

# NATIONAL Assessment Centre Services

[ver 1 Jan 02]

MMA 12000 2686

Date In: 7/1/20 12:13	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 20000 455/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJU 5253A	i-Motor Claim Form	MT/1079012-001	7/1/20 17:37
DDA: 6/1/20 16:35	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting 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:

SFY 2109X.

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 repaler.

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

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

Remarks:

(INC Rollin: 6486616)

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:

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

MA 2000 352

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$50)

3) TP: Towing Fee

\$40/\$45

4) FT: Follow-Through Survey

\$120

5) FT: Follow-Through Survey (Resurvey)

\$30

For claiming against INC Only (ver 10 Jan 2003)

6) TR: Re-Inspection

\$75

7) NI: Idao DA + SMRT Survey

\$160

8) NTUC Additional Services:

Q12:

\*N3: Courtesy Car / Tpt Allowance

\$5

\*N6: Repair Co-ordination

\$10

\*N7: Post Repair Inspection

\$25

\*N8: DV / Collect Excess Coordination

\$5

TP (N11): TP (Inc in INC) against INC

\$20

9) N12: Idao 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	07/01/2020 12:13
Date Of Accident	06/01/2020 16:35
Exact Location Of Accident	UPP THOMSON RD B4 SLE(TPE) EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU5253A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN WEE HOCK ROBERT
NRIC No	SXXXX166I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81136533
Alternative Phone No	OFFICE-81136533

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	5113921604
Cover Note Number	

### Driver

Name of Driver	TAN WEE HOCK ROBERT
NRIC No	SXXXX166I
Date Of Birth	24/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1999
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81136533
Fax Number	
Contact Number	OFFICE-81136533
Email Address	NOEMAIL

Address	BLK 818 TAMPINES ST 81 #08-598
Postcode	520818
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	AFTER RAINED
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

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	SFV2109X
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	TAN WEE HOCK ROBERT
------	---------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJU5253A

YES

NO


## 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.

X 

Policyholder's Signature  
Date & Time:



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



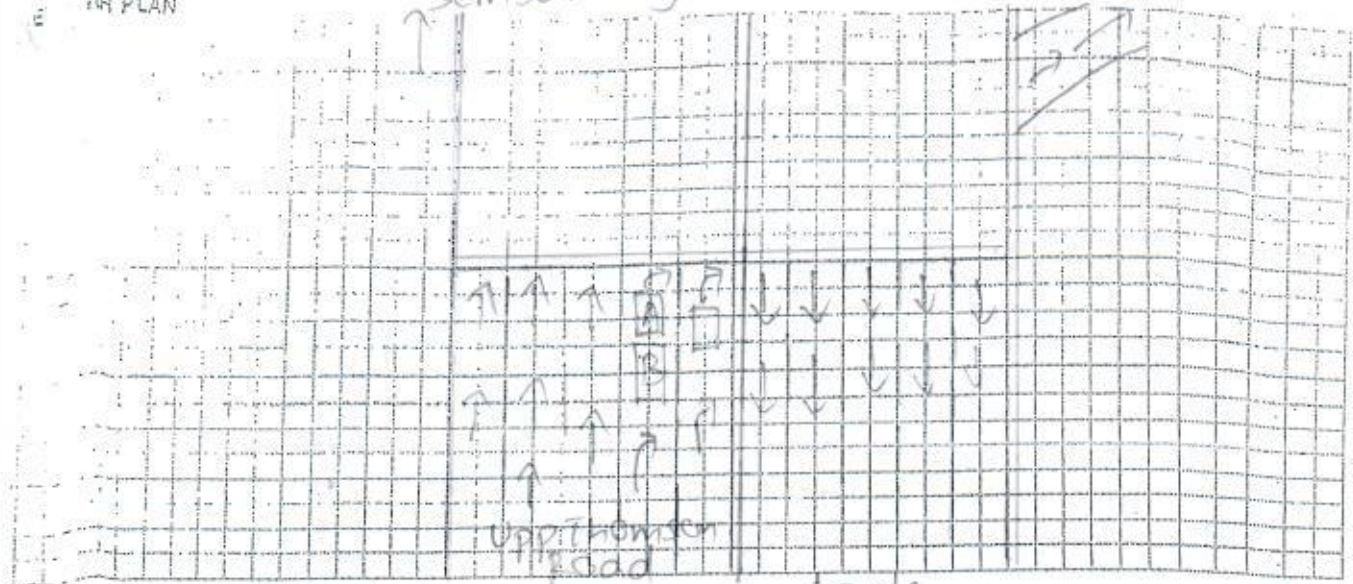
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Upp Thomson Rd

Twds Sembawang

SCE (TPE)

TH PLAN



A: SJU5253A  
 B: SFV2109X

STATE THE CIRCUMSTANCES OF THE ACCIDENT

Twds Thomson

On 6/1/2020 4.35pm I was travelling along Upp Thomson Road twds ~~SLEETPE~~ Exit. My vehicle was stationary while waiting for the traffic light to turn to change to green. All of a sudden, I heard a loud bang and my vehicle surged forward. Vehicle B hit onto the rear of my vehicle. There was 3 vehicles involved in the accident.

DECLARATION

I declare the foregoing particulars are true in every respect.

Jan  
 Policyholder's Signature  
 & Time:

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

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

VEHICLE NO: SJU5253A

MAKE &amp; MODEL: Honda Fit 1.3G A

DATE OF ACCIDENT	6 / 1 / 2020	
TIME OF ACCIDENT	4.35 AM (PM)	
LOCATION OF ACCIDENT	Upper Thomson Road bef (TPE)	
Exact Purpose use during accident	SLE exit flyover	
NAME OF OWNER	Tan Wee Hock Robert	
TELP NO	8113 6533	
NRIC	S1804166I	
CLAIM TYPE	OD / (THIRD PARTY) / Reporting Only	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft	
POLICY NO.	5113921604	
NAME OF DRIVER	As above / If No:	
NRIC	S1804166I	
DATE OF BIRTH	24 / 03 / 1967	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	/ /	
GENDER	Male / Female	
CONTACT NO.	Office: Home:	
ADDRESS	Apt B1K 818 Tampines St 81 #08-598	
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other: After Rain	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? Tan Wee Hock Robert	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
VEHICLE B NO.	SFV 2109X	
NAME	Tan Choon Hock	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS	Any Passenger:	
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
ARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki bukit ave 6 #02-15	
CONTACT PERSON	Autobay @ kaki bukit	
TELP NO.	Singapore 417883	
	Telp: 67476106 (6 lines)	
	Fax: 67442368	

Tel: 674 76918

phbms @ Yahoo. com

## 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:** 5113921604

**Cover :** drivo CLASSIC

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJU5253A</b>            |
| Chassis Number  | : GE61167066                 |
| 2. Name of Policyholder   | : <b>TAN WEE HOCK ROBERT</b> |
| 3. Effective Date of Insurance  | : <b>11 Nov 2019</b>         |
| 4. Expiry Date of Insurance   | : <b>10 Nov 2020</b>         |
| 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	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN WEE HOCK ROBERT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) 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 : 11 Nov 2019 11:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorised Officer

Chief Executive

## Claim Handling

## Accident MT/1079012

Policy No.	5113921604	Vehicle No.	SJU5253A	GST Registration No.	
Certificate No.					
Policyholder Name	TAN WEE HOCK ROBERT			Policyholder NRIC	S1804166I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81136533	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	07/01/2020 17:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/01/2020	Time of Accident hh:mm	16:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP THOMSON PD B4 BLE(TPE) EXIT				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED DD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total DD Excess Applicable	600.00	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	BLK 818 #08-598	Address 2	TAMPINES STREET 81	Address 3	TAMPINES POLYVIEW
Address 4	SINGAPORE 520818	Address Type	Singapore address	Post Code	520818
Unit No.		Related Policy Number	5113921604		

## Q1 Driver Info

Driver Name	TAN WEE HOCK ROBERT	Driver Type	Main Driver	Driver DOB	24/03/1967
Unnamed driver Name		Driver NRIC	S1804166I	Driving Experience	20
Register Date of Driver License	01/01/2000	Driver Age	52	Contact No.(Home)	
Contact No.(Mobile)	81136533	Contact No.(Office)		Address 3	TAMPINES POLYVIEW
Address 1	BLK 818 #08-598	Address 2	TAMPINES STREET 81	Post Code	520818
Address 4	SINGAPORE 520818	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	= Yes No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAN WEE HOCK ROBERT	Insured NRIC	S1804166I
Contact No.(Mobile)	81136533	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	tanrobert92@gmail.com	Q1 Vehicle Number	SJU5253A	TP Vehicle Number	SPV2109K
Claim Description	BLK818A / SPV2109K ON 6 Jan 2020				
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	07/01/2020 17:36
Report Taken By				Date Received	07/01/2020

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1079012	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	07/01/2020 17:37
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	H:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:37	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:37	SAS	Normal	SAS 2020-1-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:37	Photos	Normal	Photos 2020-1-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:37	Photos	Normal	Photos 2020-1-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:37	Photos	Normal	Photos 2020-1-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:36	Photos	Normal	Photos 2020-1-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:36	Photos	Normal	Photos 2020-1-7	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:36	Photos	Normal	Photos 2020-1-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:36	Photos	Normal	Photos 2020-1-7	

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading