

Date In: 20/06/2020 16:39	Job description	Date & Time Completed	Done by
Ref No: NA/200006837/4	SAS e-filing		
Veh No: SGV 7000C	E-mail (Vehicle 3hrs, AIC 2hrs)		
D.O.A: 20/06/2020 17:30	I-Motor Claims Form	MPL/095792-001	20/06/2020 17:03
OT (TP) Reporting Only	I-Motor W/O (Vehicle: OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whizz		

Preferred Wkep / INC Assign Wkep / OW: () Tolt () Fact ()

TP Particulars: Veh No: 2KM 6952A 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 ()

Breac: (\$) Loading: \$1,000 () / \$2,000 ()

Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

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 > \$9000] ()

Injury: _____

<p>NA2003521</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Ingr-In-Charge):</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) ALL Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA1 Damage Assessment (\$100)</td> <td>INC (\$10)</td> </tr> <tr> <td>3) TP1 Towing Fee</td> <td>\$120</td> </tr> <tr> <td>4) PF1 Follow-Through Survey</td> <td>\$30</td> </tr> <tr> <td>5) PF1 Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td>6) TR1 Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI1 Idea DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services</td> <td></td> </tr> <tr> <td>OR:</td> <td></td> </tr> <tr> <td>*N1: Courtesy Car / Tpl Allowance</td> <td>\$5</td> </tr> <tr> <td>*N2: Repair Coordination</td> <td>\$10</td> </tr> <tr> <td>*N3: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*N4: DV / Collect Breac Coordination</td> <td>\$5</td> </tr> <tr> <td>TP (NI); TP (GA) INC against DRG</td> <td>\$30</td> </tr> <tr> <td>9) NI2: Idea Mobile</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) ALL Accident Reporting (\$30)		2) DA1 Damage Assessment (\$100)	INC (\$10)	3) TP1 Towing Fee	\$120	4) PF1 Follow-Through Survey	\$30	5) PF1 Follow-Through Survey (Resurvey)	\$30	6) TR1 Re-inspection	\$75	7) NI1 Idea DA + SMRT Survey	\$160	8) NTUC Additional Services		OR:		*N1: Courtesy Car / Tpl Allowance	\$5	*N2: Repair Coordination	\$10	*N3: Post Repair Inspection	\$25	*N4: DV / Collect Breac Coordination	\$5	TP (NI); TP (GA) INC against DRG	\$30	9) NI2: Idea Mobile	
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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	30/06/2020 16:39
Date Of Accident	29/06/2020 12:30
Exact Location Of Accident	ALONG YISHUN AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV7000C
Insured/Policyholder	
Name Of Registered Owner	LEONG KUM CHOY
NRIC No	SXXXX957B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90221311
Alternative Phone No	OTHERS-90221311

Vehicle Particulars

Manufacturer	BMW
Model	528I AT D/AB SR LED NAV HUD
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	5115640933
Cover Note Number	

Driver

Name of Driver	LEONG KUM CHOY
NRIC No	SXXXX957B
Date Of Birth	04/08/1968
Occupation	INDOOR
Date Of Driving Pass	25/10/1988
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90221311
Fax Number	
Contact Number	OTHERS-90221311
EEmail Address	NOEMAIL

Address	BLK 137 BEDOK NORTH AVENUE 3 #11-170
Postcode	460137
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	CHAIN COLLISION
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	3
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

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	SKM6752A
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	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH1088G
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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

No. Of Passenger (Including Driver)

SKETCH PLAN

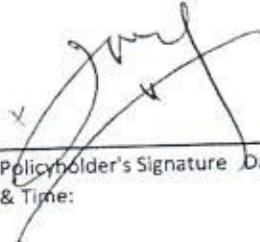
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2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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.

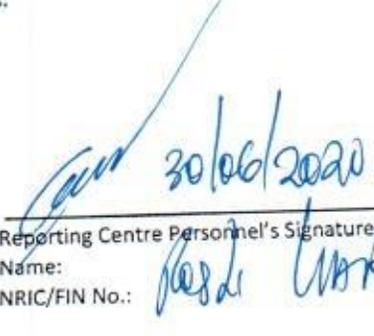
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

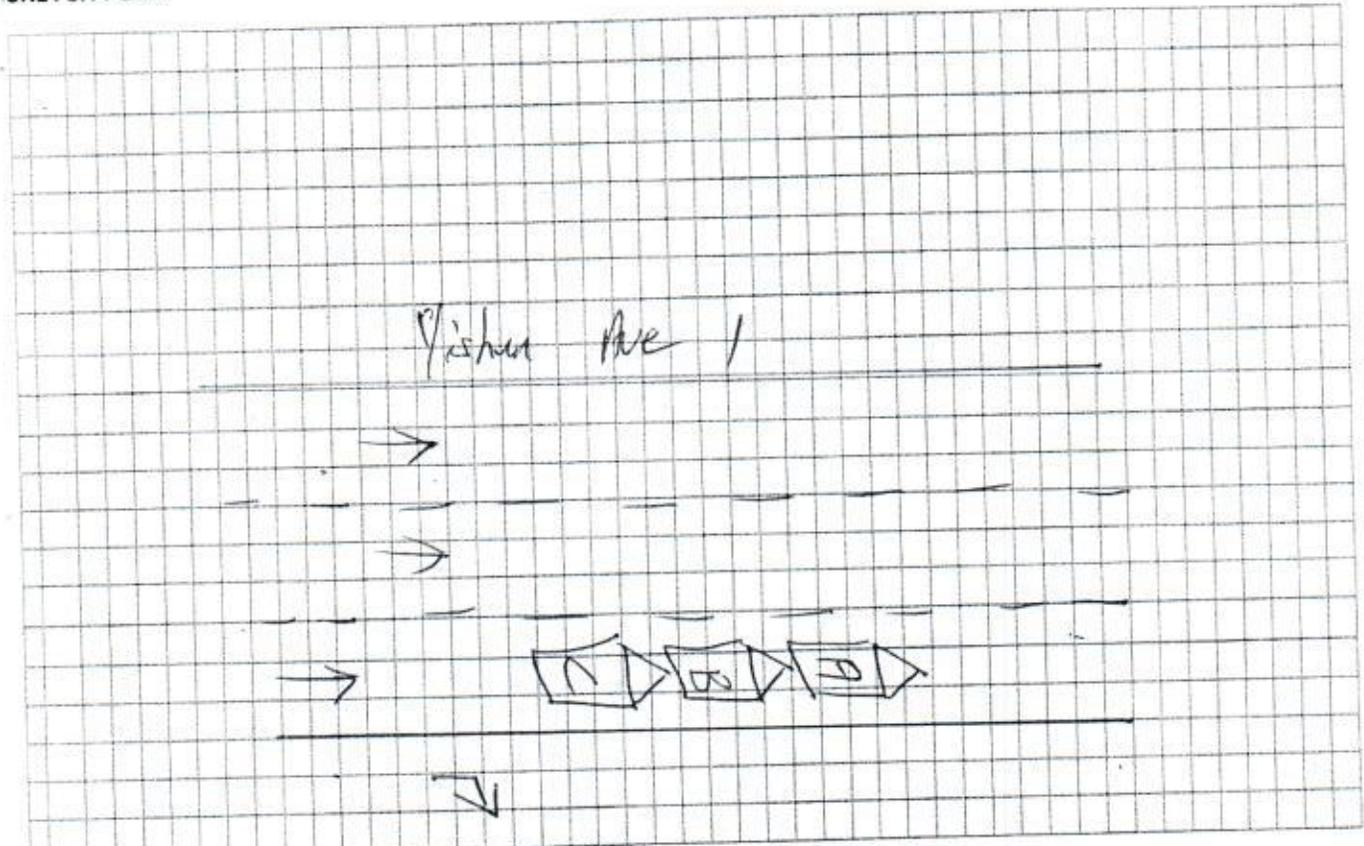
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Time and Date, I was stationery at traffic junction, suddenly I feel a strong impact from my rear portion.

A: SCV 7000 C
 B: SKM 6752 A
 C: SLH 1088 G

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.:

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 29/06/2020 (dd/mm/yy) Time of Accident: 12:30 (24-HR-FORMAT)

Vehicle No.: SCV 7000 C Vehicle Make & Model: _____

Exact location of Accident: Yishun Ave 1

Policyholder's Name / IC No.: Leong Kum Choy 56828957B

Driver's Name / IC No.: _____ (As Above)

Driver's Contact No.: 90221311 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: NJUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): 01

*Passenger Name: _____

Gender: Male / Female *Passenger

Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: (B) SKM 6752A

Driver's Contact No: _____ Insurance Company: (C) SH 1088G

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Claim Handling

Accident MT/1095742

Policy No.	5115640933	Vehicle No.	SCV700C	GST Registration No.	
Certificate No.					
Policyholder Name	LEONG KUM CHOY			Policyholder NRIC	S6828957B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90221311	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	30/06/2020 17:01	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	29/06/2020	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG YISHUN AVENUE 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage		Sum Insured	
Transport Allowance		99999999.99	
Excess Waiver		99999999.99	

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 137 #11-170	Address 2	BEDOK NORTH AVENUE 3	Address 3	SINGAPORE 460137
Address 4		Address Type	Singapore address	Post Code	460137
Unit No.		Related Policy Number	5115640933		

DI Driver Info

Driver Name	LEONG KUM CHOY	Driver Type	Main Driver	Driver DOB	04/08/1968
Unnamed driver Name		Driver NRIC	S6828957B	Driving Experience	31
Register Date of Driver License	25/10/1988	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	90221311	Contact No.(Office)		Address 3	SINGAPORE 460137
Address 1	BLK 137 #11-170	Address 2	BEDOK NORTH AVENUE 3	Post Code	460137
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SCV700C	Driver Insurer Company	NTUC

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEONG KUM CHOY	Insured NRIC	S6828957B	
Contact No.(Mobile)	90221311	Contact No.(Home)	65631311	Contact No.(Office)		
Email Address		DI Vehicle Number	SCV700C	TP Vehicle Number	SKM6752A	
Claim Description	SCV700C / SKM6752A ON 29 Jun 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	CIA report	Received	
Workshop Finalisation	YES	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	30/06/2020 17:03	
Date Registered				Date Received	30/06/2020 00:	
Report Taken By	ROSLI WAHAB					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1095742	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/06/2020 17:03
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Attachment List			

Send Mail

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 17:03	Photos	Normal	Photos 2020-6-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 17:03	Photos	Normal	Photos 2020-6-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 17:03	Photos	Normal	Photos 2020-6-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 17:03	Photos	Normal	Photos 2020-6-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 17:03	Photos	Normal	Photos 2020-6-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 17:03	Photos	Normal	Photos 2020-6-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 17:03	Photos	Normal	Photos 2020-6-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 17:03	NRIC/ Driving License	Y	NRIC/ Driving License 2020-6-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 17:03	NRIC/ Driving License	Y	NRIC/ Driving License 2020-6-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jun 2020 17:03	SAS	Normal	SAS 2020-6-30	

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

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: 5115640933

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SCV7000C |
| Chassis Number | : WBASA52060D823406 |
| 2. Name of Policyholder | : LEONG KUM CHOY |
| 3. Effective Date of Insurance | : 15 Mar 2020 |
| 4. Expiry Date of Insurance | : 14 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)	: N/A
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	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: LEONG KUM CHOY
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : INXURE NETWORK SERVICES (00000614975)
Date of Issue : 23 Jan 2020 17:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive