

NATIONAL Assessment Centre Services. [ver 1 Jan 2005] MA 120028255

Date In: 4/3/20 14:25	Job description	Date & Time Completed	Done by
Ref No: MA/INC 2000 3563/h4	SAS e-filing		
Veh No: SKW 7620 M	E-mail (within 3hrs, AIC 2hrs)		
ICLA: 4/3/20 10:20.	I-Motor Claim Form	MT/1086858-001	4/3/20 15:06
(1) <input checked="" type="radio"/> 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/Whs		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SHR 1541.Y	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 repolrer.

( ) 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	Action

<p>MA 2001795</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Anditors' Comments:</p> <p>Call:</p> <p>2/2/3</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <th></th> <th>Am't (\$)</th> <th>RSABlt (\$)</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-Inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Idao DA + EMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>ON:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$3</td> <td></td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile \$0</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table>		Am't (\$)	RSABlt (\$)	1) AR: Accident Reporting (\$30);		30.00	2) DA: Damage Assessment (\$100); INC (\$30)			3) TP: Towing Fee \$40/\$45			4) PT: Follow-Through Survey \$120			5) PT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2005)			6) TR: Re-Inspection \$75			7) NI: Idao DA + EMRT Survey \$160			8) NTUC Additional Services:			ON:			*N5: Courtesy Car / Tpt Allowance \$5			*N6: Repair Co-ordination \$10			*N7: Post Repair Inspection \$25			*N8: DV / Collect Excess Coordination \$3			TP (N11): TP (Non INC) against INC \$20			9) N12: Idao Mobile \$0			Invoice dated	Fee Charged		Invoice dated	Fee Charged	
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## 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	04/03/2020 14:25
Date Of Accident	04/03/2020 10:20
Exact Location Of Accident	UPPER SERANGOON RD & UPP ALJUNIED RD JUNC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7620M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOO CHIN KWANG
NRIC No	SXXXX816A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97551515
Alternative Phone No	OTHERS-90938376

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	5075612702-04
Cover Note Number	

### Driver

Name of Driver	CHOO JUN HAO KELVIN
NRIC No	SXXXX376A
Date Of Birth	27/05/1990
Occupation	INDOOR
Date Of Driving Pass	16/01/2013
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90938376
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 605B TAMPINES ST 61 #14-316
Postcode	522605
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 - CHANGE/CROSS LANE
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)	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

I STOP AT THE TRAFFIC JUNC OF UPP SERANGOON RD & UPP ALJUNIED RD ON THE SECOND LANE DUE TO RED LIGHT, WHEN THE LIGHT TURN GREEN, SUDDENLY THE TAXI TRY TO CUT INTO MY LANE, I SOUNDED MY HORN, BUT THE TAXI STILL CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION.

#### 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	SHF1541Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SAMUEL JAYAKUMAR DAVID
NRIC/Passport Number	SXXXX669F
Contact Number	
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.:

# SKETCH PLAN

Upp  
Aljunied Rd

A = SKW 7620M

B = SHF 1541Y



Upp Serangoon Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

## 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## 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:** 5075612702-04

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKW7620M**  
Chassis Number : ZSU600054819
2. Name of Policyholder : CHOO CHIN KWANG
3. Effective Date of Insurance : 16 Nov 2019
4. Expiry Date of Insurance : 15 Nov 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHOO CHIN KWANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) 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 : VICTOR MOTOR CREDIT PTE LTD (00000614276)  
Date of Issue : 01 Nov 2019 16:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1086858

Policy No.	5075612702-04	Vehicle No.	SKW7620M	GST Registration No.	
Certificate No.					
Policyholder Name	CHOO CHIN KWANG	Cover Type	drive CLASSIC	Policyholder NRIC	S1549816A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90938376	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	04/03/2020 15:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	04/03/2020	Time of Accident hh:mm	10:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER SERANGOON RD & UPP ALJUNIED RD JUNC				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	1100.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BK 529 #13-580	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460529
Address 4		Address Type	Singapore address	Post Code	460529
Unit No.		Related Policy Number	5075612702-04		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHOO JUN HAO KELVIN	Driver NRIC	SXXXX376A	Driver DOB	27/05/1990
Register Date of Driver License	16/01/2013	Driver Age	29	Driving Experience	7
Contact No.(Mobile)	90938376	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 605B #14-316	Address 2	TAMPINES STREET 61	Address 3	TAMPINES GREENRIDGES
Address 4	SINGAPORE 522605	Address Type	Singapore address	Post Code	522605
Unit No.	14-316				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHOO CHIN KWANG	Insured NRIC	S1549816A	
Contact No.(Mobile)	57551515	Contact No.(Home)	54427892	Contact No.(Office)		
Email Address		01 Vehicle Number	SKW7620M	TP Vehicle Number	SHF15	
Claim Description	SKW7620M / SHF1541Y ON 4 Mar 2020				Name of Preferred Workshop	0
Preferred Workshop	Insured Liability	Not at Fault				
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	04/03/2020 15:05	Claim Close Date		Date Received	04/03/2020	
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

## Attachment

Accident No.	MT/1086858	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/03/2020 15:06
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
<b>Attachment List</b>			
		Category *	Confidential
		Urgency *	Desc

2/2