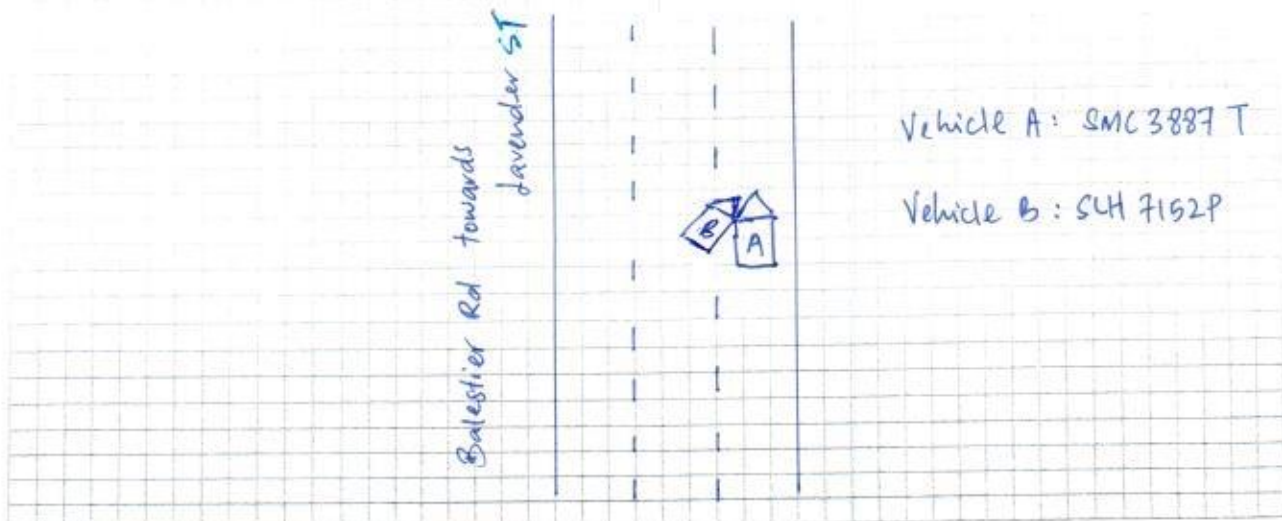
Policyholder's Signature  
Date & Time:

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

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

*07/12/2019*  
*Rosa*

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, (Vehicle A) was traveling straight on the stated location. Suddenly, Vehicle B swerved right and collided onto my front left portion.

## 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.:



Date of Accident : 6/12/2019 Accident Time: 21:15 hrs (24-HR-Format)  
 Accident Place : Balestier Rd Towards Lavender Rd  
 Vehicle No. (Car Plate No.) : SMC 3887T Make/Model: Toyota Corolla Altis 1.6A  
 Insurance Company : NTUC Policy No: 5108512148  
 Owner or Company Name / IC No. : Chee Chuong Kiat (Xu Zongjie) / 37130140J  
 Owner or Company Contact No. : 84799281 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Chee Chuong Kiat (Xu Zongjie)  
 DRIVER'S Date Of Birth : 29/08/1971 DRIVER'S License Pass Date 5/12/2009  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 726 Tampines St 71 #06-187 S520726  
 DRIVER'S Contact No / Alt No. : 1) 84799281 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 1  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Neck, Back

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SLH 7152P</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

Claim Handling

Accident MT/1074763

Policy No.	5108512148	Vehicle No.	SMC3887T	GST Registrati
Certificate No.				
Policyholder Name	CHEE CHOONG KIAT (XU ZONGJIE)			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	84799281	Contact No.(Office)		Contact No.(H
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	07/12/2019 14:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/12/2019	Time of Accident hh:mm	21:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BALESTIER ROAD TOWARDS LAVENDER STREET			
▼ Total Excess Applicable				
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 Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	
▼ 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 726 #06-187	Address 2	TAMPINES STREET 71	Address 3
Address 4	SINGAPORE 520726	Address Type	Singapore address	Post Code
Unit No.	06-187	Related Policy Number	5108512148	
▼ OI Driver Info				
Driver Name	CHEE CHONG KIAT(XU ZONGJIE)	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7130340J	Driving Experi
Register Date of Driver License	01/01/2009	Driver Age	48	Contact No.(H
Contact No.(Mobile)	84799281	Contact No.(Office)		Address 3
Address 1	BLK 726 #06-187	Address 2	TAMPINES STREET 71	Post Code
Address 4	SINGAPORE 520726	Address Type	Singapore address	
Unit No.	06-187			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMC3887T	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CH
Contact No.(Mobile)	85130591	Contact No. (Home)	671
Email Address	SUMAPORN.PHOOKSIN@METSO	Vehicle Number	SM
Claim Description	SMC3887T / SLH7152P ON 6 Dec 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Report 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. 001

Claim No. 001

Last Doc. Received Yes No

Upload Date 07/12/2019 15:09

Path

Category

Confider

Choose File No file chosen

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Please Select

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2019 15:09	Photos	Normal	Ph	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2019 15:09	Photos	Normal	Ph	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2019 15:09	Photos	Normal	Ph	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2019 15:08	Photos	Normal	Ph	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2019 15:08	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2019 15:08	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2019 15:08	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2019 15:08	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Dec 2019 15:08	SAS	Normal	S	

Video List

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:** 5108512148

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMC3887T**  
Chassis Number : MR053ZEE106141750
2. Name of Policyholder : CHEE CHOONG KIAT(XU ZONGJIE)
3. Effective Date of Insurance : 29 Mar 2019
4. Expiry Date of Insurance : 28 Mar 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	: CHEE CHONG KIAT(XU ZONGJIE)
NAMED DRIVER (1)	: SUMAPORN PHOOKSIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: BENEFIT AUTO ENTERPRISE 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 : VITESSE INSURANCE AGENCY PTE. LTD. (00000615107)  
Date of Issue : 28 Mar 2019 17:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive