

NATIONAL Assessment Centre Services

Date In: 13/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20000742/13	SAS e-filing		
Veh No: EM7633A	E-mail (within 8hrs; AIC 2hrs)		
D.O.A: 20/12/19 0000	i-Motor Claim Form	MT/1076784-002	
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: (Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN	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

NA2000556	Invoice Preparation Checklist		Amc (\$) Inc Bill	Amc (\$) 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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tpl 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 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	13/01/2020 12:31
Date Of Accident	20/12/2019 00:00
Exact Location Of Accident	UNKNOWN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EM7633A
Insured/Policyholder	
Name Of Registered Owner	CHNG KEE YEOK
NRIC No	SXXXX064G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97893403
Alternative Phone No	OTHERS-97893403

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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
Fleet Policy	NO
Policy Number	5057497976-06
Cover Note Number	

Driver

Name of Driver	CHNG KEE YEOK
NRIC No	SXXXX064G
Date Of Birth	19/06/1944
Occupation	INDOOR
Date Of Driving Pass	26/06/1967
Driving Experience	52 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97893403
Fax Number	
Contact Number	OTHERS-97893403
Email Address	NOEMAIL

Address	BLK 129 LOR AH SOO #03-334
Postcode	530129
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	NO COLLISION
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

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?	NO
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;	OVERWRITE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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

IMPORTANT NOTICE

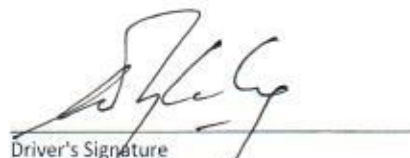
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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:
13/01/20
12.48pm


Driver's Signature
(If driver is not the policyholder)

Date & Time:
13/01/20
12.48PM.


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

SKETCH PLAN

NO SKETCH AVAILABLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- I was not aware of this incident
- I did not hear any honking
- If there was a collision, I would have realised and reported immediately

DECLARATION

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

Policyholder's Signature _____

Date & Time:

13/E1/20

12.48 pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/01/20

12.48 PM

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

24m 13/01/20

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: 5057497976-06

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **EM7633A**
Chassis Number : **JTDBT23E200017451**
2. Name of Policyholder : **CHNG KEE YEOK**
3. Effective Date of Insurance : **16 Jan 2019**
4. Expiry Date of Insurance : **15 Jan 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH GOE	: N/A
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: CHNG KEE YEOK
NAMED DRIVER (1)	: CHNG YORK LY
NAMED DRIVER (2)	: CHNG SZE WEI
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : VICOM LTD (00000614946)
Date of Issue : 11 Dec 2018 15:04 hrs

VICOM LTD
25, RAJA BUNTA AVENUE
#01-01, RAJA BUNTA
#01-01, RAJA BUNTA

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1076784

Policy No.	5057497976-00	Vehicle No.	EM7633A	GST Registrat
Certificate No.				
Policyholder Name	CHNG KEE YEOK			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		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	23/12/2019 12:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/12/2019	Time of Accident hh:mm	13:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG TEE TWDS SENGKANG			
▼ Excess				
Own damage Excess	0.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
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 129 #03-334	Address 2	LORONG AH SOO	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5057497976-02	
▼ OI Driver Info				
Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Exper
Contact No.(Mobile)		Contact No.(Office)		Contact No.(I
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	C
Contact No.(Mobile)	97893403	Contact No. (Home)	h
Email Address		OI Vehicle Number	E
Claim Description	EM7633A / UNKNOWN ON 20 Dec 2019		
Preferred Workshop Contact No. Finalisation	Yes	Insured Liability Not at Fault	
	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Date Registered			13/01/2020 17:27
Report Taken By			ROSLINDA
Print AK letter			
Save Submit			

Attachment

Accident No. MT/1076784 Claim No. 002

1/13/2020

Claim Handling(Claim Task 002 OD-MX)

Last Doc. Received

* Yes

No

Upload Date

13/01/2020 00:00

Path *

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

Choose File No file chosen

Message Read

Category *

Confid

Clear

Please Select

NO

Clear

Please Select

NO

Clear

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NO

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NO

Attachment List

Attachment

Uploaded By/Date

Category

?

Urgency

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:27

NRIC/ Driving License

Y

Normal

NRIC/ Dr

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:27

SAS

Normal

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:27

Photos

Normal

P

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:26

Photos

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Photos

Normal

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Video List

Uploaded By/Date

Folder Date

File Name

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Display in New Window

Scan and uploading