

NATIONAL Assessment Centre Services

1st Jan 2003 **MAA 20013747**

Date In: <b>30/01/2000 18:34</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MAA/INC 2000/6214</b>	SAS e-filing		
Veh No: <b>SKA 941C</b>	E-mail (to John Sims, AIC 2hrs)		
DOA: <b>24/01/2000 08:35</b>	I-Motor Claim Form	<b>mt/1082281-001</b>	<b>30/01/2000</b>
<b>TP</b> Reporting Only	I-Motor W/O (Withfor OD 2hrs, TP 4hrs)		<b>18:50</b>
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Writer		

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

TP Particulars: Vch No: **SKA 941C** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tolt: ( )

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 repair.

( ) 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 of Injury: \_\_\_\_\_

<b>MAA 20013747</b>	1) ART Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) YF: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	6) TR: Re-Inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$100	
Watch for:	8) NTUC Additional Services:	
	ON:	
Tel: 1:	* NS: Courtesy Car / Tpl Allowance \$3	
	* NG: Repair Coordination \$10	
2/3	* NT: Post Repair Inspection \$23	
	* ND: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non-INC) against INC \$25	
	9) NI: 1d 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	30/01/2020 18:34
Date Of Accident	24/01/2020 08:35
Exact Location Of Accident	ALONG HAVELOCK ROAD INFRONT OF MOM BUILDING
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4491C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOY AH KIONG
NRIC No	SXXXX873D
Email Address	ELVINCHOY55@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91005555
Alternative Phone No	OTHERS-91005555

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	THIRD PARTY
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	5115496140
Cover Note Number	

#### Driver

Name of Driver	CHOY AH KIONG
NRIC No	SXXXX673D
Date Of Birth	25/05/1961
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1982
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91005555
Fax Number	
Contact Number	OTHERS-91005555
Email Address	ELVINCHOY55@GMAIL.COM

Address	BLK 81 REDHILL LANE #20-55
Postcode	150081
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	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?	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER 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

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	SKA9411C
Vehicle Make/Model/Colour	BMW X3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SYLVIA TAN CHENG HIANG
NRIC/Passport Number	SXXXX462Z
Contact Number	97935636
Address	
Postcode	

- Insurance Company Name  
Nature Of Damage  
- No. Of Passenger (Including Driver) 1

## 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:

30/01/2020

1445 hrs.

SIAR/MC SketchPlanForm\_V1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30/01/2020

Rosa LIAA003

SKETCH PLAN

Along Havelock Rd Infront of MOM BLDG-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/01/2020. I pick up my Grab passengers (A couple) at no. 151, Cavengh Court, Cavengh Road to Raffles Place under the name of Ms. Marko Lackovic.

On the same day at about 0835 hrs. As fetched the a/mentioned passenger to their destination. At along Havelock Road infront of Ministry of Manpower Building, as travelling on the third lane from MOM Building about 40 km/hr. in a straight lane.

Out of sudden, a black colour car ~~to~~ cut into my lane and hit on my rear right door and swipe against my car to my right front door. I then swerve my car abit to the left to avoid a major accident.

I then stopped my car and checked my self + my couple any injuries. None of us injured. I then alighed my car and checked on the black car driver. She informed me that she not injured.

At the moment, the traffic volume is very heavy. I have no choice and parked our cars at the side of the road as agreed by the BMW lady driver.

On the discussion, she admitted she is in the wroy and willing to repair my car and compensate me on my daily income loss. I then requested her to send me a whatsapp message to prove what she say. She agreed and comply. Attached is the whatsapp messages.

DECLARATION

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

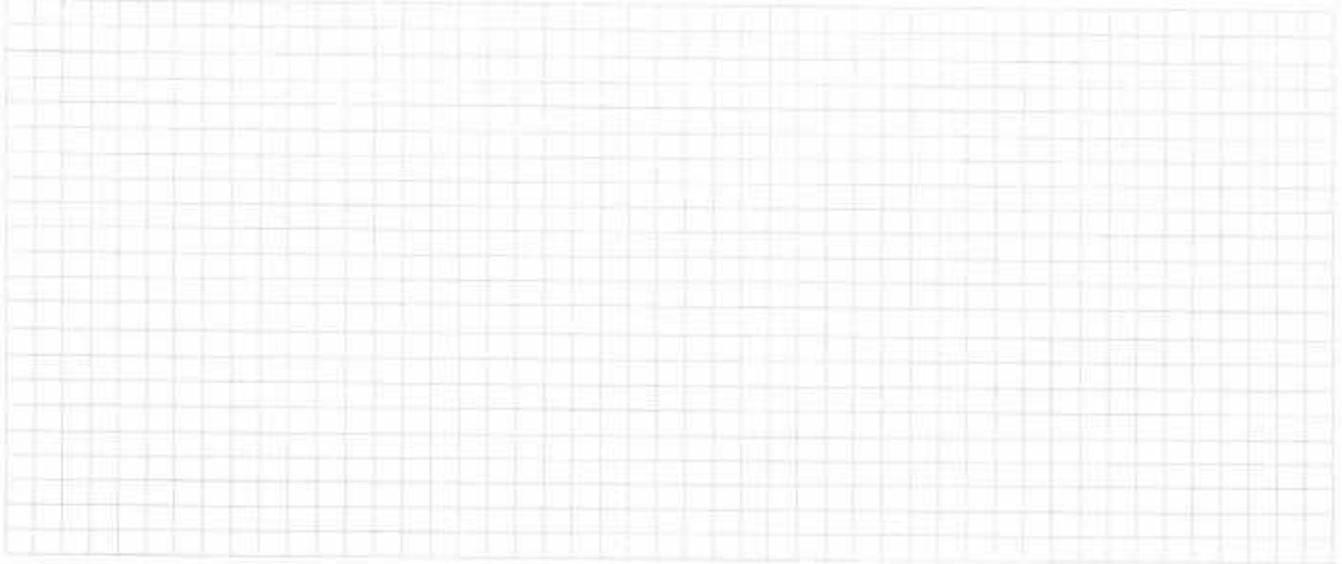
PTA Con't-

Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

My vehicle SLR AH91 C damaged :- Both right side doors dented.

Damage of SLR 9411 C :- left top corner bumper scratches only.

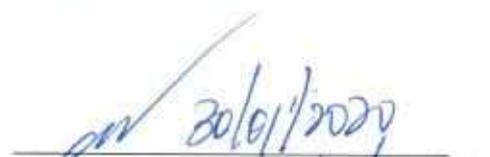
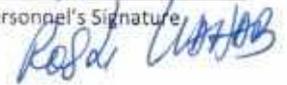
After All.

**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:

  
30/01/2020  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 24/01/2020 (DD/MM/YYYY), TIME: 08:35 (HH:MM)

LOCATION: Along Havelock Road in front of MOM Building

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 4491 C  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5115496140  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Hyundai / Avante  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Pte Hire Car (Grab)  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

(2 couples m/f)

## 2. INSURED / POLICY HOLDER

- a) NAME: Choy Ah Kiong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1471673-D CONTACT: 91005555  
c) ADDRESS: Blk 81, #20-55 Redhill Lane, Red - 150081

# No of passengers  
(including driver)  
(3)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 25/05/1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/01/1982

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: SKA 9411 C MODEL: BMW X3  
b) DRIVER'S NAME: Sylvia Tan Cheng Hiong  
c) NRIC/FIN/PASSPORT: S7301462-Z CONTACT: +65-97935636

# No of passenger  
(including driver)  
(2)

## 9. THIRD PARTY VEHICLE

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

# No of passenger  
(including driver)  
(1)

email: elvinchoy55@gmail.com

VIDEO - NIL

## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1082281

Policy No.	5115496140	Vehicle No.	SLR4491C	GST Registration No.
Certificate No.				
Policyholder Name	CHOY AH KIONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91005555	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## Accident Details

Report Date	30/01/2020 18:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/01/2020	Time of Accident hh:mm	08:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG HAVELOCK ROAD (FRONT OF MOM BUILDING)			

## 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?
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 Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 81 #20-55	Address 2	REDHILL LANE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115496140	

## OI Driver Info

Driver Name	CHOY AH KIONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S14716730	Driver DOB
Register Date of Driver License	20/01/1982	Driver Age	58	Driving Experience
Contact No.(Mobile)	91005555	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 81 #20-55	Address 2	REDHILL LANE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SLR4491C	Driver Insurer Company

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHOY AH KIONG
Contact No.(Mobile)	91005555	Contact No.(Home)	NIL
Email Address	elvinchoy55@gmail.com	OI Vehicle Number	SLR4491C
Claim Description	SLR4491C / SKA9411C ON 24 Jan 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Report No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	30/01/2020 18:49	Claim Close Date	
Report Taken By	ROSLI WAHAB		

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1082281	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	30/01/2020 18:50



### 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:** 5115496140 **Cover :** drivo CLASSIC

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle   | : SLR4491C          |
| Chassis Number   | : KMHDU41BMAU932059 |
| 2. Name of Policyholder  | : CHOY AH KIONG     |
| 3. Effective Date of Insurance   | : 10 Jan 2020       |
| 4. Expiry Date of Insurance  | : 14 Jan 2021       |
| 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,<br>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	: CHOY AH KIONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ABWIN 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 : ACER INSURANCE AGENCY (00000573834)

Date of Issue : 10 Jan 2020 12:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive