

# NATIONAL Assessment Centre Services

Date In: 22/06/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20006490/13	SAS e-filing		
Veh No: SKP400	E-mail (within 8hrs, NP 2hrs)		
D.O.A: 21/06/20 1205	i-Motor Claim Form	MT/1094909-001	
OD: <input checked="" type="radio"/> 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: SLZ 944413	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 ( ) / Towel-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

NO2003122	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	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): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	22/06/2020 11:40
Date Of Accident	21/06/2020 12:05
Exact Location Of Accident	TAMPINES CENTRAL 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP40U
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### Insured/Policyholder

Name Of Registered Owner	RONNIE POH TIAN PENG
NRIC No	SXXXX789J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97377890
Alternative Phone No	OTHERS-98227277

### Vehicle Particulars

Manufacturer	BMW
Model	523i
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	5116482720
Cover Note Number	

### Driver

Name of Driver	KIMBERLY POH WAN JUN
NRIC No	SXXXX947G
Date Of Birth	28/10/1996
Occupation	INDOOR
Date Of Driving Pass	31/12/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98227277
Fax Number	
Contact Number	
Email Address	KIMBERLY-POH@HOTMAIL.COM

Address	38 LA SALLE STREET
Postcode	454970
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLZ9444P
Vehicle Make/Model/Colour	GLA180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WAI SEOW CHEN
NRIC/Passport Number	
Contact Number	98002076
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.
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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: 220620  
11-08AM

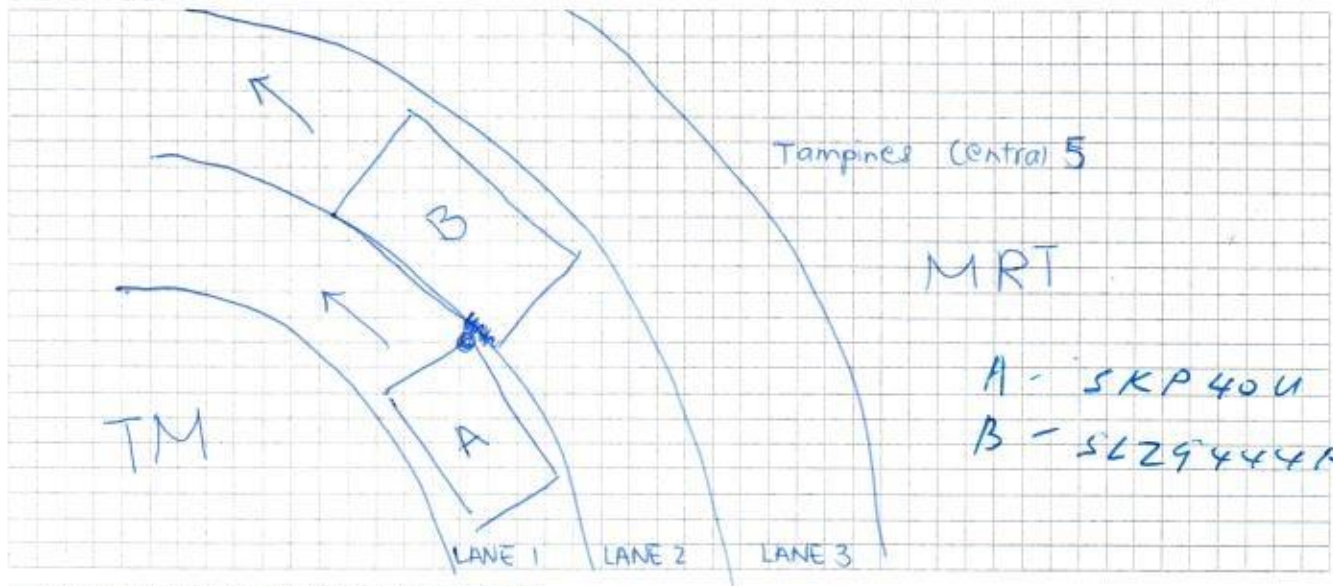
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~There~~ Both car A & B were turning the left corner, driver of car A realised that car B was cutting into lane 1 and was very close to car A. car A's driver jam braked and stopped while car B continued turning. The left rear of car B scratched the right front of car A. Car B continued driving in front and signalled and stopped so car A followed car B in front. There were no injuries for both parties.

## DECLARATION

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

Policyholder's Signature

Date & Time: 220620  
11:08 AM

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 06 / 2020 (DD/MM/YYYY), TIME: 12 : 02 (HH:MM)

LOCATION: Tampines Central 5

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP40M  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 523i  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: Ronnie Poh Tian Peng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1413789J CONTACT: 97377890  
c) ADDRESS: 38 La Salle Street, S454970

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

### DRIVER

- a) NAME: Kimberly Poh Wan Jun (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9638947G CONTACT: 98227277  
c) ADDRESS: 38 La Salle Street, S454970

\*d) DATE OF BIRTH: 28 / 10 / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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: SLZ9444P MODEL: GLA180  
b) DRIVER'S NAME: Hai Seow Chen  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9800 2076

### 9. THIRD PARTY VEHICLE

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

Email = kimberly-poh@hotmail.com

Fax = \_\_\_\_\_

Video = \_\_\_\_\_

## 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:** 5116482720

**Cover :** drivo CLASSIC

- |   |                        |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SKP40U               |
| Chassis Number  | : WBAFP32040C864680    |
| 2. Name of Policyholder   | : RONNIE POH TIAN PENG |
| 3. Effective Date of Insurance  | : 18 Mar 2020          |
| 4. Expiry Date of Insurance   | : 17 Mar 2021          |
| 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: RONNIE POH TIAN PENG
NAMED DRIVER (1)	: JACKY POH ZI YUAN
NAMED DRIVER (2)	: KIMBERLY POH WAN JUN
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)  
 Date of Issue : 09 Mar 2020 14:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



Claim Handling

Accident MT/1094909

Policy No.	5116482720	Vehicle No.	SKP40U	GST Registration No.	
Certificate No.					
Policyholder Name	RONNIE POH TIAN PENG	Cover Type	drive CLASSIC	Policyholder NRIC	51413789J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97377890	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

▼ Accident Details

Report Date	22/06/2020 12:22	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/06/2020	Time of Accident hh:mm	12:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES CENTRAL 5				

▼ 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	0.00				
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	38 LA SALLE STREET	Address 2	SINGAPORE 454970	Address 3	
Address 4		Address Type	Singapore address	Post Code	454970
Unit No.		Related Policy Number	5116482720		

▼ OT Driver Info

Driver Name	KIMBERLY POH WAN JUN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9638947G	Driver DOB	28/10/199J
Register Date of Driver License	31/12/2019	Driver Age	23	Driving Experience	0
Contact No.(Mobile)	98227277	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	38 LA SALLE STREET	Address 2	SINGAPORE 454970	Address 3	
Address 4		Address Type	Singapore address	Post Code	454970
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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 OD-MX New

Claim Type *	OD-MX	Insured Name	RONNIE POH TIAN PENG	In NF
Contact No.(Mobile)		Contact No. (Home)		Cc No (O
Email Address		OT Vehicle Number	SKP40U	TP Ve Nl
Claim Description	SKP40U / SLZ9444P ON 21 Jun 2020			Na Pn Wi
Preferred Workshop		Insured Liability	Not at Fault	
Booth No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	
Finalisation		GIA report	Received	
Date Registered	22/06/2020 12:25	Claim Close Date		De Re
Report Taken By	ROSLINDA	Workshop Repairer		To bu Re

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1094909	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/06/2020 00:00
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

Confidential	Urgency *
NO	Normal
NO	Normal
NO	Normal



Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2020 12:25	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2020 12:25	SAS		Normal	SAS 2020-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2020 12:25	Photos		Normal	Photos 2020-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2020 12:25	Photos		Normal	Photos 2020-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2020 12:25	Photos		Normal	Photos 2020-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2020 12:25	Photos		Normal	Photos 2020-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2020 12:25	Photos		Normal	Photos 2020-6-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2020 12:25	Photos		Normal	Photos 2020-6-22

Video List

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