

NATIONAL Assessment Centre Services

(wef 1 Jan 2003)

MNA420036253

Date In: 24/03/2020 16:39	Job description	Date & Time Completed	Done by
Ref No: N/A/Inc 2000446914	SAS e-filing		
Veh No: SMC 4623G	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 24/03/2020 11:15	I-Motor Claim Form	m11189449001	24/03/2020 16:54
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer: CYPRIAN 10 6100	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SKD 9760

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 repairer.

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

Drive-In (

)/ Towed-In (

); Invoice: YES (

NO (

); Towing Co: (

Remarks:-

(INC hotline: 6788 6610)

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

NA2000296

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engt-In-Charge):

Auditors' Comments:-

Est 1:

Est 2:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30)

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

3) TF: Towing Fee \$40/\$25

4) FT: Follow-Through Survey \$120

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

For claiming against INC Only (wef 10 Jan 2003)

6) TR: Re-inspection \$75

7) NI: Idno DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD:

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

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

9) N12: Idno Mobile \$0

Invoice dated

Fee Charged

RECEIVED

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 16:39
Date Of Accident	24/03/2020 11:15
Exact Location Of Accident	ALONG CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4623G
Insured/Policyholder	
Name Of Registered Owner	CHAIR CHEE HOE
NRIC No	SXXXX187C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84997586
Alternative Phone No	OTHERS-84997586

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
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 PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110518785
Cover Note Number	

Driver

Name of Driver	CHAIR CHEE HOE
NRIC No	SXXXX187C
Date Of Birth	18/07/1990
Occupation	INDOOR
Date Of Driving Pass	01/07/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84997586
Fax Number	
Contact Number	OTHERS-84997586
Email Address	NOEMAIL

Address	BLK 25A ST.GEORGE'S LANE #25-27
Postcode	321025
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	SKD9726D
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	

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:

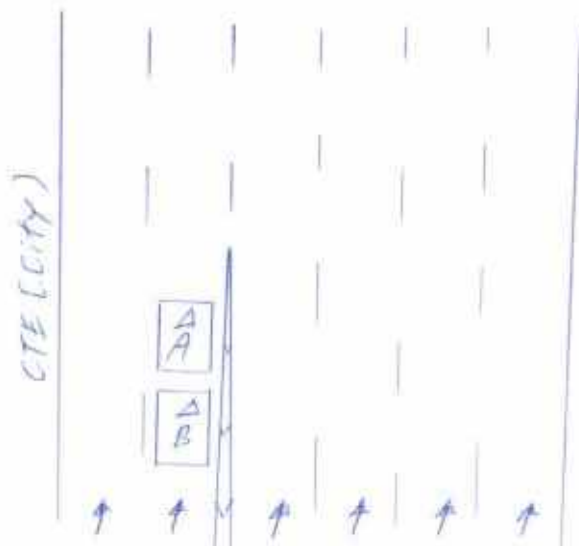
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: *Reda Hassan*
NRIC/FIN No.:

SKETCH PLAN



Vehicle A: SMCA623G
Vehicle B: SKD 9726D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A was travelling straight at the stated lane as front vehicle braked, I followed suit. Suddenly, vehicle B hit into my stationary vehicle rear portion.

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:

24/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.

ACCIDENT STATEMENT

ACCIDENT DATE: 24/03/2020 (DD/MM/YYYY), TIME: 11:15 (HH:MM)

LOCATION: CTE (City)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMCA62364
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5110518785
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota CHR
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Chia K Choe Hoe (MALE / FEMALE)
 b) NRIC/PIN/PASSPORT: 59027187C CONTACT: 84777586
 c) ADDRESS: 75A St George's Lane #25-67
51321075

* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER

No. of passengers
 (including driver)
(02)

1 female
1 male

- DRIVER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/PIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 18/07/1990 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) TYPE OF DRIVING: PASS 01/07/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: driver

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

No. of passengers
 (including driver)
(01)

- a) VEHICLE NUMBER: SKD9726D (B) MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/PIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

No. of passengers
 (including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/PIN/PASSPORT: _____ CONTACT: _____

email =
 VIDEO

Claim Handling

Exit

Accident HT1089448

Policy No.	5110018785	Vehicle No.	SMC4623G	GST Registration No.	
Policyholder No.					
Policyholder Name	CHAI CHIE HOE			Policyholder NRIC	89027187C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No. (Mobile)	84987588	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No *
afa	Yes - No	TCR	Yes - No	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Mile	No

Accident Details

Report Date	24/03/2020 18:52	Accident Report Within 34 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	24/03/2020	Time of Accident (Minimum)	11:15	Country of Accident	Singapore
Reporting Centre		Change Fault		ICM No.	
Accident Location	ALONG CTB TOWARDS CITY				

Total Excess Applicable

Excess Type	Per Accident	Workshop Excess	100.00		
GD Standard Excess	600.00	TP Standard Excess	0.00		
YIELD DD Excess	0.00	YIELD TP Excess	0.00	Driver is Covered?	Covered
Additional Subject	0				
Total DD 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 Validity	Yes
Notification History			

Policyholder Mailing Address

Address 1	BUKIT MERAH #13-001	Address 2	MCNAB ROAD	Address 3	TOWARDS HEIDENH
Address 4	SINGAPORE 321108	Address Type	Singapore address	Post Code	321108
Unit No.	13-001	Related Policy Number	5110018785		

GI Driver Info

Driver Name	CHAI CHIE HOE	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	89027187C	Driver DOB	18/01/1990
Register Date of Driver License	01/01/2017	Driver Age	24	Driving Experience	3
Contact No. (Mobile)	84987588	Contact No. (Office)		Contact No. (Home)	
Address 1	BUKIT MERAH #13-001	Address 2	MCNAB ROAD	Address 3	TOWARDS HEIDENH
Address 4	SINGAPORE 321108	Address Type	Singapore address	Post Code	321108
Unit No.	13-001				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SMC4623G	Driver Insurer Company	STLC

Declaration

Brachalyzer or Blood Test (Leading)	0 Hrs	Any Injury?	Yes - No
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Notification History

Claim 001 [View](#)

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault	OK report	Received
Reserve No. Workshop	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

Print as letter

OD-PR	Insured Name	CHAI CHIE HOE	Insured NRIC	89027187C
84987588	Contact No. (Mobile)	84723688	Contact No. (Office)	
chaim.chen@gmail.com	GI Vehicle Number	SMC4623G	TP Vehicle Number	SMC4623G
SMC4623G / SMC4623G-01/24 Mar 2020	Name of Preferred Workshop			
24/03/2020 18:54	Claim Close Date		Date Received	24/03/2020 00:00
ROSALI BANAB				

[Save](#) [Submit](#)

Attachment

Accident No.	HT1089448	Claim No.	301
Lead Doc. Received	Yes - No	Upload Date	14/03/2020 18:54

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:54	Photos	Normal	Photos 2020-3-24		Edit
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:54	Photos	Normal	Photos 2020-3-24		Edit
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:54	Photos	Normal	Photos 2020-3-24		Edit

[Send Message](#) [Upload](#)

3/24/2020

Claim Handling(accident reporting Claim Task)

	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 May 2020 16:54	Photos	Normal	Photos 2020-3-24	Edit	
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 May 2020 16:54	Photos	Normal	Photos 2020-3-24	Edit	
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 May 2020 16:54	Photos	Normal	Photos 2020-3-24	Edit	
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 May 2020 16:54	Photos	Normal	Photos 2020-3-24	Edit	
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 May 2020 16:54	Photos	Normal	Photos 2020-3-24	Edit	
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 May 2020 16:54	Photos	Normal	Photos 2020-3-24	Edit	
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 May 2020 16:54	NRIC Driving License	Y	Normal	NRIC Driving License 2020-3-24	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 May 2020 16:54	SAS	Normal	SAS 2020-3-24	Edit	

Video List

Video List

Uploaded By/Date	Policy Date	File Name	Source	Action
		Display in New Window	Download	

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: 5110518785

Cover: : drive CLASSIC

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : SMC4623G |
| Chassis Number | : ZYX102111541 |
| 2. Name of Policyholder | : CHAIR CHEE HOE |
| 3. Effective Date of Insurance | : 30 Jun 2019 |
| 4. Expiry Date of Insurance | : 29 Jun 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	: CHAIR CHEE HOE
NAMED DRIVER (1)	: CHEN SOH LERN
NAMED DRIVER (2)	: CHAIR CHEE HOE
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : GOH GEK CHENG DORINE (00000524683)
Date of Issue : 18 Jun 2019 09:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MIA420036253 Vehicle Registration No: SMC 4623 G
Name (as shown in NRIC): CHAI CHAI HOE NRIC/FIN/Passport No: XXXX187C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 84997586
Email Address: _____
Date of Accident: 24/03/2020 Time of Accident: 11:15
Place of Accident: ALONG THE TOWARDS CAY
Insurance Company: NRIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE from I/P TO REPORTING ONLY

Policyholder / Driver's Signature
Date:

25/03/2020
Reporting Centre Personnel's Signature
Name: POPEL WONG
NRIC/FIN No.:
Date: