

NATIONAL Assessment Centre Services. part 1 J341003 **MA2001597**

Date In: 20/02/2020 17:06	Job description	Date & Time Completed	Done by
Ref No: MA2001597	SAS e-illing		
Veh No: SKY 2722 R	E-mail (5 jobs max, AIC 2 hrs)		
D.O.A: 20/02/2020 12:35	I-Motor Claims Form	MA2001597	20/02/2020
OD: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		17:27
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / VWR		

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

TP Particulars: Vch No: **GW 4924D** 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 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 > \$3000] ()

Injury: _____

Date/Time	Activity

MA2001597	1) ARI: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Additional Comments:	For claiming against INC Only (vsf 10 Jan 2005)	
Date:	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpl Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$5
	TP (Nil); TP (vs INC) against INC	\$20
	9) NI: Idea 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 willful 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	20/02/2020 17:06
Date Of Accident	20/02/2020 12:35
Exact Location Of Accident	ALONG MOULMEIN ROAD TOWARDS NEWTON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2722R
Insured/Policyholder	
Name Of Registered Owner	WONG JOO HOE
NRIC No	SXXXX665B
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96352742
Alternative Phone No	OTHERS-96352742
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (A)
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	5073410237-04
Cover Note Number	
Driver	
Name of Driver	WONG JOO HOE
NRIC No	SXXXX665B
Date Of Birth	14/05/1941
Occupation	INDOOR
Date Of Driving Pass	02/03/1961
Driving Experience	58 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96352742
Fax Number	
Contact Number	OTHERS-96352742
EMail Address	HANCARREPAIRS@GMAIL.COM

Address	18 NEO PEE TECK LANE
Postcode	119049
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: : 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	GW4924D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NGOH YEW SIAH
NRIC/Passport Number	SXXXX345D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:



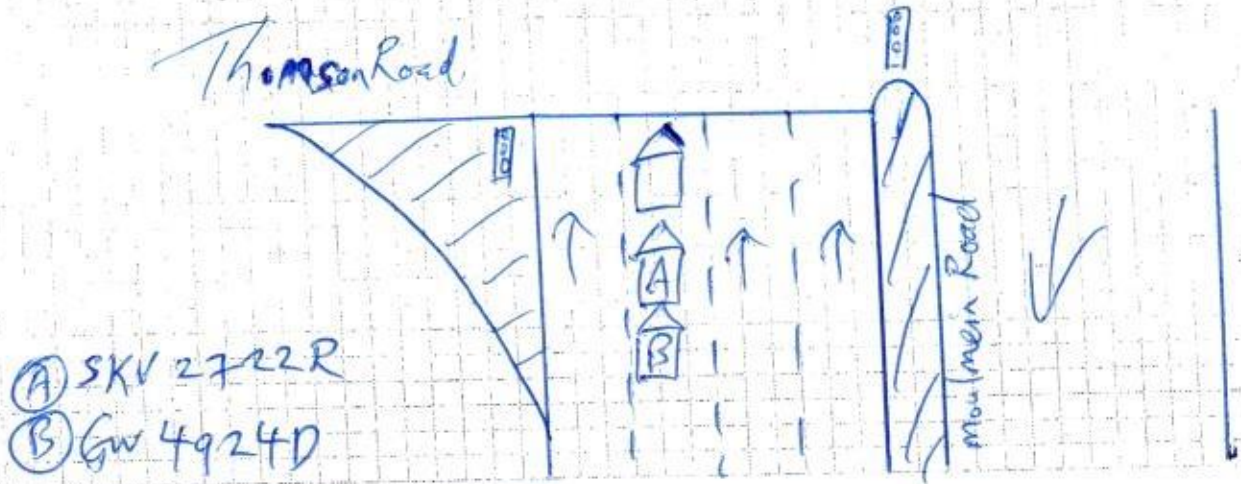
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Newton Road



Ⓐ SKV 2722R
 Ⓑ GW 4924D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Moulmein Road before Newton Road.
 Vehicle in front slowed down and stopped due to red traffic lights.
 I also slowed down and come to a stop.
 However, vehicle Ⓑ could not stop in time and hit onto the
 back of my car Ⓐ

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

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

1 passenger (female)
1 Driver

PERSONAL PARTICULARS

Date of Accident: 20/02/2020

Time of Accident: 12:35 (24Hrs)

Vehicle No: SKV 2122R

Vehicle Make/Model: Land Rover (1496cc) Honda Vesta

Exact Location of Accident: Along Moulmein Road towards Newton

Owner's Name/NRIC: Wong Joo Hoe / S0248665B

Driver's Name/NRIC: Wong Joo Hoe / S0248665B

Driver's Contact: 96352742 Insurance Co & Policy No: NTUC Income
5073410237-04

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: —

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes No

If Yes, which police station? _____

1 Driver
0 passenger

The Other Party (Vehicle B) Details

Driver's Name/IC: Ngoh Yew Siah / S1632345D

Vehicle No: GW4924D

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____

Contact: _____

Preferred Workshop (If Any): _____

Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

Claim Handling

Accident MT/1085151

Policy No.	5073410237-04	Vehicle No.	SKV2722R	GST Registration No.
Certificate No.				
Policyholder Name	WONG JOO HOE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96352742	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	20/02/2020 17:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/02/2020	Time of Accident hh:mm	12:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG MOULMEIN ROAD TOWARDS NEWTON			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	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	1B NEO PEE TECK LANE	Address 2	SINGAPORE 119049	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5073410237-04	

OT Driver Info

Driver Name	WONG JOO HOE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0248665B	Driver DOB
Register Date of Driver License	02/03/1961	Driver Age	78	Driving Experience
Contact No.(Mobile)	96352742	Contact No.(Office)		Contact No.(Home)
Address 1	1B NEO PEE TECK LANE	Address 2	SINGAPORE 119049	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SKV2722R	Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	WONG JOO HOE
Contact No.(Mobile)	96352742	Contact No.(Home)	67750106
Email Address	kwongjh@singnet.com.sg	OT Vehicle Number	SKV2722R
Claim Description	SKV2722R / GW4924D ON 20 Feb 2020		
Preferred Workshop	<input type="checkbox"/>	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	20/02/2020 17:26	GIA report	Received
Report Taken By	ROSLI WAHAB		
<input type="checkbox"/> Print AK letter			
<input type="button" value="Save"/> <input type="button" value="Submit"/>			

Attachment

Accident No.	MT/1085151	Claim No.	001
Last Doc. Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	20/02/2020 17:27
Path *		Category *	
		Confidential	
		Urgency *	

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M4-0003030-8

Policy Number : 5073410237-04
The Policyholder : WONG JOO HOE
18 NEO PEE TECK LANE
SINGAPORE 119049

Period of Insurance : 08 Sep 2019 To 07 Sep 2020
Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST) : S\$722.13

Interest Insured

Cover Type	: drivo CLASSIC	Capacity	: 1500cc
Primary Driver	: WONG JOO HOE	Registration Year	: 2015
Named Driver (1)	: SIM CHYE HIANG	Off-peak Car	: No
Named Driver (2)	: WONG SOON MAY , ADELINE	Insure with COE	: Yes
Make/Model	: HONDA/VEZEL	NCD Entitlement	: 50%
Registration Number	: SKV2722R	NCD Protection	: Yes(Free)
Chassis Number	: RU11101441	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

Optional Cover

Transport Allowance : No
Excess Waiver : No

Memo A : N/A

Endorsement Operative : M4

Agency : KCB AGENCY (00000614904)
Date of Issue : 25 Aug 2019 13:53 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive