

NATIONAL Assessment Centre Services

Date In: 13/12/19	Job description	Date & Time Completed	Done by
Ref No NA/INC 19022015/13	SAS e-filing		
Veh No 8MG7577R	E-mail (within 8hrs. AIC 2hrs)		
DOA 13/12/19 1145	i-Motor Claim Form	MT/1075649-001	
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TAINCAR	Tel:	Fax:
TP Particulars:	Veh No: SLM1126D	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

NA/1909225	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idac 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	13/12/2019 16:13
Date Of Accident	13/12/2019 11:45
Exact Location Of Accident	TPE TWDS CHANGI AFT PUNGGOL EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG7577R
Insured/Policyholder	
Name Of Registered Owner	TIEN SOON HEONG
NRIC No	S0433083H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82680383
Alternative Phone No	OTHERS-82680383
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	5106671555
Cover Note Number	
Driver	
Name of Driver	CHAN CHEE KEONG(CHEN ZHIQIANG)
NRIC No	S7504841F
Date Of Birth	13/01/1975
Occupation	INDOOR
Date Of Driving Pass	09/06/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93678801
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 195A PUNGGOL ROAD #12-508
Postcode	821195
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM1126D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL BARI ABUTHAHIR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN CHEE KEONG(CHEN ZHIQIANG)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMG7577R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


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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)**

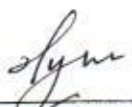
I understand, acknowledge, agree and consent that:

- (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:

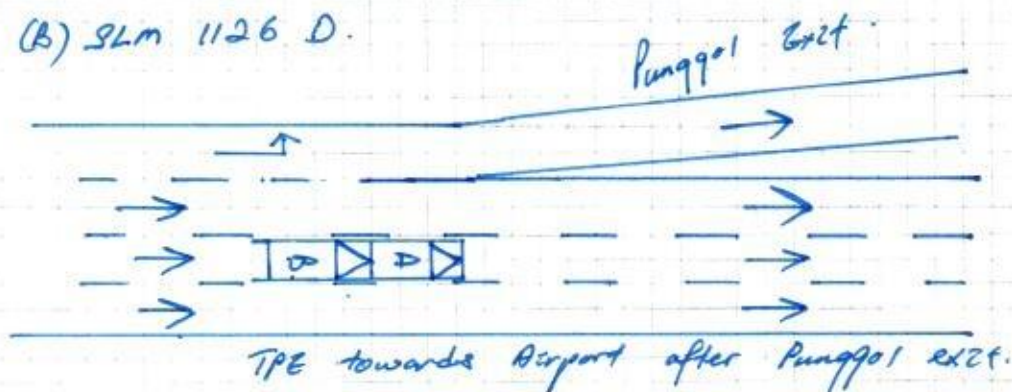
 13/12/19

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

SKETCH PLAN

(A) SMG 7577 R.

(B) SLM 1126 D.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 13/12/19 at @ 1145 hrs, I was travelling in my vehicle (SMG 7577 R) along TPE towards Airport after Punggol exit on the centre lane. There was an unknown vehicle on my left cut into my path in front of me and slow down. I applied my brake and slow down too. Suddenly, a car (SLM 1126 D) from behind collided onto the rear portion of my vehicle.

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.	SMG 7577 R.	Model / Make	HONDA VERE L.
Date of Accident	13/12/19.		
Time of Accident	1145 HRS		
Location of Accident	TPE towards Changi after after Punggol exit.		
Exact purpose use during accident	Private Used		
Name of Owner	TREN SOON HEONG		
Telephone No.	H/P: 8268 0383	Home :	Office :
NRIC	S0433083 H.		
Address	BLK 750 Pagar Rd St 71 #11-12 (S) 510750		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NJMC.		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	5106671555		
Name of Driver	As Above If No, CHAN CHEE KEONG.		
NRIC	S7504841 F.	Any Passengers :	N.A.
Date of birth	13/01/1975.		
Occupation	Outdoor / Indoor		
Driving License Pass Date	09/06/2017.		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9367 8801	Home :	Office :
Address	BLK 195A Punggol Road #12-508 (S) 821195		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state Son.		
Weather condition	Clear <u>Raining</u> Other		
Road Surface	Dry <u>Wet</u> Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	CHAN CHEE KEONG. (H/P: 9367 8801)		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SLM 1126 D	Any Passengers :	Not sure.
Name of Driver	Abdul Bari Abuthaker.	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	N.A.	Witness Contact :	N.A.
Accident Portion	Rear Portion.		
Camera Recorder	<u>Yes</u> / No		
Email Address	-		
PARTICULAR WORKSHOP	Twencar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Z? Teng		
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: 5106671555

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **To Be Advised** **SMG 7577R**
Chassis Number : RU11304869
2. Name of Policyholder : TIEN SOON HEONG
3. Effective Date of Insurance : 28 Dec 2018
4. Expiry Date of Insurance : 27 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHAN CHEE KEONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 27 Dec 2018 18:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1075649

Policy No.	5106671555	Vehicle No.	SMG7577R	GST Registr
Certificate No.				
Policyholder Name	TIEN SOON HEONG			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLASSIC	Loading
Contact No.(Mobile)	82680383	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	13/12/2019 17:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/12/2019	Time of Accident hh:mm	11:45	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE TWDS CHANGI AIRPUNGGOL EXIT			

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess	0.00	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	BLK 750 #11-12	Address 2	PASIR RIS STREET 71	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5106681031	

OI Driver Info

Driver Name	CHAN CHEE KEONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7504841F	Driver DOB
Register Date of Driver License	09/06/2017	Driver Age	44	Driving Experi
Contact No.(Mobile)	93678803	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 195A	Address 2	PUNGGOL ROAD	Address 3
Address 4	SINGAPORE 821195	Address Type	Singapore address	Post Code
Unit No.	#12-50B			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No Yes

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	T
Contact No.(Mobile)	82680383	Contact No. (Home)	A
Email Address		OI Vehicle Number	S
Claim Description	SMG7577R / SLM1126D ON 13 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered	13/12/2019 17:10	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

Accident No.

0071075649

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

13/12/2019 00:00

Path

Category

Confid

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

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NO

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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Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 17:10	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 17:10	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 17:10	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 17:09	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 17:09	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 17:09	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 17:09	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2019 17:09	Photos		Normal	PI

Video List

Uploaded By/Date

Folder Date

File Name

?

Display in New Window

Scan and uploading