

NATIONAL Assessment Centre Services

Form 1 (Jan 2023)

MMA 120009906

Date-In: 21/1/20 14:50	Job description	Date & Time Completed	Done by
Ref No: NAC INC 20001252164	SAS e-filing		
Veh No: SLE 5269R	E-mail (within 2hrs, A/C 2hrs)		
IP: 20/1/20 19:10	I-Motor Claim Form	MT/1081214-001	21/1/20 15:03
(H) (1) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
IP Particulars:	Veh No: XE 2784Y	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 Hotline: 6709 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	Action

MA 2000707

Claimant's Particulars:	Invoice Preparation Checklist	Am (S)	PAID (S)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Tel: 1	For claiming against INC Only (wa 10 Jan 2023)		
1/1/3	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD:		
	*N3: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (Nil): 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	21/01/2020 14:50
Date Of Accident	20/01/2020 19:10
Exact Location Of Accident	BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE5269R
Insured/Policyholder	
Name Of Registered Owner	SOH MEV-LIN
NRIC No	SXXXX167D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91818138
Alternative Phone No	OFFICE-91818138

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	5113522727
Cover Note Number	

Driver

Name of Driver	MICHELLE LIM SHU HUI
NRIC No	SXXXX436H
Date Of Birth	17/06/1992
Occupation	INDOOR
Date Of Driving Pass	06/08/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91818138
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	140 JLN SENANG
Postcode	418504
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?	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	XE2784Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KER KIM CHOON
NRIC/Passport Number	SXXXX705Z
Contact Number	81203056
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MICHELLE LIM SHU HUI
------	----------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLE5269R

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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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: 21 Jan 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21 Jan 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

VEHICLE A: SLE5269R

VEHICLE B: XE2784Y

fire

down lay way

Me: SLE 5269R, Michelle Lim
Lorry: XE 2784Y, Ker Kim Chuan
Date: 20 Jan 2020
Time: 7.07 pm
Location: Boon Lay Way turning right to Jurong East Cent
SLE 5269R
I was stationary waiting to turn, vehicle B XE 2784Y
hit onto the rear of my vehicle.

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

Date & Time: 21 Jan 2020

Date & Time: 21 Jan 2020

Name: _____
NRIC/FIN No.: _____

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 20 Jan 2020 Time 19.07 Hrs

Exact Location Of Accident * BOON LAY WAY

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * QE 5269 R

Insured's Particulars

Name of Registered Owner * Soh Mei-lin

NRIC/FIN/Passport Number * S419167D

Vehicle Particulars

Manufacturer * VOLKSWAGEN

Model * GOLF

Exact Purpose for which vehicle was being used at time of accident

* Private use ☒ Commercial use ☐ Hire & reward ☐
Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

* Yes ☐ No ☒ Others

If No, please state action to be taken

* Third Party Claim ☒ Reporting Only ☐

Vehicle Category

* Private ☒ Commercial ☐ Motorcycle ☐

Insurance Particulars

Name of Insurance Company * NTUC

Type of Coverage * drive classic

Fleet Policy Yes ☐ No ☐

Policy Number * 5112522727

Cover Note Number

Driver

Name of Driver * Michelle Lim Shu Hui

NRIC/FIN/Passport Number * S9222436H

Date of Birth * 17 June 1992

Occupation * Business Executive

Date of Driving Pass * 6 August 2012

Gender * Male ☐ Female ☒

Mobile Number * 91818138

Address * 40 Jalan Senang S(418504)

Email Address * Riley.Chel@hotmail.com

Was driver an employee of the Insured's Company?

* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured

* ~~Other~~ Daughter

SAS 1

Zero gravity

Vehicle Registration Number of Driver's Own Vehicle (if applicable)	<input type="text"/>
Insurance Company of Driver's Own Vehicle (if applicable)	<input type="text"/>
General Information of the Accident	
Type of Accident	* <input type="text" value="FRONT TO REAR"/>
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="text"/>
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="text"/>
Other Information	
Was any body injured in the Accident?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Details of Injured Persons	
Name	* <input type="text" value="Michelle Kim Shu Hui"/>
Address	<input type="text" value="140 Jalan Senang S418502"/>
Approximate Age	* <input type="text" value="28"/>
Injuries Sustained	* <input type="text" value="Whiplash"/>
If vehicle Occupants, state in which vehicle?	<input type="text"/>
Were seat belts worn?	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Details of Police Action	
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, please state which Police Station	<input type="text"/>
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, against whom?	<input type="text"/>
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)	
Vehicle Registration Number	* <input type="text" value="XE 2784 Y"/>
Vehicle Make / Model / Colour	<input type="text"/>
Detail Of Properties	<input type="text"/>
Name of Driver	* <input type="text" value="Ker Kim Choon"/>
NRIC/Passport Number	<input type="text" value="S1505705 Z"/>
Contact Number	* <input type="text" value="8120 3056"/>
Email Address	<input type="text"/>
Address	<input type="text"/>
Insurance Company Name	<input type="text"/>
Nature of Damage	<input type="text"/>
Details Of Witness	
Name	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

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: 5113522727

Cover : drivo CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SLE5269R |
| Chassis Number | : WVWZZZ1KZ9W472955 |
| 2. Name of Policyholder | : SOH MEV-LIN |
| 3. Effective Date of Insurance | : 29 Oct 2019 |
| 4. Expiry Date of Insurance | : 28 Oct 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SOH MEV-LIN
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 : GUI JIA YI (00000602648)

Date of Issue : 21 Oct 2019 14:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

 Authorised Officer

 Chief Executive

Claim Handling

Accident MT/1081214

Policy No.	5113522727	Vehicle No.	SLE5269R	GST Registration No.	
Certificate No.				Policyholder NRIC	S1419167D
Policyholder Name	SOH MEV-LIN	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	91818138	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	21/01/2020 14:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/01/2020	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOON LAY WAY				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	500.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	1100.00	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	140 JALAN SENANG	Address 2	SINGAPORE 418504	Address 3	
Address 4		Address Type	Singapore address	Post Code	418504
Unit No.		Related Policy Number	5113522727		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/06/1992
Unnamed driver Name	NICHELE LIM SHU HUI	Driver NRIC	SXXXX436H	Driving Experience	7
Register Date of Driver License	06/08/2012	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	91818138	Contact No.(Office)		Address 3	
Address 1	140 # JALAN SENANG	Address 2	SINGAPORE 418504	Post Code	418504
Address 4		Address Type	Singapore address		
Unit No.					
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	SOH MEV-LIN	Insured NRIC	S1419167D
Contact No.(Mobile)	81111115	Contact No.(Home)	84411233	Contact No.(Office)	
Email Address	mevlin_soh@hotmail.com	01 Vehicle Number	SLE5269R	TP Vehicle Number	XE278
Claim Description	SLE5269R / XE2784Y ON 20 Jan 2020			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Not at Fault		
Remit No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	21/01/2020 15:02
Report Taken By				Date Received	21/01/2020
					LEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1081214	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/01/2020 15:03
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			
Attachment List			

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