

NATIONAL Assessment Centre Services. [ver 1 Jan 05] **MAY 2005 892**

Date In: 13/01/2020 18:23	Job description	Date & Time Completed	Done by
Ref No: NBA/INC 20000830/4	SAS e-filing		
Veh No: SCE 2874 P	E-mail (5 jobs 2hrs, AIC 2hrs)		
DOA: 13/01/2020 08:35	I-Motor Claim Form	M/1079815-002	14/01/2020
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10/15
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: () Tol: () Fax: ()

TP Particulars: Vch No: **SCE 587LB** 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 Comments: ()

() 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: ()

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

Date:	Time:	Location:	Weather:

NA2000443	Invoice No: _____	Invoice Date: _____	Fee Charged: _____
Driver/Owner:	1) AIR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee 340/345		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Warranty Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Sal. I:	For claiming against INC Only (ver 10 Jan 2005)		
2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	* NI: Courtesy Car / Tpl Allowance \$5		
	* NG: Repair Coordination \$10		
	* NV: Post Repair Inspection \$25		
	* NB: DV / Collect Excess Coordination \$5		
	TP (NI): TP (S in INC) against INC \$20		
	9) NI: 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	13/01/2020 18:23
Date Of Accident	13/01/2020 08:35
Exact Location Of Accident	HENDERSON ROAD BUS STOP OUTSIDE MINDEF HQ
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE2824P
Insured/Policyholder	
Name Of Registered Owner	TAN CHUAN HUA
NRIC No	SXXXX120I
Email Address	ZHANG.WEITIAN1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97370703
Alternative Phone No	OTHERS-94740617

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO OFFICE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5054162850-07
Cover Note Number	

Driver

Name of Driver	ZHANG WEITAN
NRIC No	SXXXX192B
Date Of Birth	03/11/1993
Occupation	INDOOR
Date Of Driving Pass	28/01/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97370703
Fax Number	
Contact Number	OTHERS-94740617
EMail Address	ZHANG.WEITIAN1@GMAIL.COM

Address	BLK 119D KIM TIAN ROAD #25-208
Postcode	164119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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

PLEASE REFER TO SKETCH PLAN

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	SLE5871B
Vehicle Make/Model/Colour	TOYOTA SIENNA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUE CHIN LEONG SAMUEL (XU JUNLONG)
NRIC/Passport Number	SXXXX752B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:



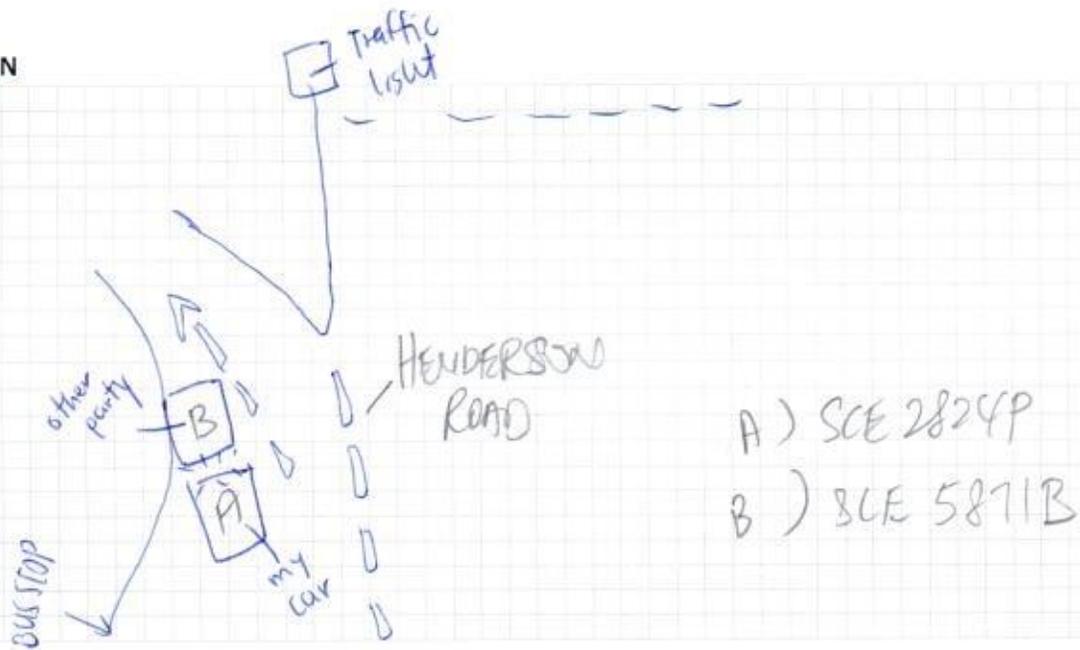
Driver's Signature
(If driver is not the policyholder)
Date & Time:

13 JAN 2020
12:33PM



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened 8:37 AM, 13th JANUARY 2020 (MONDAY).

After making a U-TURN, I had to filter to my last lane immediately in order to make a slight left.

Other party's car was directly in front of me and I assumed the driver would move, ~~that~~ However, after I realised that the car was going to be stationary, it was too late and I immediately did a jam brake.

The front of my car (carplate) hit the back of his car, resulting in a dent underneath his car plate.

DECLARATION

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.:

13th JAN 2020,
12:41 PM

[Handwritten signature]
[Handwritten signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 13/01/2020 (DD/MM/YYYY), TIME: 08:37 (HHMM)

LOCATION: Henderson Road, Bus stop outside MINDEF HQ

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCE 2824 P
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5054162850-07
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA CAMRY
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal use - Travelling to office
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: TAN CHUAN HUA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1167120Z CONTACT: 97370303 194740617
c) ADDRESS: Kim Tian Road, Blk 119D #25-208 (S) 164119

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ZHANG WEITIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9342192B CONTACT: 94740617
c) ADDRESS: Kim Tian Road, Blk 119D, #25-208 (S) 164119

* d) DATE OF BIRTH: 03/11/1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 28th JAN 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter

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: SLE 5871B MODEL: TOYOTA SIENNA
b) DRIVER'S NAME: HUE CHIN LEONG SAMUEL (XU JUNLONG)
c) NRIC/FIN/PASSPORT: S7737752B CONTACT:

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
(1)

No of passenger
(including driver)
(3)

No of passenger
(including driver)
()

email = Zhang weitian 1 @ gmail . com
VIDEO

Claim Handling

• Exit

Accident MT/1079815

Policy No.	5054162850-07	Vehicle No.	SCE2824P	GST Registration No.	
Certificate No.					
Policyholder Name	TAN CHUAN HUA			Policyholder NRIC	S11671201
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	-50	Private Hire	Not available

Accident Details

Report Date	13/01/2020 16:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/01/2020	Time of Accident hh:mm	08:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HENDERSON ROAD BEFORE TURNING INTO DEPOT ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess			
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 115D #25-208	Address 2	KIM TIAN ROAD	Address 3	SINGAPORE 164119
Address 4		Address Type	Singapore address	Post Code	164119
Unit No.	25-208	Related Policy Number	5054162850-07		

OT 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 *	OO-MX	Insured Name	TAN CHUAN HUA	Insured NRIC	S11671201
Contact No.(Mobile)	87370703	Contact No.(Home)	82795213	Contact No.(Office)	
Email Address	bustak@hotmail.com	OT Vehicle Number	SCE2824P	TP Vehicle Number	SLES871B
Claim Description	SCE2824P / SLES871B ON 13 Jan 2020				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Workshop Finalisation	Yes	Insured Repair Option	Preferred Workshop, Name unknown	GLA report	Received
Date Registered	14/01/2020 10:15	Claim Close Date		Date Received	14/01/2020 00:00
Report Taken By	ROSLI WAHAB				

Attachment

Accident No.	MT/1079815	Claim No.	002
Last Doc. Received	Yes No	Upload Date	14/01/2020 10:15
Path *		Category *	Confidential
Urgency *	Normal	Description *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	Photos	Normal	Photos 2020-1-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	Photos	Normal	Photos 2020-1-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	Photos	Normal	Photos 2020-1-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	Photos	Normal	Photos 2020-1-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	Photos	Normal	Photos 2020-1-14		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	Photos	Normal	Photos 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	Photos	Normal	Photos 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	Photos	Normal	Photos 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	Photos	Normal	Photos 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	Photos	Normal	Photos 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	NRIC/ Driving License	Y	NRIC/ Driving License 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:15	SAS	Normal	SAS 2020-1-14	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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[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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5054162850-07

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SCE2824P |
| Chassis Number | : JTD8E38K400263982 |
| 2. Name of Policyholder | : TAN CHUAN HUA |
| 3. Effective Date of Insurance | : 01 Dec 2019 |
| 4. Expiry Date of Insurance | : 30 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 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN CHUAN HUA
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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue : 31 Oct 2019 09:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive