

NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

NA20001224

Date In: 08/01/2020 17:29	Job description	Date & Time Completed	Done by
Ref No: NA20001224	SAS e-filing		
Veh No: SKY44IK	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: 02/01/2020 09:05	I-Motor Claim Form	MT/10/8811-001	08/01/2020 09:57
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/Witness		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: XE 2682H	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____
Date/Time: _____

NA20001224	1) AL: 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	
Withholder's Comments:	6) TR: Re-inspection	\$75	
2nd L:	7) NI: Idas DA + SMRT Survey	\$160	
2/2	8) NTUC Additional Services:-		
	9) NI: Idas Mobile	\$30	
	10) NI: Idas Mobile	\$30	
	11) NI: Idas Mobile	\$30	
	12) NI: Idas Mobile	\$30	
	13) NI: Idas Mobile	\$30	
	14) NI: Idas Mobile	\$30	
	15) NI: Idas Mobile	\$30	
	16) NI: Idas Mobile	\$30	
	17) NI: Idas Mobile	\$30	
	18) NI: Idas Mobile	\$30	
	19) NI: Idas Mobile	\$30	
	20) NI: Idas Mobile	\$30	

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	02/01/2020 17:29
Date Of Accident	02/01/2020 09:05
Exact Location Of Accident	JUNCTION OF SOMMERVILLE WALK AND BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK441K
Insured/Policyholder	
Name Of Registered Owner	JOEY NG SI YU
NRIC No	SXXXX407A
Email Address	JOEYNGSIYU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91770780
Alternative Phone No	OFFICE-91770780

Vehicle Particulars

Manufacturer	BMW
Model	320I
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115002111
Cover Note Number	

Driver

Name of Driver	JOEY NG SI YU
NRIC No	SXXXX407A
Date Of Birth	16/08/1993
Occupation	INDOOR
Date Of Driving Pass	11/06/2012
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91770780
Fax Number	
Contact Number	OFFICE-91770780
Email Address	JOEYNGSIYU@GMAIL.COM

Address	13 CHILTERN DRIVE
Postcode	359772
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	SIDE SWIPE
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?	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)	2
Passenger 1	NAME: : FRIEND
	GENDER: : MALE

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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	XE2682H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RICHARD LIM JIA FENG
NRIC/Passport Number	SXXXX215H
Contact Number	62823350
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time: 2 JAN 2020 14:14

Driver's Signature

(If driver is not the policyholder)

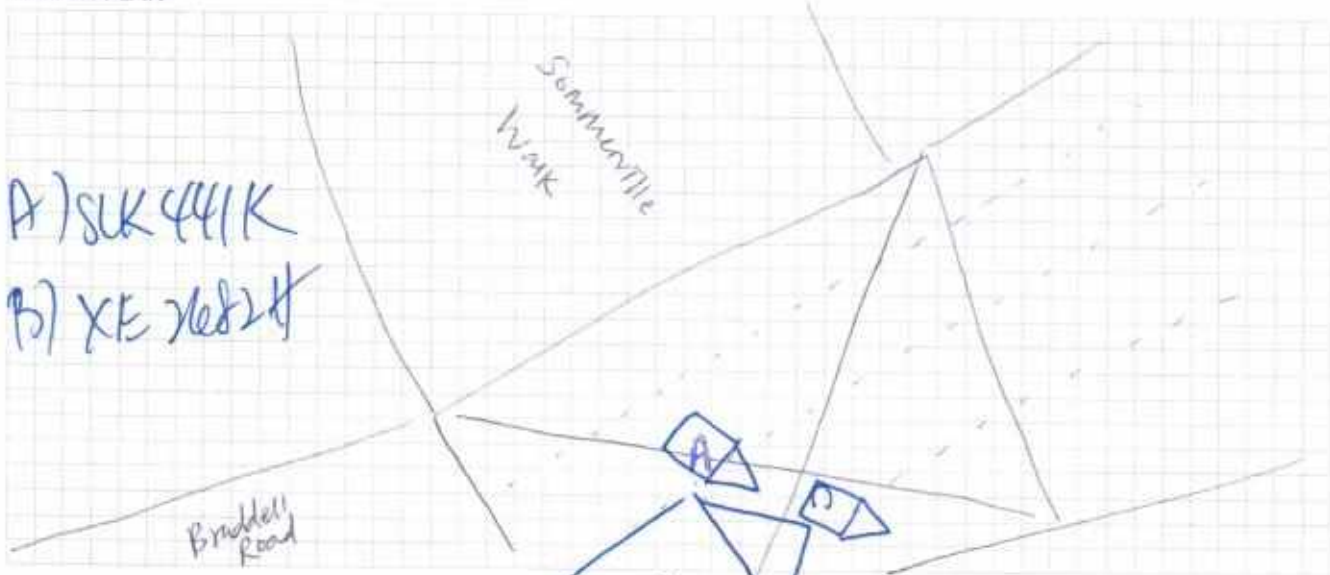
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, JOEY NGSI YU (S933 0407A), was driving my car (SLK 441 K) out from Sommerville Walk, into a yellow box along Bradell Road. It was a red light, and all the cars were stationary. A big truck (XE 2682 H) was half in the yellow box, when he was not supposed to be. When the lights turned green, he accelerated and hit the right side of my car. He did not notice my car and proceeded to accelerate. - The truck is driven by Male driver, RICHARD LIM JIA PENG (S16912154).

B → XE 2682 H
A → SLK 441 K

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 2 JAN 2020 / 14:14

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] 08/01/2020

[Signature]

Google Maps



ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 01 / 2020 (DD/MM/YYYY), TIME: 09 : 04 (HH:MM)

LOCATION: BRADDELL ROAD Towards Boreilly

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 441 K
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5115002111
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 320i
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: JOEY NG SIYU (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S9330407A CONTACT: 91770780
 C) ADDRESS: 13 CHILTERN DRIVE S(359772)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR ABRAHAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 16 / 08 / 1993 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 2012

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: XE 2682 H MODEL: _____
 b) DRIVER'S NAME: RICHARD LIM JIA PENG
 c) NRIC/FIN/PASSPORT: S1691215H CONTACT: 6282 3350

9. THIRD PARTY VEHICLE

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

Email: joeyngsiyu@gmail.com

VIDEO: boonting@prestoexpatmotoring.com

Claim Handling

Accident MY/1078111

Policy No.	013303111	Vehicle No.	SLK441K	GST Registration No.	
Certificate No.					
Policyholder Name	JOEY NG SI YU			Policyholder NRIC	S933047A
Product Code	PRVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Leading	0
Contact No. (Mobile)	91770760	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No *
KPI	+ No - Yes	TCA	+ No - Yes	eCode Reason	
NCD Protection	No	NCD Embodiment(%)	0	Private Hire	No

Accident Details

Report Date	01/01/2020 09:52	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	02/01/2020	Time of Accident (H:mm)	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	JUNCTION OF SOMMERVILLE WALK AND BRADDOCK ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
GD Standard Excess	\$00.00	TF Standard Excess	0.00	Driver is Covered?	Covered
Net GD Excess	0.00	YBG TF Excess	0.00		
Additional Excess	0				
Total GD Excess Applicable	\$00.00	Total TF Excess Applicable	0.00		

Benefits

Coverage	Sum Insured	
Transport Allowance	\$000000.00	

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	13 CHILTERN DRIVE	Address 2	306GARDEN STREET	Address 3	
Address 4		Address Type	Singapore address	Post Code	350772
Unit No.		Related Policy Number	0110002111		

01 Driver Info

Driver Name	JOEY NG SI YU	Driver Type	Main Driver	Driver DOB	15/06/1993
Unnamed Driver Name		Driver NRIC	S933047A	Driving Experience	7
Register Date of Driver License	11/08/2012	Driver Age	26	Contact No. (Home)	
Contact No. (Mobile)	91770760	Contact No. (Office)		Address 1	
Address 1	13 CHILTERN DRIVE	Address 2	SINGAPORE 350772	Address 3	
Address 4		Address Type	Singapore address	Post Code	350772
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SLK441K	Driver Insurer Company	NTUC

Declaration

Smotherly or Bored Test Reading?	No + Yes	Any Injury?	Yes + No
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Modification History

Claim 001 None

Claim Type *	DD-HK	Insured Name	JOEY NG SI YU	Insured NRIC	S933047A
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		Q1		TP	
Claim Description	SLK441K / XZ2582H ON 2 Jan 2020		Vehicle Number	SLK441K	TP
Preferred Workshop	Insured Workshop	Not at Fault		Name of Preferred Workshop	
Preferred Repairer	Insured Repairer	Preferred Workshop, Name unknown			
Date Registered	03/01/2020 09:58	Claim Case Date	03/01/2020 09:58	Date Received	03/01/2020 09:00
Report Taken By	BISLI WAHAB				

Print X6 letter

Save Submit

Attachment

Accident No.	MY/1078111	Claim No.	001
Last Doc. Received	Yes No	Upload Date	01/01/2020 09:57
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
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	File Size (KB)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MEARAH) on 03 Jan 2020 09:57	Photos	Normal	Photos 2020-1-3	1.5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MEARAH) on 03 Jan 2020 09:56	Photos	Normal	Photos 2020-1-3	1.3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MEARAH) on 03 Jan 2020 09:55	Photos	Normal	Photos 2020-1-3	1.3	Edit

S (BUKIT MERAH) on 03 Jan 2020 09:56

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jan 2020 09:56

Photos

Normal

Photos 2020-1-3

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jan 2020 09:56

Photos

Normal

Photos 2020-1-3

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jan 2020 09:56

Photos

Normal

Photos 2020-1-3

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jan 2020 09:56

Photos

Normal

Photos 2020-1-3

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jan 2020 09:56

Photos

Normal

Photos 2020-1-3

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jan 2020 09:56

Photos

Normal

Photos 2020-1-3

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jan 2020 09:56

Photos

Normal

Photos 2020-1-3

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jan 2020 09:56

Photos

Normal

Photos 2020-1-3

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jan 2020 09:56

NAC/ Driving License

Y

Normal

NAC/ Driving License 2020-1-3

Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 03 Jan 2020 09:56

SAS

Normal

SAS 2020-1-3

Edit

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115002111

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLK441K**
 Chassis Number : **WBAPG560X0NM91305**
2. Name of Policyholder : **JOEY NG SI YU**
3. Effective Date of Insurance : **18 Dec 2019**
4. Expiry Date of Insurance : **17 Dec 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	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: JOEY NG SI YU
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : JIN-SHI (HOLDINGS) PTE LTD (00000614399)
 Date of Issue : 18 Dec 2019 16:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive