NATIONAL Assessment Centre Services. [illegible] MNAY2003148[illegible]

Date In: 17/03/2020. 11:39	Job description	Date & Time Completed	Done by
Ref No: NBB/INC20003806/4	SAS e-filling		
Veh No: SJY 3345 B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/03/2020 10:00	I-Motor Claim Form	M7/1087/0269-002	17/03/2020 12:10
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SJM5503X 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 / Instructions	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

NA2002040

Customer Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments

Cat. I:

Invoice Information		Amount(s)	Initial
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($30)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) NI : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) NI2: Idea Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 12/03/2020 12:07

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 witholding 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	12/03/2020 11:39
Date Of Accident	27/02/2020 10:00
Exact Location Of Accident	ALONG GRANGE ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3345B
Insured/Policyholder	
Name Of Registered Owner	AUTOMOBILE TYRE PTE. LTD.
Co Reg No	2XXXXX569R
Email Address	CLIVEZ8328@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97928328
Alternative Phone No	OFFICE-97993268
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	REPORTING ONLY
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	5111945142
Cover Note Number	
Driver	
Name of Driver	CHOW CHIN LOON JEFFREY
NRIC No	SXXXX542A
Date Of Birth	17/01/1973
Occupation	INDOOR
Date Of Driving Pass	26/11/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97928328
Fax Number	
Contact Number	OTHERS-97993268
EMail Address	CHOWJEFF@HOTMAIL.COM

Address	BLK 333 KANG CHING ROAD #03-268
Postcode	610333
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	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

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	SJM5503X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

eBao Tech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	5111945142	Date of Accident	27/02/2020 12:08
Vehicle No.(For Motor)	SJV3345B	Certificate Number	

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5111945142	5111945142-000007	AUTOMOBILE TYRE PTE. LTD.	201835569R	GFM	drivo CLASSIC	SJV3345B	SJV3345B	17/01/2020	16/08/2020

Continue

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:

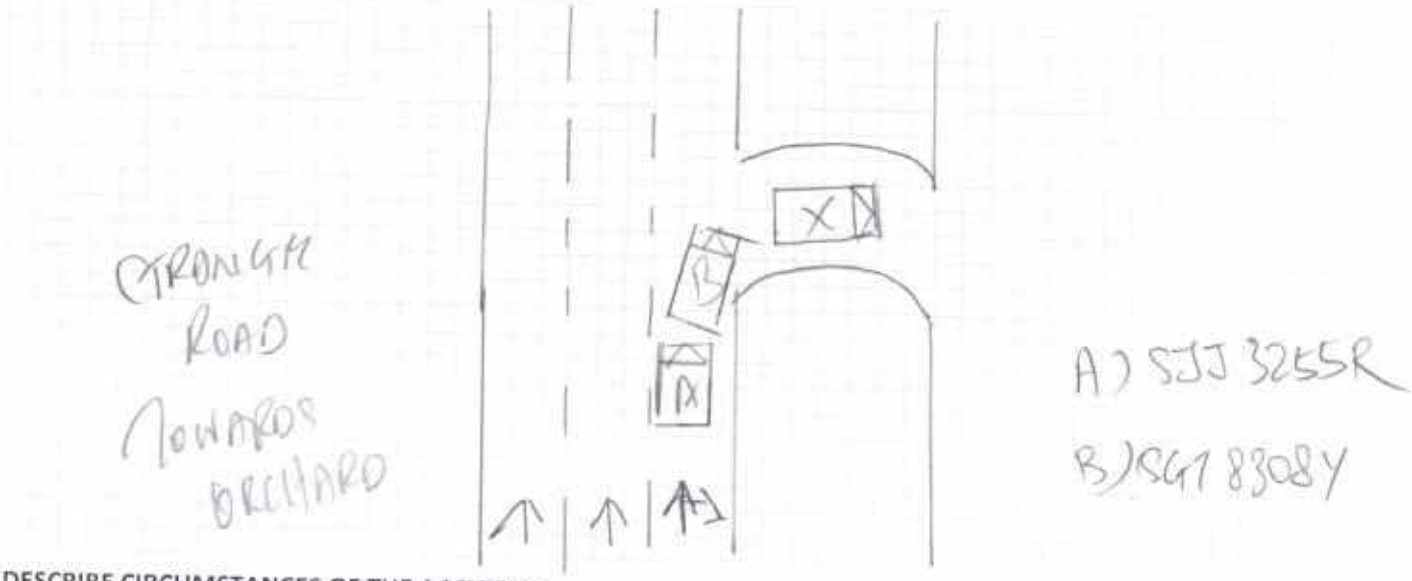
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

AUTOMOBILE TYRE PTE LTD
RGE No. 201825998R

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 10.03.2020 17.06	12/03/2020 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while driving along orange Road and car infront was about to turn right but suddenly, on need brake. This has caused a minor hit on the back of the car in front.

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: 10/03/2020 17:07

12/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE:(27 / 02 / 2020)(DD/MM/YYYY). TIME:(10 : 00)(HH:MM)

LOCATION: Grange Road (Along)

1. DETAILS OF VEHICLE
   a)VEHICLE NUMBER: SJV 3345B
   b)INSURANCE COMPANY: NTUC INCOME
   c)POLICY NUMBER: S11945142-00000?
   d)POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE~~ &THEFT)
   e)MAKE & MODEL: Honda civic
   f)TYPE:(SALOON / ~~COUPE / MPV / VAN / LORRY~~ / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME: Private use
   i)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (~~YES~~/NO) X
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
   A)NAME: AUTOMOBILE TYRE PTE. LTD (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: CONTACT: 97928328
   c)ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

※No of passenger (Including driver) (1)

3. DRIVER
   a)NAME: CHOW CHIN LOON JEFFREY (MALE / ~~FEMALE~~)
   b)NRIC/FIN/PASSPORT: S7301542H CONTACT: 97953268
   c)ADDRESS: 333 Kang Ching Road 03-268 (S) 610333
   *d)DATE OF BIRTH: (17 / 01 / 1973)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)DATE OF DRIVING PASS 26.11.2008
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer
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:

※No of passenger (Including driver) (1)

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SJM 5503X MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

※No of passenger (Including driver) ( )

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = chowjeff@hotmail.com

VIDEO

Claim Handling

Accident MT/1086269

- Exit

Policy No.	S11E945142	Vehicle No.	SJV2345D	GST Registration No.	
Certificate No.	S11E945142-000057				
Policyholder Name	AUTOMOBILE TYRE PTE. LTD.			Policyholder NRIC	201835569R
Product Code	FLEET MASTER INSURANCE	Cover Type	0111 CLASSIC	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFE	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	09/03/2020 19:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision – Head to Rear
Date of Accident	27/02/2020	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		JLM No.	
Accident Location	ORANGE ROAD				

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		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
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	321 QUEENSWAY	Address 2	#23-11 312 AT HOLLAND	Address 3	SINGAPORE 276753
Address 4		Address Type	Singapore address	Post Code	276753
Unit No.	23-11	Related Policy Number	S11428302		

OI Driver Info

Driver Name		Driver Type			
Unnamed Driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	AUTOMOBILE TYRE PTE. LTD.	Insured NRIC	201835569R
Contact No.(Mobile)	97928320	Contact No. (Home)		Contact No. (Office)	NIL
Email Address	ahmed8328@yahoo.com	OI Vehicle Number	SJV2345B	TP Vehicle Number	SJM5033X
Claim Description	SJV2345B / SJM5033X ON 27 Feb 2020			Name of Preferred Workshop	

Preferred Workshop | Insured Liability: Fully at Fault | Consent for Finalisation: Yes | Preferred Repair Option: Preferred Workshop, Name unknown | GIA report: Received

Date Registered	12/03/2020 12:10	Claim Close Date		Date Received	12/03/2020 00:00
Report Taken By	ROSLI WAHAB				

Print AH letter

Save | Submit

Attachment

Accident No.	MT/1086269	Claim No.	002
Last Doc. Received	Yes No	Upload Date	12/03/2020 12:10

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read | Send Message | Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_820676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2020 12:10	Photos	Normal	Photos 2020-3-12		Edit
	NAC_BUKIT_MERAH_820676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2020 12:10	Photos	Normal	Photos 2020-3-12		Edit
	NAC_BUKIT_MERAH_820676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2020 12:10	Photos	Normal	Photos 2020-3-12		Edit
	NAC_BUKIT_MERAH_820676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2020 12:10	Photos	Normal	Photos 2020-3-12		Edit
	NAC_BUKIT_MERAH_820676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2020 12:10	Photos	Normal	Photos 2020-3-12		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2020 12:10	Photos		Normal	Photos 2020-3-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2020 12:10	Photos		Normal	Photos 2020-3-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2020 12:10	Photos		Normal	Photos 2020-3-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2020 12:10	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Mar 2020 12:10	SAS		Normal	SAS 2020-3-12	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

income
made different

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: 5111945142-000007 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV3345B**
   Chassis Number : JHMFD36209S206287
2. Name of Policyholder : AUTOMOBILE TYRE PTE. LTD.
3. Effective Date of Insurance : 17 Jan 2020
4. Expiry Date of Insurance : 16 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.
   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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: REVO FINANCIAL 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 : KINETIC INSURANCE AGENCY (00000573090)
Date of Issue : 15 Aug 2019 15:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive