

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MHA200318**

Date In: <b>10/6/12-14:18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>117/1102006214/14</b>	SAS e-filing		
Veh No: <b>JMA 1966m</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>5/6/12 08:15</b>	i-Motor Claim Form	<b>11/12/12 14:36</b>	<b>10/6/12 14:36</b>
OD: <b>(TP)</b> 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: Vch No: **JMA 73527** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	
		For Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Ref. 1:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Ref. 2 / 3:	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl 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) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	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	10/06/2020 14:18
Date Of Accident	10/06/2020 08:15
Exact Location Of Accident	SEMBAWANG DR NEAR BLK 463A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ1966M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUIK HOCK SOON
NRIC No	SXXXX519D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97832789
Alternative Phone No	OFFICE-97832789

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G 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	THIRD PARTY
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	5113211827
Cover Note Number	

### Driver

Name of Driver	QUIK HOCK SOON
NRIC No	SXXXX519D
Date Of Birth	11/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97832789
Fax Number	
Contact Number	OFFICE-97832789
EMail Address	NOEMAIL

Address	BLK 242 SERANGOON AVENUE 3 #07-196
Postcode	550242
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	SIDE SWIPE
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?	
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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ7352T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG HOW SIONG, VINCENT
NRIC/Passport Number	SXXXX087F
Contact Number	96719642
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Accident Sketch Plan

### SKETCH PLAN

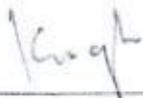
#### IMPORTANT NOTICE

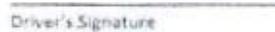
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. Any false reporting may be referred to the Police for investigation.
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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 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.

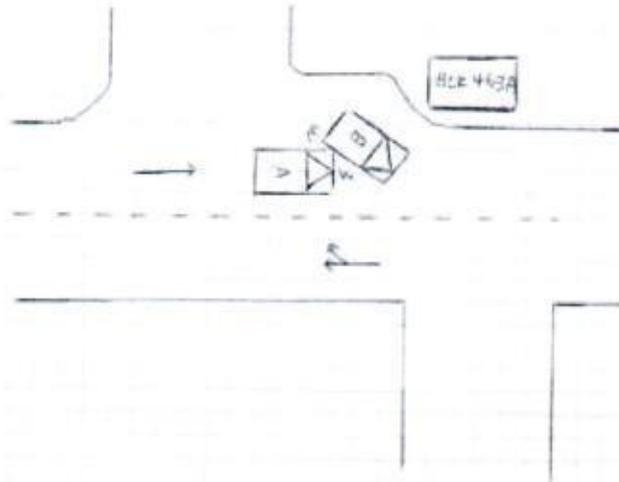
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



Veh A SKQ96CM

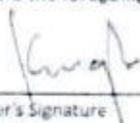
Veh B SKQ7352T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving into the multi-storey carpark. As I drove near the entry of the carpark  
somewhere near BLK 463A, Vehicle B (SKQ7352T) in front of me stopped and I followed  
suit and came to a stop. A moment later, Veh B reversed his vehicle and knocked  
into my vehicle front left portion. We then exchange particulars and left the scene.  
No one was injured.

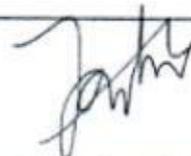
DECLARATION

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.:

Jackson

<b>VEHICLE NO :</b> SMQ1966M		<b>MAKE/MODEL :</b> HONDA SHUTTLE	
Date of Accident	10/06/2020	Time: 08:15	Foreign Veh Involved YES / NO
Location of Accident	SEMBAWANG DRIVE NEAR BLK 463A.		Foreign Veh No
Country of Loss			
Vehicle Damaged			No. of Veh Involved : 2
Claim Type	OD / TP / REPORTING		Was There Any Witness YES / NO
<b>INSURANCE CO</b>	NTUC INCOME		Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only		Contact No :
Policy No	511321827		
Fleet Policy	YES / NO		
<b>OTHER VEHICLES</b>			
<b>OWNER / CO. NAME</b>	OUIR HOCK SOON		<b>VEHICLE B</b> : SRQ7352T
NRIC / Co's Reg No.	S1771519D		Category :
Address	APT BLK 242 SERANGUON AVENUE 3 #07-196 S(550242)		Driver's Name : NG HEW SONG, VINCENT
Contact / Mobile No	9783 2789		NRIC No : 58812087F
Email Address	KENAYQUIK@hotmail.com		Contact No : 9671 9642
Date of Birth	11/10/1966		No. of Passenger : -
Gender	M / F		
<b>DRIVER'S NAME</b>	AS ABOVE		<b>VEHICLE C</b> :
NRIC No			Category :
Address			Driver's Name :
			NRIC No :
			Contact No :
Contact / Mobile No			No. of Passenge :
Email Address			
Date of Birth			
Gender	M / F		<b>VEHICLE D</b>
LICENSE PASSED DATE	04/10/2012		Category :
			Driver's Name :
Occupation	Indoor / Outdoor		NRIC No :
Relation with Owner	OWNER		Contact No :
			No. of Passenger :
Does Driver Own Any Other Veh ? YES / NO			
Vehicle Reg No			
Insurance Co			
Weather Condition	Clear / Raining / Others		Video Captured : Yes / No
Road Surface	Dry / Wet / Others		
<b>INJURED</b>	: YES / NO		
Name of Injured			Police Report : YES/NO
Convey To Hospital by Ambulance	: YES / NO		If YES, Where :
<b>NO. OF PASSENGERS</b>	: -		
Name of Passenger			M / F INJURED? YES/NO
Name of Passenger			M / F INJURED? YES/NO
Name of Passenger			M / F INJURED? YES/NO
Name of Passenger			M / F INJURED? YES/NO
<b>REMARKS</b> :			
Name of Workshop	<b>SUCCESS UNITED PTE LTD</b>		Contact No :
Address	2 Kaki Bukit AutoHub Kaki Bukit Ave 2, #01-33/#02-29 Singapore 417921		Email : keong@successunited.com.sg
	Tel: 6746 1515 Fax: 6748 5015		

**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:** 5113211827

**Cover :** drivo CLASSIC

- |   |                   |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SMQ1966M</b> |
| Chassis Number  | : GK81202229      |
| 2. Name of Policyholder   | : QUIK HOCK SOON  |
| 3. Effective Date of Insurance  | : 09 Oct 2019     |
| 4. Expiry Date of Insurance   | : 29 Nov 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	: QUIK HOCK SOON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : CH INSURANCE AGENCY PTE. LTD. (00000615369)  
Date of Issue : 09 Oct 2019 10:48 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive

Claim Handling

Exit

Accident MT/1094087

Policy No.	S113211827	Vehicle No.	SMQ1966M	GST Registration No.	
Certificate No.					
Policyholder Name	QUIK HOCK SOON			Policyholder NRIC	S17715190
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	SMQ1966M	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	A
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	10/06/2020 14:33	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/06/2020	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CENDAWANG DR NEAR BKM 463A				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD 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 Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 242 #07-196	Address 2	SERANGGON AVENUE 3	Address 3	SINGAPORE 550242
Address 4		Address Type	Singapore address	Post Code	550242
Unit No.	07-196	Related Policy Number	S113211827		

OI Driver Info

Driver Name	QUIK HOCK SOON	Driver Type	Main Driver	Driver DOB	11/10/1966
Unnamed driver Name		Driver NRIC	S17715190	Driving Experience	7
Register Date of Driver License	04/10/2012	Driver Age	53	Contact No.(Home)	0
Contact No.(Mobile)	97832789	Contact No.(Office)	0	Address 3	SINGAPORE 550242
Address 1	BLK 242	Address 2	SERANGGON AVENUE 3	Post Code	550242
Address 4		Address Type	Singapore address		
Unit No.	07-196				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	QUIK HOCK SOON	Insured NRIC	S17715190
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		Vehicle Number	SMQ1966M	Vehicle Number	SMQ7352T
Claim Description	EMPLOYEE / EXOTERON 10 JUL 2020				
Preferred Workshop	<input type="radio"/> Insured Preferred Repair Option	Not at Fault	<input type="radio"/> Preferred Workshop, Name u	GIA report	Received
Date Registered	10/06/2020 14:34	Claim Close Date		Date Received	10/06/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	Claim No.	Last Doc. Received	Upload Date	Category *	Confidential	Urgency *	Description *
MT/1094087	001	<input checked="" type="radio"/> Yes <input type="radio"/> No	10/06/2020 14:36	Please Select	NO	Normal	
				Please Select	NO	Normal	
				Please Select	NO	Normal	
				Please Select	NO	Normal	
				Please Select	NO	Normal	