

NATIONAL Assessment Centre Services

(part 1 Jan 03)

MMA 119169699

Date In: 26/12/19 14:15	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MAI INC 19022663/44	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SGT 5401E	I-Motor Claim Form	MT/1077144-002	26/12/19 14:39
TPA: 24/12/19 11:15	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Off: TP / Repairing 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:

53U 7889.C.

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 repalter.

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

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

Remarks:

(INC/Ref No: 6788/6616)

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:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Signature:

MMA 2000003

Invoice Preparation Checklist

- | | Am't (\$) | Am't (\$) |
|---|-----------|-----------|
| 1) AR: Accident Reporting (\$30); | | 30.00 |
| 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| 3) TP: Towing Fee | 540/543 | |
| 4) PT: Follow-Through Survey | \$120 | |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 | |
| For claiming against INC Only (w/c 10 Jan 2003) | | |
| 6) TR: Re-inspection | \$75 | |
| 7) NI: Idao 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: Idao Mobile | \$0 | |

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Stamp/Signature

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	26/12/2019 14:15
Date Of Accident	24/12/2019 11:15
Exact Location Of Accident	GUILLEMARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT5401E
Insured/Policyholder	
Name Of Registered Owner	LIANG FOO JEE @ LONG FOO YI
NRIC No	SXXXX354J
Email Address	LIANGFJ@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96282256
Alternative Phone No	OFFICE-96282256

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5020290452-12
Cover Note Number	

Driver

Name of Driver	LIANG FOO JEE @ LONG FOO YI
NRIC No	SXXXX354J
Date Of Birth	11/01/1938
Occupation	INDOOR
Date Of Driving Pass	17/02/1966
Driving Experience	53 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96282256
Fax Number	
Contact Number	OFFICE-96282256
EMail Address	LIANGFJ@YAHOO.COM

Address	5A LORONG SARINA
Postcode	416652
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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	SJU7889C
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)	

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:

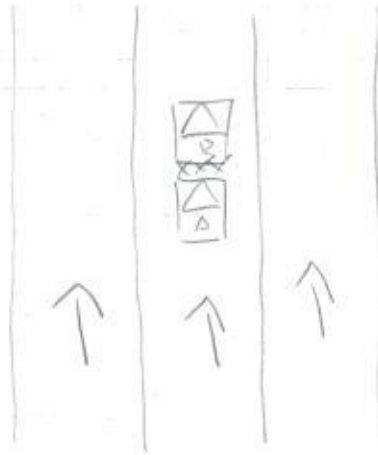
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Veh B: SJU 7889C
Veh A: SGT 5401E

SKETCH PLAN

Guillemard Road
towards Guillemard
Circle



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON The stated time and date

I was travelling my vehicle bearing car plate SGT 5401E along Guillemard Road towards Guillemard circle. The traffic was stationary, when the Traffic light turn to red. I can't stop in time and collided onto a vehicle bearing car plate SJU 7889C.

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.:

ACCIDENT STATEMENT

✓ ACCIDENT DATE: 24 / 12 / 2019 (DD/MM/YYYY), TIME: 11:15 AM (HH:MM) ✓
 ✓ LOCATION: Guillemard Road

1. DETAILS OF VEHICLE

- ✓ a) VEHICLE NUMBER: SGT 5401 E
 ✓ b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5020290452-12
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: H. Stream
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: LIANG FOO JEE (MALE / FEMALE)
 ✓ b) NRIC/FIN/PASSPORT: 508A354J CONTACT: 96282256
 ✓ c) ADDRESS: 5A TORONG SARNE Singapore 1441

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____
 *d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: _____

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

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: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1) Female
Female

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

* Driver sign

Email = LiangFJ@yahoo.com

fax =

VIDEO =



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5020290452-12
The Policyholder	: LIANG FOO JEE @ LONG FOO YI 5-A LORONG SARINA SINGAPORE 416652

Period of Insurance	: 16 Apr 2019 To 15 Apr 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$809.13

Interest Insured

Cover Type	: Third Party, Fire & Theft	Capacity	: 1800cc
Primary Driver	: LIANG FOO JEE @ LONG FOO YI	Registration Year	: 2007
Named Driver (1)	: LIANG HHIN WEI	Off-peak Car	: No
Named Driver (2)	: LIANG KOK YING	Insure with COE	: Yes
Make/Model	: HONDA/STREAM	NCD Entitlement	: 50%
Registration Number	: SGT5401E	NCD Protection	: Yes(Free)
Chassis Number	: RN6-1027240	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: N/A		
Excess (Section 2)	: N/A		
Additional Excess	: N/A		
Unnamed Driver Excess	: N/A		
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : M4

Agency	: CROSBY INSURANCE AGENCY (00000570899)
Date of Issue	: 22 Mar 2019 21:09 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Claim Handling

Accident MT/1077144

Policy No.	5020290452-12	Vehicle No.	SGT5401E	GST Registration No.	
Certificate No.					
Policyholder Name	LIANG FOO JEE @ LONG FOO YI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	508173543
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available

▼ Accident Details

Report Date	26/12/2019 09:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/12/2019	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GULLEMAR ROAD & MOUNTBATTEN ROAD JUNCTION				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	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	5-A LORONG SARINA	Address 2	SINGAPORE 416652	Address 3	
Address 4		Address Type	Singapore address	Post Code	416652
Unit No.		Related Policy Number	5020290452-12		

▼ O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	LIANG FOO JEE @ LONG FOO YI	Insured NRIC	50817
Contact No.(Mobile)	96282256	Contact No. (Home)	67425721	Contact No. (Office)	
Email Address	arabasque23@yahoo.com.sg	Vehicle Number	SGT5401E	Vehicle Number	SJU781
Claim Description	SGT5401E / SJU7889C ON 24 Dec 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at fault	GIA report	Received
Revised No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	26/12/2019 14:37
Date Registered				Date Received	26/12/
Report Taken By	LEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1077144	Claim No.	002
Last Doc. Received	Yes No	Upload Date	26/12/2019 14:39
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M:
NAC_PAYA_UBI_8006011	NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Dec 2019 14:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-12-26	

[illegible]