

NATIONAL Assessment Centre Services.

Page 1 Jan 2005

NA/19/60685

Date In: 14/12/2009 17:49	Job description	Date & Time Completed	Done by
Ref No: NA/19/60220451	SAS e-filing		
Veh No: SMD 7593J	E-mail (3 days, AIC 2hrs)		
D.O.A: 13/12/2009 23:15	I-Motor Claim Form	NA/10/5736-001	14/12/2009 18:07
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wh32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMD 56204	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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: HUNG LOAN COLLECTION

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	By	Remarks

NA/19/60685	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors' Comments:	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (Nil): TP (Non INC) against INC	\$20
	9) NI: Idas 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	14/12/2019 17:49
Date Of Accident	13/12/2019 23:15
Exact Location Of Accident	ALONG ZION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7593J
Insured/Policyholder	
Name Of Registered Owner	LEE KIM FAI DANIEL
NRIC No	S1401936G
Email Address	KIMFAI555@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93253288
Alternative Phone No	OTHERS-93253288

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	5104094185-01
Cover Note Number	

Driver

Name of Driver	LEE KIM FAI DANIEL
NRIC No	S1401936G
Date Of Birth	26/09/1960
Occupation	INDOOR
Date Of Driving Pass	19/10/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93253288
Fax Number	
Contact Number	OTHERS-93253288
Email Address	KIMFAI555@GMAIL.COM

Address	BLK 549 HOUGANG STREET 51 #09-196
Postcode	530549
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	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?	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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Details of Witness 1

Name	NOEL
Phone Number	91708438
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ5620U
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HONG WEE ANN
NRIC/Passport Number	S6915058F
Contact Number	91550778
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

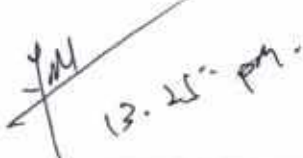
SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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:

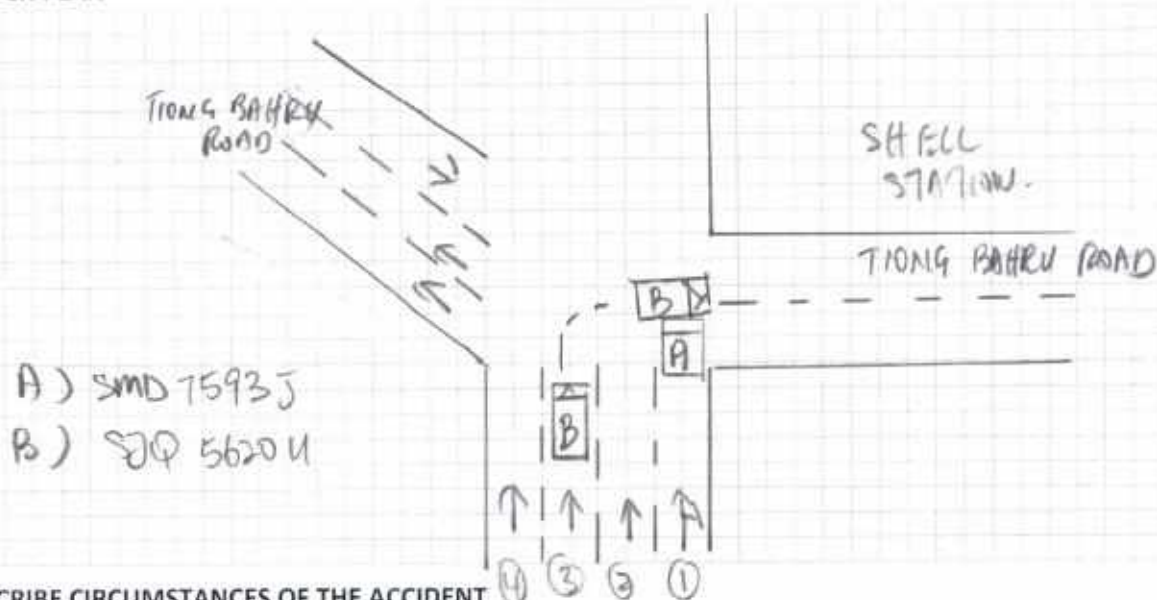
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 13/12/2019 AT ABOUT 23:15HRS I WAS TRAVELLING ALONG ZION ROAD & WAS AT THE EXTREME RIGHT LANE OF 4 LANES ROAD. MY LANE CAN ONLY TURN RIGHT & GO STRAIGHT. JUST BEFORE THE TIONG BAHRU ROAD JUNCTION I WAS SHOCK SUDDENLY A CAR SJQ 5620U FROM 3RD LANE MAKE A RIGHT TURN. & I HAVE A WITNESS WHO SAW THE ACCIDENT THAT ALL.

DECLARATION

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

Policyholder's Signature

Date & Time:

14/12/11

15/12-PM-

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

14/12/2019

Rosa

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 12 / 2019 (DD/MM/YYYY), TIME: 23 : 15 (HH:MM)

LOCATION: ZION RD.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 7593J.
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 51404094185-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VOLKSWAGEN / JETTA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 23/12 23.15
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LEE KIM FAI DANIEL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S140193616 CONTACT: 95253288
c) ADDRESS: BLK 549 HOUGAENG ST 51 #09-196

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE KIM FAI DANIEL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S140193616 CONTACT: 95253288
c) ADDRESS: BLK 549 HOUGAENG ST 51

* d) DATE OF BIRTH: 26 / 09 / 1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SD 562044 MODEL: AVANTE
b) DRIVER'S NAME: HONG NEE ANN
c) NRIC/FIN/PASSPORT: S69150581 CONTACT: 9150 0718

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

email = kim fai 555@gmail.com.
VIDEO

NOEL HP 91708438.

Claim Handling

Accident MT/1075736

Policy No.	S104094185-01	Vehicle No.	SMD7593J	GST Registration No.	
Certificate No.				Policyholder NRIC	S1401936G
Policyholder Name	LEE KIM FAI DANIEL	Cover Type	drive CLASSIC	Leading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	93253288	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
IRK	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				
Accident Details					
Report Date	14/12/2019 18:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	13/12/2019	Time of Accident In: min	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ZION ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OID Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
VIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 549 #05-198	Address 2	HOUGANG STREET 51	Address 3	SINGAPORE S 30549
Address 4		Address Type	Singapore address	Post Code	530549
UNIT No.		Related Policy Number	S104094185-01		
01 Driver Info					
Driver Name	LEE KIM FAI DANIEL	Driver Type	Main Driver	Driver DOB	26/09/1960
Unnamed driver Name		Driver NRIC	S1401936G	Driving Experience	19
Register Date of Driver License	01/01/2000	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	93253288	Contact No.(Office)		Address 3	SINGAPORE S30549
Address 1	BLK 549 #05-198	Address 2	HOUGANG STREET 51	Address 2	
Address 4		Address Type	Singapore address	Post Code	530549
UNIT No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SMD7593J	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LEE KIM FAI DANIEL	Insured NRIC	S1401936G	
Contact No.(Mobile)	93253288	Contact No.(Home)	93253288	Contact No.(Office)	93253288	
Email Address		Vehicle Number	SMD7593J	TP	SMD7593J	
Claim Description	SMD7593J / SINGAPORE ON 13 Dec 2019				Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received		
Report No. Finalization	Yes	Repair Option	Preferred Workshop, Name unknown			
Date Registered	14/12/2019 18:06	Claim Close Date		Date Received	14/12/2019	
Report Taken By	RISLI WAHAB					

Print AX letter

Save Submit

Attachment

Accident No.	MT/1075736	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	14/12/2019 18:07		
Path *		Category *	Confidential	Urgency *	Doco
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					
Attachment List					

[Video List](#)

Display in New Window

Scan and summarizing

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: 5104094185-01

Cover : drivo CLASSIC

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SMD7593J |
| Chassis Number | : WVVZZZ1KZAM138983 |
| 2. Name of Policyholder | : LEE KIM FAI DANIEL |
| 3. Effective Date of Insurance | : 06 Oct 2019 |
| 4. Expiry Date of Insurance | : 05 Oct 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	: 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	: LIM KIM FAI DANIEL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: AUTOTRUST CREDIT 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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 25 Sep 2019 13:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive