

NATIONAL Assessment Centre Services

(part 1 of 2) (00)

MMA 1200 11400

Date In: 24/11/20 08:37	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 2000 1447/h4	E-mail (within 2hrs, AIG 2hrs)		
Web No: SME 3138L	I-Motor Claim Form	MT11081635-001	24/11/20 08:48
IP: <input checked="" type="radio"/> 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/Whar		

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

TP Particulars: Veh No: SLP 2853.R INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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:	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:

Claimant's Particular:	Invoice Preparation Checklist:	Am't (\$)	ASHR (\$)
MMA 2000866	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimant assist INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NR: Repair Co-ordination \$10		
	*NF: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$3		
	TP (Nil) : TP (Non INC) against INC \$20		
	9) NI2: 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	24/01/2020 08:37
Date Of Accident	23/01/2020 13:30
Exact Location Of Accident	CARPARK OF BLK 243 PASIR RIS ST 21
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3138L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KYLIN WEE KAI LIN
NRIC No	SXXXX135I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87429410
Alternative Phone No	OFFICE-87429410

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	5113293721
Cover Note Number	

### Driver

Name of Driver	WEE LYE PENG
NRIC No	SXXXX592F
Date Of Birth	27/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93251316
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 243 PASIR RIS ST 21 #06-105
Postcode	510243
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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: : UNKNOWN GENDER: : FEMALE

#### 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	SLP2853R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADELENE KONG YIEN LING
NRIC/Passport Number	SXXXX507E
Contact Number	92223859
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

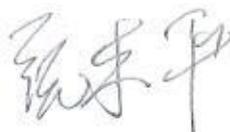
## SKETCH PLAN

### IMPORTANT NOTICE

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



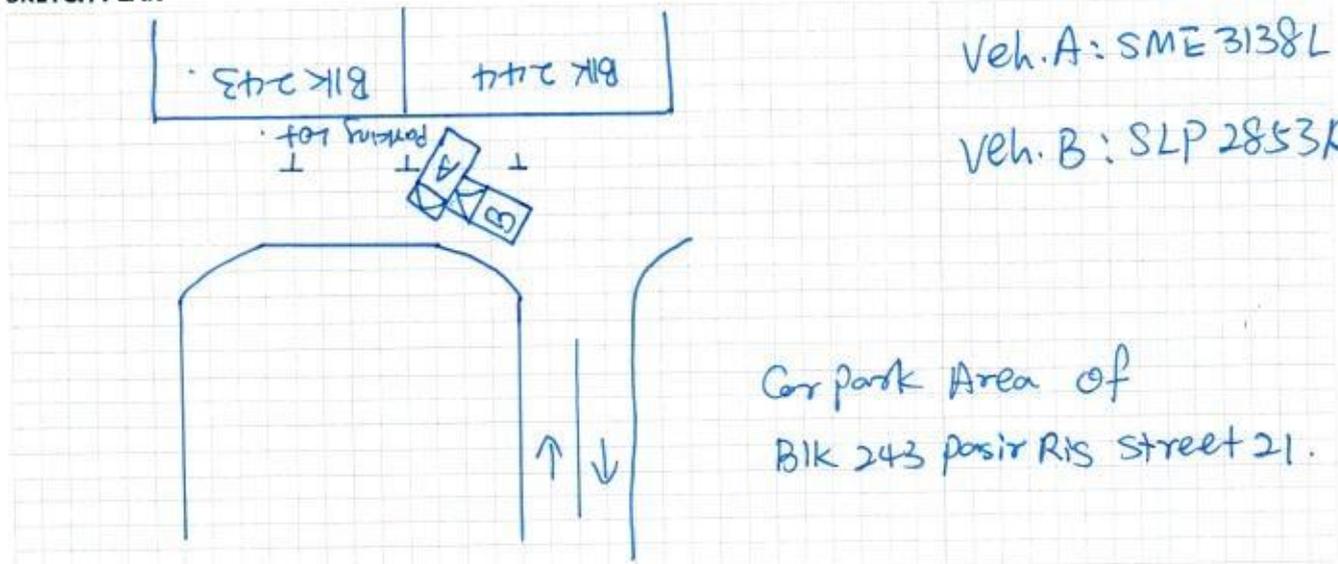
Policyholder's Signature  
Date & Time:

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

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

23/01/2020 @ 3.50pm.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the said date and time of accident, I was driving my vehicle A (SME 3138L) along car park area of Blk 243 Pasir Ris Street 21, with my hazard light on and checked blind spot confirmed that was clear and start to reverse into the parking lot, a while my car was half quarter in the lot, Suddenly I feel an impact and realised it was vehicle B (SLP 2853R) collided onto my vehicle front LH portion.

Hence, I here to lodge this report to claim vehicle B's insurance for my accident damages.

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:  
23/07/2020 @ 3.50pm.

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

VEHICLE NO : SME 3138L

MAKE &amp; MODEL : Toyota Altis

Date of Accident	23 / 01 / 20	
Time of Accident	1:30 AM / <input checked="" type="radio"/> PM	
Location of Accident	Car Park Area of BIK 243 Pasir Ris St 21	
Exact Purpose Usage	<input checked="" type="radio"/> Personal / Private Hire (Uber / Grab) / Commercial	
NAME OF OWNER :	Kyllin Wee Kai Lin	
Contact No.	87429410	
Nric No	S9538135I	
Type Of Claim	<input checked="" type="radio"/> Third Party / Own Damage / Reporting only	
Insurance Co.	NTUC Income	
Type of Coverage	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
Policy No	S113293721	
NAME OF DRIVER :	As above / If No : Wee Lye peng	
Nric No	S1637592F	Any Passenger: +1
Date Of Birth	27 / 09 / 1964	Female
Occupation	<input checked="" type="radio"/> Outdoor / Indoor	
Date Of Driving Pass	30 / 08 / 2017	
Gender	<input checked="" type="radio"/> Male / Female	
Contact no	93251316	Office : Home :
Address	Blk 243 Pasir Ris Street 21 #06-105	
Driver Have Any Own Vehicle	NO / If Yes (Reg no) :	S (S10243)
Relationship	Employee / If No : parent.	
Weather Condition	<input checked="" type="radio"/> Clear / Raining / Other :	
Road Surface	<input checked="" type="radio"/> Dry / Wet / Other :	
Any Injuries	<input checked="" type="radio"/> NO / If Yes Who?	
Name		Contact :
Name		Contact :
Police Report	<input checked="" type="radio"/> No / If Yes : Where?	
Vehicle B No :	SLP 2853R	Any Passenger:
Name Of Driver	Adelene Kong Yien-Ling (S7511507E)	
Contact No :	92223859	
Vehicle C No :		Any Passenger:
Vehicle D No :		Any Passenger:
Vehicle E No :		Any Passenger:
Vehicle F No :		Any Passenger:
Any Witness		
Witness Contact No		
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE	
Address	1 Kaki Bukit Ave 6 #02-34	
	Kaki Bukit @ Auto Bay	
	Singapore 417883	
Email :	Tel : 6745 7367	Fax : 6841 3390

## 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)

<b>Certificate Number:</b> 5113293721	<b>Cover :</b> drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: <b>SME3138L</b>
Chassis Number	: MR053REH604591825
2. Name of Policyholder	: KYLIN WEE KAI LIN
3. Effective Date of Insurance	: 25 Oct 2019
4. Expiry Date of Insurance	: 24 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	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KYLIN WEE KAI LIN
NAMED DRIVER (1)	: WEE LYE PENG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : JIN-SHI (HOLDINGS) PTE LTD (00000614399)  
 Date of Issue : 11 Oct 2019 13:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

**Claim Handling**

Accident MT/1081635

Policy No.	5113293721	Vehicle No.	SME3138L	GST Registration No.	
Certificate No.					
Policyholder Name	KYLIN WEE KAI LIN	Cover Type	drive CLASSIC	Policyholder NRIC	S9538135L
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	87429410	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	24/01/2020 08:44	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/01/2020	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CARPARK OF BLK 243 PASIR RIS ST 21				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
GD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total GD Excess Applicable	600.00				

**Benefits**

Coverage	Sum Insured	99999999.99
Transport Allowance		

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 243 #06-105	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE S10243
Address 4		Address Type	Singapore address	Post Code	S10243
Unit No.		Related Policy Number	5113293721		

**DI Driver Info**

Driver Name	WEE LYE PENG	Driver Type	Named Driver	Driver DOB	27/09/1964
Unnamed driver Name		Driver NRIC	S1637592F	Driving Experience	2
Register Date of Driver License	30/08/2017	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	93251316	Contact No.(Office)		Address 1	BLK 243 #06-105
Address 1	BLK 243 #06-105	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE S10243
Address 4		Address Type	Singapore address	Post Code	S10243
Unit No.	06-105	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Modification History**

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	KYLIN WEE KAI LIN	Insured NRIC	S9538
Contact No.(Mobile)	87429410	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	kylinwkt@gmail.com	DI		TP	
Claim Description	SME3138L / SLP2853R ON 23 Jan 2020		Vehicle Number	SME3138L	Vehicle Number
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Finalisation	Yes	Insured Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/01/2020 08:45	Claim Close Date		Date Received	24/01/2020
Report Taken By	LIEW SHAN HUI				

Print AX letter

Save Submit

**Attachment**

Accident No.	MT/1081635	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	24/01/2020 08:46
Path *		Category *	
Choose File	No file chosen	Confidential	NO
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		

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Jan 2020 08:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Jan 2020 08:48	SAS	Normal	SAS 2020-1-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Jan 2020 08:48	Photos	Normal	Photos 2020-1-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Jan 2020 08:48	Photos	Normal	Photos 2020-1-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Jan 2020 08:46	Photos	Normal	Photos 2020-1-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Jan 2020 08:46	Photos	Normal	Photos 2020-1-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Jan 2020 08:46	Photos	Normal	Photos 2020-1-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Jan 2020 08:46	Photos	Normal	Photos 2020-1-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Jan 2020 08:46	Photos	Normal	Photos 2020-1-24

Video List

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