

NATIONAL Assessment Centre Services.

Form 1 Jan 2005

MAA/20032515

Date In: 14/03/2020 15:07	Job description	Date & Time Completed	Done by
Ref No: MAA/20032515	SAS e-filing		
Veh No: 25524	E-mail (Vehicle Reg, AIC 2hrs)		
D.O.A: 13/03/2020 17:40	I-Motor Claim Form	14/03/2020 15:30	
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksn		

Preferred Wksn / INC Assign Wksn / QW: (Tel: () / Non-INC ()	Fax: ()
TP Particulars: Vch No: GTX 6881A	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 repolar.

() 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	Location	Notes

Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$30)
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$100)
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
Architect's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30
Ref: 1:	6) TR: Re-inspection	\$75
2/2	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NR: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$23
	*NB: DV / Collect Excess Coordination	\$3
	TP (NI): TP (NI) INC against INC	\$30
	9) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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 14/03/2020 15:07
Date Of Accident 13/03/2020 17:40
Exact Location Of Accident TPE TOWARDS SLE (BEFORE JALAN KAYU EXIT)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK2552U
Insured/Policyholder
Name Of Registered Owner VISION TAC PTE LTD
Co Reg No 2XXXXX589H
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-98292291
Alternative Phone No OFFICE-98292291

Vehicle Particulars

Manufacturer TOYOTA
Model LEXUS RX450
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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5105376757-01
Cover Note Number

Driver

Name of Driver NUR NADIRA BINTE ZAINAL
NRIC No SXXXX487G
Date Of Birth 25/10/1986
Occupation INDOOR
Date Of Driving Pass 31/07/2014
Driving Experience 5 YEARS AND 7 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-98292291
Fax Number
Contact Number OTHERS-98292291
EMail Address NOEMAIL

Address	BLK 610 HOUGANG AVENUE 8 #04-494
Postcode	530610
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - AUTHORISE DRIVER
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?	YES
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 AND ATTACHMENT

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	GX6881A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NUR NADIRA BINTE ZAINAL
------	-------------------------

Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	SGK2552U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

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

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

14/03/2020

POD LIAHAR

SKETCH PLAN



A = SGK 2552U

B = GX6881A

TPE towards SLE
(Before Jalan Kayu Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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.:

14/03/2020
Road Workers

On 13.03.20 at about 17:40 hours at along TPE towards SLE (Before Jalan Kayu Exit). While I was travelling straight on my lane and when my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A) : SGK2552U

Vehicle (B) : GX6881A



14/03/2020

SINGAPORE ACCIDENT STATEMENT

Accident Date: 13/03/20	Time: 17:40 hrs	(hh:mm) 24 hr format
Location TPE towards SLE (before Jalan Raju Exit)		
Vehicle Number SGK 25524		
Insured Name Vision Tnc Pte. Ltd.		
NRIC / FIN 200500589H	Contact Number -	
Make Toyota	Model Lexus RX450	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company NINC		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 5105376757-01		
Name of Driver Nur Nadirah Binte Zainal () Same as Insured		
NRIC / FIN		
Contact Number 9829 2291		
Date of Birth 25/10/1986		
Driving Pass Date 31/07/2017		
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor		
Gender () Male (<input checked="" type="checkbox"/>) Female		
Email Address - NO email - () NO EMAIL		
Address of Driver B1K 610 Honggang Avenue 8 #04-494 S(530610)		
Was driver an employee of the Insured's Company? () Yes () No Authorize Driver		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes () No		
Was anybody injured in the accident? () Yes () No		
If yes, injured detail Nur Nadirah Binte Zainal (body pain)		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B	GX6881A	
Veh C		
Veh D		
Veh E		
Veh F		

Driver Only

Claim Handling

Accident MT/1088246

Policy No.	5105376757-01	Vehicle No.	SGK2552U	GST Registration No.	200500589H
Certificate No.					
Policyholder Name	VISION TAC PTE LTD			Policyholder NRIC	200500589H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	983292291	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	14/03/2020 15:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - He
Date of Accident	13/03/2020	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TOWARDS SLE (BEFORE JALAN KAYU EXIT)				

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?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	07/02/2005
GST Registration No.	200500589H	GST Status Verified	Yes
Modification History	14/03/2020 15:28:35 System changed GST Registration Date from 01/01/2015 to 07/02/2005 14/03/2020 15:28:35 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	114 LAVENDER STREET	Address 2	#05-70 CT HUB 2	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	338729
Unit No.		Related Policy Number	5105376757-01		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NUR NADIRA BINTE ZAINAL	Driver NRIC	SXXXX487G	Driver DOB	25/10/1986
Register Date of Driver License	31/07/2014	Driver Age	33	Driving Experience	5
Contact No.(Mobile)	983292291	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 610 #04-494	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE
Address 4		Address Type	Foreign address	Post Code	530610
Unit No.	04-494				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SGK2552U	Driver Insurer Company	NTUC

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	VISION TAC PTE LTD	Insu NRIC	
Contact No.(Mobile)	91123200	Contact No. (Home)		Cont No. (Off)	
Email Address	ikalsom@vision-tec.com	O1 Vehicle Number	SGK2552U	TP Vehi Num	
Claim Description	SGK2552U / GX6881A ON 13 Mar 2020				
Preferred Workshop		Insured Liability	Not at Fault		
Contract No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	14/03/2020 15:29
Report Taken By					ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1088246	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/03/2020 15:30
Choose File	No file chosen	Category *	Please Select
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

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:30	Photos		Normal	Photos 2020-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:30	Photos		Normal	Photos 2020-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:30	Photos		Normal	Photos 2020-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:30	Photos		Normal	Photos 2020-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:30	Photos		Normal	Photos 2020-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:30	Photos		Normal	Photos 2020-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:29	Photos		Normal	Photos 2020-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:29	Photos		Normal	Photos 2020-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:29	Photos		Normal	Photos 2020-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2020 15:29	SAS		Normal	SAS 2020-3-14

Video List

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

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: S105376757-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SGK2552U
Chassis Number : JTJBC11A102442980
2. Name of Policyholder : VISION TAC PTE LTD
3. Effective Date of Insurance : 18 Dec 2019
4. Expiry Date of Insurance : 17 Dec 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	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ONG SIANG HIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : WILLIAM NEO INSURANCE AGENCY (00000591205)
Date of Issue : 10 Dec 2019 16:42 hrs
Reprint : 10 Dec 2019 16:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive