

NATIONAL Assessment Centre Services

Part 1 Jan05 MMA 120005930

Date In: 13/1/20 19:32	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 20000803/64	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SLJ 49835	I-Motor Claim Form	MT/1079893-001	13/1/20 19:43
DDA: 11/1/20 17:30	I-Motor W/O (within OD 2hrs, TP 4hrs)		
Off: (P) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Whsp / INC Assign Whsp / OW: (Tel:	Fax:
TP Particulars:	Veh No: YN 3807A	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 repairer.

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

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

Remarks: (INC notice: 6700 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

MA 2000496	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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:	For claiming against INC Only (we 10 Jan 2005)		
Tel: 1:	6) TR: Re-inspection \$75		
	7) N1: Idan DA + EMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idan 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	13/01/2020 19:32
Date Of Accident	11/01/2020 17:30
Exact Location Of Accident	PIE TWDS TUAS AFTER EXIT 26A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4983S
Insured/Policyholder	
Name Of Registered Owner	TIA NAN RAY
NRIC No	SXXXX639Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96402879
Alternative Phone No	OFFICE-96402879

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114244053
Cover Note Number	

Driver

Name of Driver	TIA NAN RAY
NRIC No	SXXXX639Z
Date Of Birth	10/08/1979
Occupation	INDOOR
Date Of Driving Pass	20/01/1998
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96402879
Fax Number	
Contact Number	OFFICE-96402879
EMail Address	NOEMAIL

Address	111 PASIR RIS GROVE #04-26
Postcode	518170
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?	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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3807A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DU FE
NRIC/Passport Number	GXXXX816P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TIA NAN RAY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLJ4983S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



Policyholder's Signature
Date & Time:



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

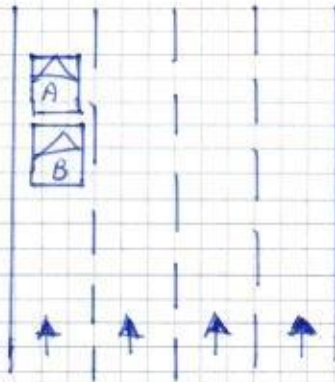


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SLJ49835

Vehicle B: YN3807A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary on the extreme left lane as the traffic was heavy,
I stationary for a 4-5 seconds suddenly this vehicle (YN3807A) from behind
bang on to my rear portion of my vehicle (SLJ49835). I feel unwell
the next day after the accident and I went to intermedial clinic
to see the doctor and I was given 5 days

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.:

Date of Accident : 11/1/2020 Accident Time: 17:30hr (24-HR-Format)
 Accident Place : PIE (TUAS) After Exit 26A
 Vehicle No. (Car Plate No.) : SLJ 49835 Make/Model: Mazda 3
 Insurance Company : NTUC Policy No: 5114244053
 Owner or Company Name / IC No. : Tia Han Ray (579236392)
 Owner or Company Contact No. : 9640 2879 Owner's Hp - Company Tel -
 DRIVER'S Name / IC No. : - Same As Above
 DRIVER'S Date Of Birth : 10/8/1979 DRIVER'S License Pass Date 2 Jan 1998
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 111 Pasir Ris Grove #04-26 L5 518170
 DRIVER'S Contact No / Alt No. : (1) - (2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : -
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): -

Other Party Driver's Particular (if any)

Vehicle No: <u>YN3807A</u>	Vehicle No: <u>-</u>
Vehicle Make/Model: <u>Isuzu</u>	Vehicle Make/Model: <u>-</u>
Name Driver: <u>Du fei</u>	Name Driver: <u>-</u>
IC No. Driver/Contact: <u>G3301816P</u>	IC No. Driver/Contact: <u>-</u>

*** NEW - Passenger's name & gender:**

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: 5114244053

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLJ49835**
Chassis Number : **JM6BN22A8H0113716**
2. Name of Policyholder : **TIA NAN RAY**
3. Effective Date of Insurance : **26 Nov 2019**
4. Expiry Date of Insurance : **25 Nov 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: TIA NAN RAY (XIE NANLIE)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HUI HUA 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 : HUI HUA CREDIT PTE LTD (00000571762)

Date of Issue : 26 Nov 2019 16:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1079893

Policy No.	5114244053	Vehicle No.	SLJ49835	GST Registration No.	
Certificate No.					
Policyholder Name	TIA NAN RAY	Cover Type	drive CLASSIC	Policyholder NRIC	S7923639Z
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96402879	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	13/01/2020 19:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/01/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TJAS AFTER EXIT 26A				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
Benefit					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 685C #06-168	Address 2	JURONG WEST CENTRAL 1	Address 3	SINGAPORE 643685
Address 4		Address Type	Singapore address	Post Code	643685
Unit No.	06-168	Related Policy Number	5106891762		
O1 Driver Info					
Driver Name	TIA NAN RAY (XIE NANLIE)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7923639Z	Driver DOB	10/08/1979
Register Date of Driver License	20/01/1998	Driver Age	40	Driving Experience	21
Contact No.(Mobile)	96402879	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 685C #06-168	Address 2	JURONG WEST CENTRAL 1	Address 3	SINGAPORE 643685
Address 4		Address Type	Singapore address	Post Code	643685
Unit No.	06-168				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	= Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TIA NAN RAY	Insured NRIC	S7923639Z
Contact No.(Mobile)	96402879	Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address	RTNR@HOTMAIL.COM	Vehicle Number	SLJ49835	TP Vehicle Number	YN380
Claim Description	SLJ49835 / YN3807A ON 11 Jan 2020				
Preferred Workshop	0	Insured Liability	Not at Fault		
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	13/01/2020 19:42	Claim Close Date		Date Received	13/01/2020
Report Taken By	LJEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1079893	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	13/01/2020 19:43
Path *			
Choose File	No file chosen	Category *	Confidential
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		
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_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:43	SAS		Normal	SAS 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:43	Photos		Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:43	Photos		Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:43	Photos		Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:43	Photos		Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:42	Photos		Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:42	Photos		Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:42	Photos		Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:42	Photos		Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:42	Photos		Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 19:42	Photos		Normal	Photos 2020-1-13	

Video List

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