NATIONAL Assessment Centre Services. MNAS/P0055405

	Job description	Date &Time Completed	Done by
Date In: 29/06/2020 16:16	SAS e-filing		
Ref No: NBA/INC2000678/Y	E-mail (Ejobs ..., AIC 2hrs)		
Veh No: SJU7987C	I-Motor Claim Form	MT10955890001	29/06/2020 16:28
DOA: 26/06/2020 17:05	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SHC7618T. 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 ( )

( ) 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 :

XA2003429

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)	INC ($30)	
2) DA : Damage Assessment ($100)	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) (wef 10 Jan 2005) For claiming against INC Only	$75	
6) TR : Re-inspection	$160	
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services-		
OD:	$5	
* NS: Courtesy Car / Tpt Allowance	$10	
* NS: Repair Co-ordination	$25	
* NS: Post Repair Inspection	$5	
* NS: DV / Collect Excess Coordination	$10	
TP (NTU) : TP (Non INC) against INC	$0	
9) NI2: Idea Mobile		
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	29/06/2020 16:16
Date Of Accident	26/06/2020 17:05
Exact Location Of Accident	400 PAYA LEBAR WAY(BTWN MARKET AND MACPERSON CC)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJU7987C
Insured/Policyholder	
Name Of Registered Owner	GIAM KEE CHING (YAN QIJING)
NRIC No	SXXXX022Z
Email Address	RAYMONDGIAM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90678042
Alternative Phone No	OTHERS-90678042
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	5107984962-01
Cover Note Number	
Driver	
Name of Driver	GIAM KEE CHING (YAN QIJING)
NRIC No	SXXXX022Z
Date Of Birth	30/04/1974
Occupation	INDOOR
Date Of Driving Pass	05/03/2007
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90678042
Fax Number	
Contact Number	OTHERS-90678042
EMail Address	RAYMONDGIAM@YAHOO.COM.SG

Address	35 DAISY ROAD #02-03
Postcode	359455
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)	3
Passenger 1	NAME: : GLADYS CHEOW MINGLI GENDER: : FEMALE
Passenger 2	NAME: : EVANGELINE VICTORIA GIAM 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	SHC7018T
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

Veh A: SJU 7987C
Veh B: SHC 7018T

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.

** I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature
Date & Time:
21/06/2020 10.46am

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

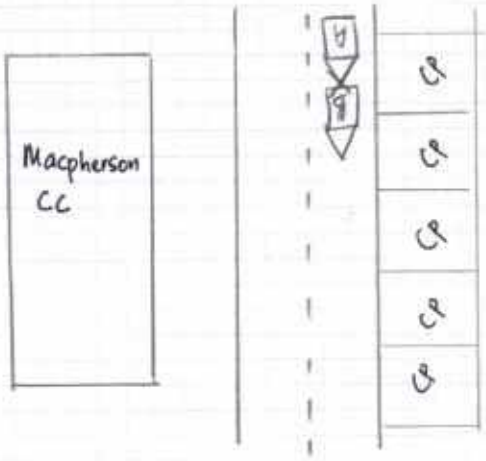
29/06/2020

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

SKETCH PLAN

Veh A: SJU 7987 C

Veh B: SHC 7018T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 June 2020, I was driving my car towards Blk 124, Paya Lebar way. While turning into 400 Paya Lebar way - the road is between the market and macpherson CC, I slowed down the vehicle. The car was moving at a very slow speed when it suddenly hit the taxi (vehicle SHC 7018T) in front. The taxi driver came out of his vehicle and we took pictures. I saw a small hole at the bumper of the taxi.

DECLARATION

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

Policyholder's Signature Date & Time: 29/6/2020 10.46 am	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Ros Z. Mohamed NRIC/FIN No.: 29/06/2020

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7414022Z**

Name

GIAM KEE CHING
(YAN QIJING)
严 麒 敬

Race
CHINESE

Date of birth
30-04-1974

Sex
M

Country/Place of birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE *
Class 3A	Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	05 Mar 2007

6078093

NRIC No. S7414022Z

Licence No: S7414022Z

Date of issue
06-12-2018

Address
35 DAISY ROAD
#02-03
SINGAPORE 359455

NP 428A

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

(3)

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 26 June 2020 *Time of Accident: 5.05 pm

*Accident Location: 400 Paya Lebar Way (S) 379131 – The road in between the market and macpherson cc

Vehicle Details

*Vehicle Number: SJU 7987C * Make & Model: Mercedes Benz C180

Insured / Policyholder

*Owner Name: Giam Kee Ching *NRIC: S7414022Z

*Address: 35 Daisy Road #02-03 Singapore 359455

*Email: raymondgiam@yahoo.com.sg * HP: 90678042

*Occupation: property agent ~~(Indoor~~ / Outdoor) * Tel /H /Other:

Driver (✓) same as above

*Driver Name: *NRIC:

*Address:

*Date of Birth: *Driving Pass Date: 5/3/2007 * HP:

*Email: *Gender: Male / Female

*Occupation: (Indoor / Outdoor) * Tel /H /Other:

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder :)

Passengers Details

* P/Name: Gladys Cheow Mingli (~~Male~~/Female) * P/Name: (Male/Female)

* P/Name: Evangeline Victoria Giam (~~Male~~/Female) * P/Name: (Male/Female)

Insurance Company

*Insurer: *Coverage: C /TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: SHC 7018T

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head / Rear / Side swipe / others:

*Weather conditions: Clear / Raining / others: *Any video cam: Yes / No

*Road Surface: Dry / Wet / others:

*Witness: Yes / No (Name: NRIC : HP:)

*Accident reported to police: Yes / No *Summon against whom:

*Injured party: Yes / No *No. of passengers (include driver):

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

Accident MT/1095589

Policy No.	5107984962-01	Vehicle No.	SJU7987C	GST Registration No.	
Certificate No.					
Policyholder Name	GIAM KEE CHING (YAN QIONG)				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	S7414022J
Contact No.(Mobile)	90679042	Contact No.(Office)		Loading	0
Email Address	rexmond@gam@yahoo.com.sg	Special Remark		Contact No.(Home)	
NTR	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	No

Accident Details

Report Date	29/06/2020 16:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/06/2020	Time of Accident hh:mm	17:05	Country of Accident	Singapore
Reporting Centre		Orange Force		SCR No.	
Accident Location	400 PAYA LEBAR WAY(BTWN MARKET AND MACPERSON CC)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YDD OD Excess	0.00	YDD TP Excess	0.00	Driver is Covered?	Covered
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 613 #03-340	Address 2	CLEMENTI WEST STREET 1	Address 3	SINGAPORE 120613
Address 4		Address Type	Singapore address	Post Code	120613
Unit No.	03-340	Related Policy Number	5107984962-01		

OI Driver Info

Driver Name	Giam Kee Ching (Yan Qi Jing)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7414022J	Driver DOB	30/04/1974
Register Date of Driver License	01/01/2003	Driver Age	46	Driving Experience	13
Contact No.(Mobile)	90679042	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 613 #03-340	Address 2	CLEMENTI WEST STREET 1	Address 3	SINGAPORE 120613
Address 4		Address Type	Singapore address	Post Code	120613
Unit No.	03-340				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJU7987C	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *		OD-MR	Insured Name: GIAM KEE CHING (YAN QIONG)	Insured NRIC: S7414022J	
Contact No.(Mobile)		90679042	Contact No. (Home)	Contact No. (Office)	
Email Address			OI Vehicle Number: SJU7987C	TP Vehicle Number	
Claim Description		SJU7987C ON 26 Jun 2020		Name of Preferred Workshop	
Preferred Workshop		Insured Liability: Fully at Fault			
Repairs no. Finalisation: Yes	Preferred Repair Option: Preferred Workshop, Name unknown	GIA report: Received			
Date Registered		29/06/2020 16:28	Claim Close Date	Date Received: 29/06/2020 00:	
Report Taken By		ROSLI WAHAB			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1095589	Claim No.	001
Last Doc. Received	Yes No	Upload Date	29/06/2020 16:29

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

Send Mes

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:28	Photos		Normal	Photos 2020-6-29	

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:28	Photos		Normal	Photos 2020-6-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:28	Photos		Normal	Photos 2020-6-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:28	Photos		Normal	Photos 2020-6-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:28	Photos		Normal	Photos 2020-6-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:28	Photos		Normal	Photos 2020-6-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:28	Photos		Normal	Photos 2020-6-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:28	Photos		Normal	Photos 2020-6-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:28	Photos		Normal	Photos 2020-6-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:28	Photos		Normal	Photos 2020-6-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jun 2020 16:28	SAS		Normal	SAS 2020-6-29

Video List

Uploaded By/Date	Folder Date	File Name		Source

[Display in New Window] [Scan and uploading]

income
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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107984962-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SJU7987C
   Chassis Number : WDD2040452A349537
2. Name of Policyholder : GIAM KEE CHING (YAN QUING)
3. Effective Date of Insurance : 17 Jan 2020
4. Expiry Date of Insurance : 16 Jan 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.

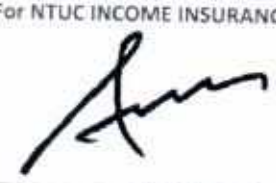
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GIAM KEE CHING (YAN QI JING)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK 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 : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 17 Jan 2020 15:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive