

# NATIONAL Assessment Centre Services

[Ref: 28-002]

MAAY20036232

Date In: 24/03/2020 16:21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/MA20004446/Y	E-mail (within 8hrs, AIO 2hrs):		
Veh No: SY 9889D	I-Motor Claim Form: mlk89433-002	24/03/2020	
D.O.A: 23/03/2020 17:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs):	16:35	
OD: TP (Reporting Only)	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:

SKA 2148J

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%; F: 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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:

(INC hotline: 6788 6616)

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

Actions

NA2002294

Invoice Preparation Checklist:

Am't (\$)

Am't (\$)

Int Bill

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

Contact No:

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion:

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QC Checked by (Engi-In-Charge):

9) N12: Idac Mobile \$30

Auditors' Comments:-

Set 1:

\*N3: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TE (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile \$30

Set 2 & 3:

Invoice date:

Fee Charged

CLM/ST/MA/20

## 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	24/03/2020 16:21
Date Of Accident	23/03/2020 17:00
Exact Location Of Accident	AT 53 MEYER ROAD BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY9889D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEE JOO HOCK @YEE KONG HWA
NRIC No	SXXXX517C
Email Address	YEEKH@YMAIL.COM
Mobile Phone No	(LOCAL) +65-91191900
Alternative Phone No	OTHERS-91191900

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARREIR
Exact Purpose for which vehicle was being used at time of accident	WAS PARKING

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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089710024-02
Cover Note Number	

### Driver

Name of Driver	YEE JOO HOCK @YEE KONG HWA
NRIC No	SXXXX517C
Date Of Birth	24/05/1952
Occupation	INDOOR
Date Of Driving Pass	18/03/1977
Driving Experience	43 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91191900
Fax Number	
Contact Number	OTHERS-91191900
Email Address	YEEKH@YMAIL.COM



Address	53 MEYER ROAD #09-07
Postcode	437876
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	COLLIDED INTO PARKED VEHICLE
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	SKA2148J
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH WEI NAN
NRIC/Passport Number	SXXXX333D
Contact Number	90906355
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:

24-03-2020  
2.20 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

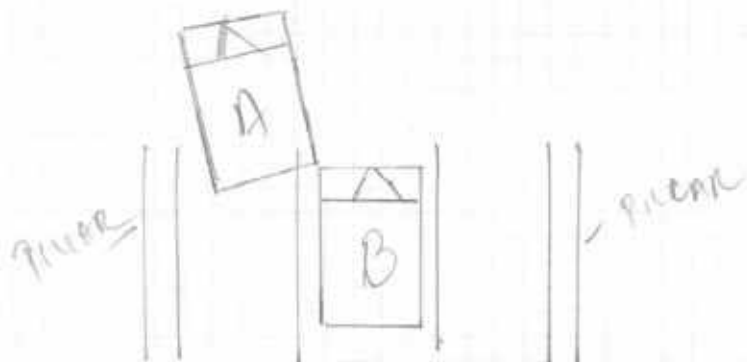
Name:

NRIC/FIN No.:

an 24/03/2020  
Rosa Wong

# SKETCH PLAN

A1 S3 MEYER ROAD KASAMBAH CARPARK



A) SGY 9889D  
B) SKA 2148J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing my car at my ~~Condominium~~ Condominium's car park, which is Level B1 at S3 Meyer Rd, Spore 437876 and suddenly I heard a sound from my rear side of Driver seat. I then realised that I hit a car (No. SKA 2148J) parked at the middle of the car park lot. The driver (Mr. Loh Wei Nan, NRIC No. S8370333D) was at the scene.

## DECLARATION

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

Policyholder's Signature

Date & Time:

24-3-2020  
2.20 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/03/2020  
Resat Loh



# ACCIDENT STATEMENT

ACCIDENT DATE: (23/05/2030) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: Car Park at The Boleiders Condominiums  
53, Meyer Rd, Spore 437876

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGY 9889D  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5089710024-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA Harrier  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: was parking  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: YEE Joo Hock (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S0117517C CONTACT: 91191900  
c) ADDRESS: 53 Meyer Rd, #09-07,  
Singapore 437876

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

## DRIVER

- a) NAME: A.J. above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* d) DATE OF BIRTH: (27/05/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18-03-1977

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 2148J MODEL: Toyota  
b) DRIVER'S NAME: Loh Wei Nan  
c) NRIC/FIN/PASSPORT: S8370333D CONTACT: 90906355

## 9. THIRD PARTY VEHICLE

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

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

email = yeekh@ymail.com  
VIDEO

Exit.

Policy No.	SH09710024-02	Vehicle No.	50768880	GST Registration No.	
Certificate No.					
Policyholder Name	YES JOO ROCK (YES RONG HW)			Policyholder NAIC	001175170
Product Code	WFOKTS CAR INSURANCE	Cover Type	drives CLASSIC	Unloading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remarks		eCode	<input type="button" value="No"/>
ePE	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCU Protection	yes	NCU Endorsement (%)	50	Private Hire	Not available

Report Date	14/03/2020 13:37	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	15/03/2020	Time of Accident (H:MM)	17:10	Country of Accident	Singapore
Reporting Centre		Change Route		ICM No.	
Accident Location	13 WYER RD SINGAPORE CHINA				

Expense Type	Per Assistant	Minimum Excess			
OD Standard Excess	Nil	TP Standard Excess	5.00		
VED OD Excess		VED TP Excess		Driver Is Covered?	Not Applicable
Additional Excess	£				
Total OD Excess Applicable	£50.00	Total TP Excess Applicable	5.00		

GST Registered Information	
GST Registered	No
GST Registration No.	GST Registration Date
Refundable status	GST Status verified

Address 1	63 PETER ROAD	Address 2	#09-07 THE BELLOUSE	Address 3	SINGAPORE 631079
Address 4		Address Type	Singapore address	Post Code	67672
Unit No.		Related Policy Number	RSRST10024-02		

Driver Name	Driver Type		
Unlicensed 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

Claim 001	New
-----------	-----

Claim Type *		00-MX		Insured Name		YES 100 ROCKSHE WOND HHS		Insured NIC		S61175175	
Contact No. (Reside)		01121490		Contact No. (Home)		82423442		Contact No. (Office)			
Email Address		joseph@ymail.com		GI Vehicle Number		BCF08090		TP Vehicle Number		SA031481	
Claim Description								Name of Insured Workshop			
Preferred Workshop		Insured Liability		Fully at Fault							
Exhaust No. Finalisation		Repair Option		Preferred Workshop, Name unknown		GLA report		Received			
Date Registered						24/03/2020 16:35		Claim Close Date		24/03/2020 08:00	
Report Taken By						RDSG1 WANG					

[illegible]

Image/Thumbnail	Uploaded By/Date	Category	Urgency	Date/Time	File Sent / (CO)	Action
	NAC_BUKIT_MERAH_800476( NATIONAL ASSESSMENT CENTRE SERVICE : S (BUKIT MERAH)) on 24 Mar 2020 16:15	Photos	Normal	Photos 2020-3-24		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800476( NATIONAL ASSESSMENT CENTRE SERVICE : S (BUKIT MERAH)) on 24 Mar 2020 16:15	Photos	Normal	Photos 2020-3-24		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800476( NATIONAL ASSESSMENT CENTRE SERVICE : S (BUKIT MERAH)) on 24 Mar 2020 16:15	Photos	Normal	Photos 2020-3-24		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800476( NATIONAL ASSESSMENT CENTRE SERVICE : S (BUKIT MERAH)) on 24 Mar 2020 16:15	Photos	Normal	Photos 2020-3-24		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800476( NATIONAL ASSESSMENT CENTRE SERVICE : S (BUKIT MERAH)) on 24 Mar 2020 16:15	Photos	Normal	Photos 2020-3-24		<a href="#">Edit</a>

3/24/2020

## Claim Handling( Claim Task )

	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 16:35	Photos	Normal	Photos 2020-3-24	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 16:35	Photos	Normal	Photos 2020-3-24	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 16:35	NRIC Driving License	Y	NRIC Driving License 2020-3-24	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 16:35	SAS	Normal	SAS 2020-3-24	<a href="#">Edit</a>
<b>Video List</b>					
Videoes Bu/Date	Folder Date	File Name		Source	Action
		<a href="#">Photos in New Window</a>	<a href="#">Scan and Uploading</a>		



## 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:** 5089710024-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SGY9889D**  
Chassis Number : ZSU600086065
2. Name of Policyholder : YEE JOO HOCK @ YEE KONG HWA
3. Effective Date of Insurance : 04 Apr 2018
4. Expiry Date of Insurance : 03 Apr 2019
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\$500
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
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YEE JOO HOCK @ YEE KONG HWA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : ABWIN PTE LTD (00000614234)  
Date of Issue : 27 Feb 2018 21:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive