

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MAA420006326

Date In: 14/01/2020 15:59	Job description	Date & Time Completed	Done by
Ref No: N/A/MAA20000818/4	SAS e-filing		
Veh No: SUR 6666m	E-mail (Update 2hrs, AIC 2hrs)		
DOA: 09/01/2020 09:15	I-Motor Claim Form	mm/1078801-002	14/01/2020 16:29
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksn		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SHB 6693E

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 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 > \$9000] ()

Injury: ()

Date/Time:

Action:

MAA200063

Claimant / Insured:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref 1:

2/3

Invoice Item	Amount	Inc	Adbl
1) AIC: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$10)	
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (ver 10 Jan 2000)			
6) TR: Re-inspection	\$75		
7) NI: Idas DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpt Allowance	\$3		
*NG: Repair Co-ordination	\$10		
*NT: Post Repair Inspection	\$25		
*NB: DV / Collect Excess Coordination	\$3		
TP (NU): TP (Non INC) against INC	\$20		
9) NI: Idas 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	14/01/2020 15:59
Date Of Accident	06/01/2020 09:15
Exact Location Of Accident	ALONG PIE EXIT 27 TOWARDS CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR6466M
Insured/Policyholder	
Name Of Registered Owner	GIAM TEE HOCK RICKY
NRIC No	SXXXX163B
Email Address	RICKYGIAM88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97816636
Alternative Phone No	OTHERS-97816636
Vehicle Particulars	
Manufacturer	KIA
Model	NIRO HYBRID-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108113172
Cover Note Number	
Driver	
Name of Driver	GIAM TEE HOCK RICKY
NRIC No	SXXXX163B
Date Of Birth	24/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1986
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97816636
Fax Number	
Contact Number	OTHERS-97816636
EMail Address	RICKYGIAM88@GMAIL.COM

Address	BLK 118A JALAN MEMBINA #25-139
Postcode	161118
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?	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: : PASSENGER 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

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	SHB6693E
Vehicle Make/Model/Colour	MERCEDES BENZ VIANO CDI22
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	96983344
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

*

-

No. Of Passenger (Including Driver)


SKETCH PLAN


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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: 14/01/2020


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/01/2020


Reporting Centre Personnel's Signature
Name: Rosli Hassan
NRIC/FIN No.:
14/01/2020

SKETCH PLAN

Along PIE Exit 27
TOWARDS CLEMENTI AVE 6

A) SLR 6466 M

B) SHB 6693 E

B

A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

During 6 January 2020 at 0915hrs in the morning.

The road was very busy and I was driving along PIE Exit 27 (Towards Clementi Ave 6) when a white Mercedes Viano CD122 (SHB6693E) suddenly break on the road. I did not react in time to fully stop my vehicle causing my car to gently touch the white Mercedes Viano CD122 (SHB6693E). Their car was not severely damaged at all and no person was hurt.

DECLARATION

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

14/01/2020

Policyholder's Signature

Date & Time:

14/01/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/01/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 01 / 2020 (DD/MM/YYYY), TIME: 09:15hrs (HH:MM)
LOCATION: Along PIE Exit 27 Towards Clementi Ave 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 6466M
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5108113172
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KIA NIRO HYBRID
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: RICKY GIAM TEE HOCK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1682163/B CONTACT: 97816636
c) ADDRESS: 81K 118A Jalan Membina Road
#25-139 Singapore 161118

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: AS ABUJA (MALE / FEMALE)
e) NRIC/FIN/PASSPORT: _____ CONTACT: _____
f) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SHB 6693E MODEL: VIANO CD122
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9698 3344

9. THIRD PARTY VEHICLE

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

email: ricky.giam88@gmail.com
VIDEO

Claim Handling

Accident MT/1078801

Policy No.

5108113172

Vehicle No.

SLR6466M

GST Registration No.

Certificate No.

Policyholder Name

GIAM TEE HOCK RICKY

Policyholder NRIC

S16821638

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

KFK

No Yes

TCA

No Yes

eCode Reason

NCD Protection

No

NCD Entitlement(%)

0

Private Hire

Not available

Report Date

07/01/2020 08:15

Accident Report Within 24 hrs

Yes

Accident Type

Others

Date of Accident

06/01/2020

Time of Accident (hh:mm)

09:15

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

NA

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

100.00

OD Standard Excess

2,000.00

TP Standard Excess

1,500.00

Driver is Covered?

Not Applicable

YIED OD Excess

YIED TP Excess

Additional Excess

0

Total OD Excess Applicable

2000.00

Total TP Excess Applicable

1,500.00

Benefits

GST Registered Information

GST Registered

No

GST Registration Date

GST Status Verified

Yes

GST Registration No.

Modification History

Policyholder Mailing Address

Address 1

BLK 118A #25-139

Address 2

JALAN MEMBINA

Address 3

MEMBINA 118

Address 4

SINGAPORE 161118

Address Type

Singapore address

Post Code

161118

Unit No.

25-139

Related Policy Number

5108113172

Q1 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

Address 3

Address 4

Address Type

Foreign address

Post Code

Unit No.

Does he own a Singapore Registered car?

No Yes

Driver Vehicle No.

Driver Insurer Company

Modification History

Claim 002

New

Claim Type +

DD-HX

Insured Name

GIAM TEE HOCK RICKY

Insured NRIC

S16821638

Contact No.(Mobile)

97816635

Contact No. (Home)

62711248

Contact No. (Office)

Email Address

OT

TP

Claim Description

Vehicle Number

SLR6466M

Vehicle Number

SH06693E

Preferred Workshop

Insured Liability

Fully at Fault

GIA report

Received

Workshop No. Finalisation

Yes

Preferred Workshop, Name unknown

Claim Close Date

14/01/2020 16:26

Date Received

14/01/2020 00:00

Date Registered

Report Taken By

ROSLI WANAB

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1078801

Claim No.

002

Last Doc. Received

Yes No

Upload Date

14/01/2020 16:29

Choose File

No file chosen

Clear

Please Select

Category *

Confidential

Urgency *

Description *

Choose File

No file chosen

Clear

Please Select

Category *

Confidential

Urgency *

Description *

Choose File

No file chosen

Clear

Please Select

Category *

Confidential

Urgency *

Description *

Choose File

No file chosen

Clear

Please Select

Category *

Confidential

Urgency *

Description *

Choose File

No file chosen

Clear

Please Select

Category *

Confidential

Urgency *

Description *

Choose File

No file chosen

Clear

Please Select

Category *

Confidential

Urgency *

Description *

Message Read

Send Message

Upload

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent? (CO)

Action

NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 16:29

Photos

Normal

Photos 2020-1-14

Edit

NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 16:29

Photos

Normal

Photos 2020-1-14

Edit

NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 16:29

Photos

Normal

Photos 2020-1-14

Edit

NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 16:29

Photos

Normal

Photos 2020-1-14

Edit

NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 16:29

Photos

Normal

Photos 2020-1-14

Edit

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: S108113172

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLR6466M
Chassis Number : KNACC81CVJ5096593
2. Name of Policyholder : GIAM TEE HOCK RICKY
3. Effective Date of Insurance : 12 Mar 2019
4. Expiry Date of Insurance : 11 Mar 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	: RICKY GIAM TEE HOCK
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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 11 Mar 2019 16:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive