NATIONAL Assessment Centre Services. MVIA00040387

Date In: 06/04/2020 14:11	Job description	Date &Time Completed	Done by
Ref No: NBA/INC2000049661Y	SAS e-filing		
Veh No: SMM 1951B	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 30/03/2020 07:30	I-Motor Claim Form	MV11109882-001	06/04/2020 14:53
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: SH6494B , 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: ( )

1) Apply for Transport Allowance ( )/ Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost> $3000] ( )

Injury :

NA2002583

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)	INC ($40)	
2) DA : Damage Assessment ($100)	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2020)	$75	
6) TR : Re-Inspection	$160	
7) N1 : Idea DA + SMRT Survey		
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) : TF (Non INC) against INC	$20	
9) N12: 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: 06/04/2020 14:35

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	06/04/2020 14:11
Date Of Accident	30/03/2020 07:30
Exact Location Of Accident	ALONG ST MARGARET DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1951B
Insured/Policyholder	
Name Of Registered Owner	SG CAR SOLUTIONS PTE LTD
Co Reg No	2XXXXX459K
Email Address	PREREPAIRINSPECTION@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90272268
Alternative Phone No	OFFICE-90272268
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5112029030
Cover Note Number	
Driver	
Name of Driver	NEO CHOON MEI (LIANG CHUNMEI)
NRIC No	SXXXX609H
Date Of Birth	10/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2005
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90272268
Fax Number	
Contact Number	OTHERS-90272268
EMail Address	PREREPAIRINSPECTION@GMAIL.COM

Address	BLK 216A COMPASSVALE DRIVE #08-544
Postcode	541216
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 - MAJOR/MINOR RD
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	SH6494B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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**.
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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 motor 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.

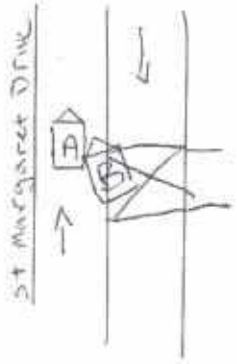
SG CAR SOLUTIONS PTE LTD

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



A Vehicle : SMM 1951B
B Vehicle : SH 6494B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the mention Date and time I Vehicle A SMM 1951B was travelling on my lane suddenly Vehicle B SH 6494B hit on my Rear Right that is all

DECLARATION

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

SG CAR SOLUTIONS PTE LTD

Policyholder's Signature
Date & Time:

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

06/04/2020

Booking Centre Personnel's Signature
Name:
NRIC/FIN No:

Date of Accident: 30/3/20 Accident Time: ~~1430~~ (24-HR-Format)

Accident Place: along st margaret Dr

Vehicle No. (Car Plate No.): SMM 1951B Make Model: Honda Fit

Insurance Company: NTUC Policy No: 5112029030

Owner or Company Name (C No.: SG CAR SOLUTIONS PTE LTD

Owner or Company Contact No: 90272268 Owner's Hp: Company Tel:

DRIVER's Name (C No.: Neo Choon mei (Hang Chun me,) S8103609H

DRIVER'S Date Of Birth: 10-2-1981 DRIVER'S License Pass Date: 03/12/~~05~~ 2005

Relationship of Owner & Driver: Spouse Parents Children Sibling Employee Others: Hire

DRIVER'S Address: BIK 216A compassvale Drive #08-544

DRIVER'S Contact No. Mt No.: 1) 90272268 2)

DRIVER'S Occupation: INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address: prerepairinspection@gmail.com

Weather & Road Surface: CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type: Reporting Only Claim Other Party Claim Own Insurance

Number of Passengers (Including Driver): 2

Was there any video Captured by car camera: YES NO

Exact purpose for which Vehicle was being used at the time of accident: Private use Work purpose

Any Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

Vehicle. No: SH 6494B	Vehicle. No:
Vehicle Make Model:	Vehicle Make Model:
Name Driver:	Name Driver:
IC No. Driver Contact:	IC No. Driver Contact:

* NEW - Passenger's name & gender:

Female x 1

Claim Handling

Exit

Accident MT/1000833

Policy No.	5112020630	Vehicle No.	SMM1951B	GST Registration No.	
Certificate No.					
Policyholder Name	SG CAR SOLUTIONS PTE LTD			Policyholder NRIC	201819439K
Product Code	PRIVATE CAR INSURANCE	Cover Type	[illegible] CLASSIC	Loading	0
Contact No.(Mobile)	90272260	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFN	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	06/04/2020 14:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	30/03/2020	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ST MARGARET DRIVE				

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	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	1000				
Total OD Excess Applicable	3000.00	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	06/04/2020 14:44:05 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 544 #05-654	Address 2	ANG MO KIO AVENUE 4	Address 3	ANG MO KIO
Address 4	SINGAPORE 560544	Address Type	Singapore address	Post Code	560544
Unit No.		Related Policy Number	[illegible]		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver name	NEO CHOON MEI CLARIS CHUNF	Driver NRIC	[illegible]	Driver DOB	[illegible]
Register Date of Driver License	01/12/2000	Driver Age	39	Driving Experience	14
Contact No.(Mobile)	90272260	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.	SMM1951B	Driver Insurer Company	[illegible]

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SG CAR SOLUTIONS PTE LTD	Insured NRIC	201819439K
Contact No.(Mobile) *		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SMM1951B	TP Vehicle Number	SH6494B
Claim Description	SMM1951B / SH6494B ON 30 Mar 2020			Name of Preferred Workshop	
Preferred Workshop Remark No. Finalisation	Yes	Insured Liability	Not at Fault	Preferred Repair Option	Preferred Workshop, Name unknown
COA report	Received				
Date Registered	06/04/2020 14:46	Claim Close Date		Date Received	06/04/2020 00:00
Report Taken By	ROSLI WAHAB				

Print NA label

Save Submit

Attachment

Accident No.	MT/1000833	Claim No.	001
Last Doc. Received	Yes No	Upload Date	06/04/2020 14:53

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	May Sent? (CQ)	Action
	NAC_BUKIT_MERAH_BOOKING NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 06 Apr 2020 14:53	Photos	Normal	Photos 2020-4-6		Edit
	NAC_BUKIT_MERAH_BOOKING NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 06 Apr 2020 14:53	Photos	Normal	Photos 2020-4-6		Edit
	NAC_BUKIT_MERAH_BOOKING NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 06 Apr 2020 14:53	Photos	Normal	Photos 2020-4-6		Edit

	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:53	Photos		Normal	Photos 2020-4-6	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:53	Photos		Normal	Photos 2020-4-6	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:49	Photos		Normal	Photos 2020-4-6	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:49	Photos		Normal	Photos 2020-4-6	Edit
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	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:49	Photos		Normal	Photos 2020-4-6	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:49	Photos		Normal	Photos 2020-4-6	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:49	Photos		Normal	Photos 2020-4-6	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:46	Photos		Normal	Photos 2020-4-6	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:46	Photos		Normal	Photos 2020-4-6	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-6	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-6	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-6	Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Apr 2020 14:46	SAS		Normal	SAS 2020-4-6	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112029030 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMM1951B**
   Chassis Number : GE63000023
2. Name of Policyholder : SG CAR SOLUTIONS PTE LTD
3. Effective Date of Insurance : 19 Aug 2019
4. Expiry Date of Insurance : 18 Aug 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 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	: S$1,000
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	: HONG LEONG FINANCE 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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 19 Aug 2019 16:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer **Chief Executive**