

NATIONAL Assessment Centre Services.

part 1 Jan 2021

NA2006602

Date In: 05/08/2020 12:42	Job description	Date & Time Completed	Done by
Ref No: NA20008072/4	SAS e-filing		
Veh No: SMH 809M	E-trail (L-Job, A/C 2hrs)		
DOA: 04/08/2020 12:10	I-Motor Claim Form	mt1098993-001	05/08/2020
OD: TP / Reporting Only	I-Motor W/O (Wider: OD 2hrs, TP 4hrs)		12:59
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wreck / INC Assign Wreck / OW: (

Tel:

Fax:

TP Handicaps: Veh No: SIC 58904 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%; R: 80-100%]

Year of Registration: (

Warranty: YRS () / NO ()

Excess: (\$

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

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Refor 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 > \$3000) ()

Injury:

NA2004040

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Ref 1:

1) ARI Accident Reporting (\$30)

2) DA Damage Assessment (\$100)

3) TP Towing Fee \$40/43

4) PF Follow-Through Survey \$120

5) PF Follow-Through Survey (Resurvey) \$20

6) Tilt Re-inspection \$75

7) NI: Idea DA + SMRT Survey \$160

8) NIUC Additional Services

9) NIUC Additional Services

10) NIUC Additional Services

11) NIUC Additional Services

12) NIUC Additional Services

13) NIUC Additional Services

14) NIUC Additional Services

15) NIUC Additional Services

16) NIUC Additional Services

17) NIUC Additional Services

18) NIUC Additional Services

19) NIUC Additional Services

20) NIUC Additional Services

Fee Charged

Fee Charged

NA2004040

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	05/08/2020 12:42
Date Of Accident	04/08/2020 12:10
Exact Location Of Accident	JUNCTION CIRCUIT ROAD TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH809M
Insured/Policyholder	
Name Of Registered Owner	KENNETH DONAVAN TAY
NRIC No	SXXXX450A
Email Address	KEN@BLACKBOXPHOTO.NET
Mobile Phone No	(LOCAL) +65-94889045
Alternative Phone No	OTHERS-94889045
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
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	5115348792
Cover Note Number	
Driver	
Name of Driver	KENNETH DONAVAN TAY
NRIC No	SXXXX450A
Date Of Birth	28/12/1973
Occupation	INDOOR
Date Of Driving Pass	27/07/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94889045
Fax Number	
Contact Number	OTHERS-94889045
Email Address	KEN@BLACKBOXPHOTO.NET

Address	BLK 17B CIRCUIT ROAD
	#06-214
Postcode	372017
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)	2
Passenger 1	NAME: : WIFE
	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	SJC5390G
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM BOON HUI JOSEPH
NRIC/Passport Number	SXXXX982A
Contact Number	96379697
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**.
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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: 11:10am
5 Aug 2020

Driver's Signature

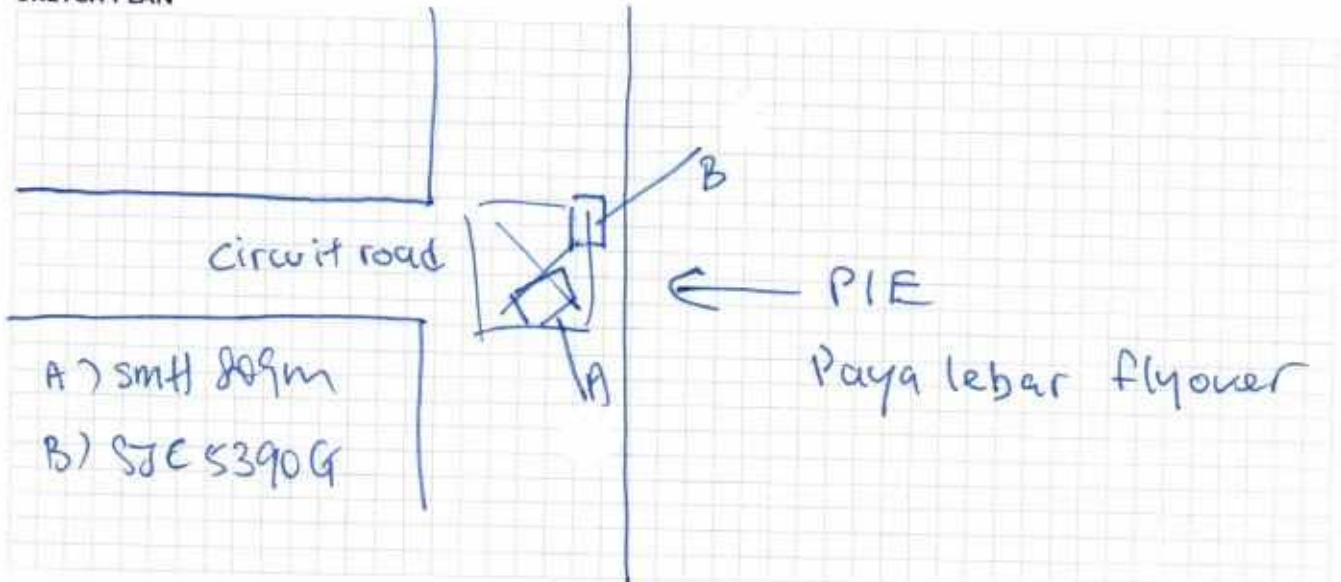
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am car B. I hit car A. Did not observe that car A stopped. I performed a rolling stop approx 3km/hr as there was a jam. Touch his bumper. We agreed in writing/text (whatsapp) to settle privately at \$150 w/o further claims in future.

No damage to either cars ~~exp~~ except of slight paint drop off to car A. Approx 3" x 1" of paint scuff.

DECLARATION

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

Policyholder's Signature
Date & Time: 11:10 am
5 Aug 2020

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

Reporting Centre Personnel's Signature
Name: 05/08/2020
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (04 / Aug 2020) (DD/MM/YYYY), TIME: (12:13pm) (HH:MM)

LOCATION: Junction of PIE & pipit road (on PIE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH809M
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: S115348792
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Honda Jazz
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Breakfast Lunch
- 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: Kenneth Donovan Tay (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7464501 CONTACT: 94889045
- c) ADDRESS: 17B Circuit Road #06-214 (372017)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: CONTACT:
- c) ADDRESS:

* d) DATE OF BIRTH: (28 / 12 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 3 Aug 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SJC53906 MODEL: Honda stream
- b) DRIVER'S NAME: Sim Boon Hui Joseph
- c) NRIC/FIN/PASSPORT: S73029824 CONTACT: 96379697

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT:

WIFE

No of passenger
(including driver)
(2)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email = ken@blackboxphoto.net

VIDEO

11:00

4G

< 7 Joseph Car Accident.



Messages to this chat and others are now secured with end-to-end encryption. Tap for more info.

My father in law workshop.
Alan
Defu Lane 3

My friend workshop
Kim
Ubi road 1, 3023a
Unit 01-59

Hi Joseph.

As spoken. Above are the address of the 2 mechanics.

We also spoke about a transfer payment of \$120 to close the matter.

Do let me know which works best for you.

Thank you

3:05 PM

Ken, give me some time to get back on this. Tx



11:00

4G

< 7 Joseph Car Accident.



Thank you

3:05 PM

Ken, give me some time to get back on this. Tx

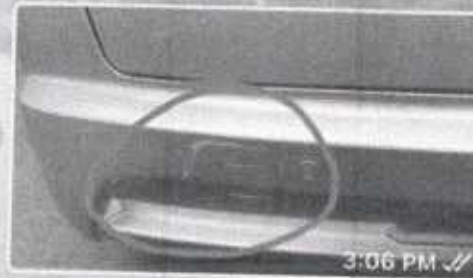
3:10 PM

I just called Kim and sent him the photo. He will reply soon.

3:10 PM

1:45 PM

Today



3:06 PM

Hi Kim.

Today I accidentally hit someone.

3:21 PM

Ok. Must spray whole bumper and not just touch up.

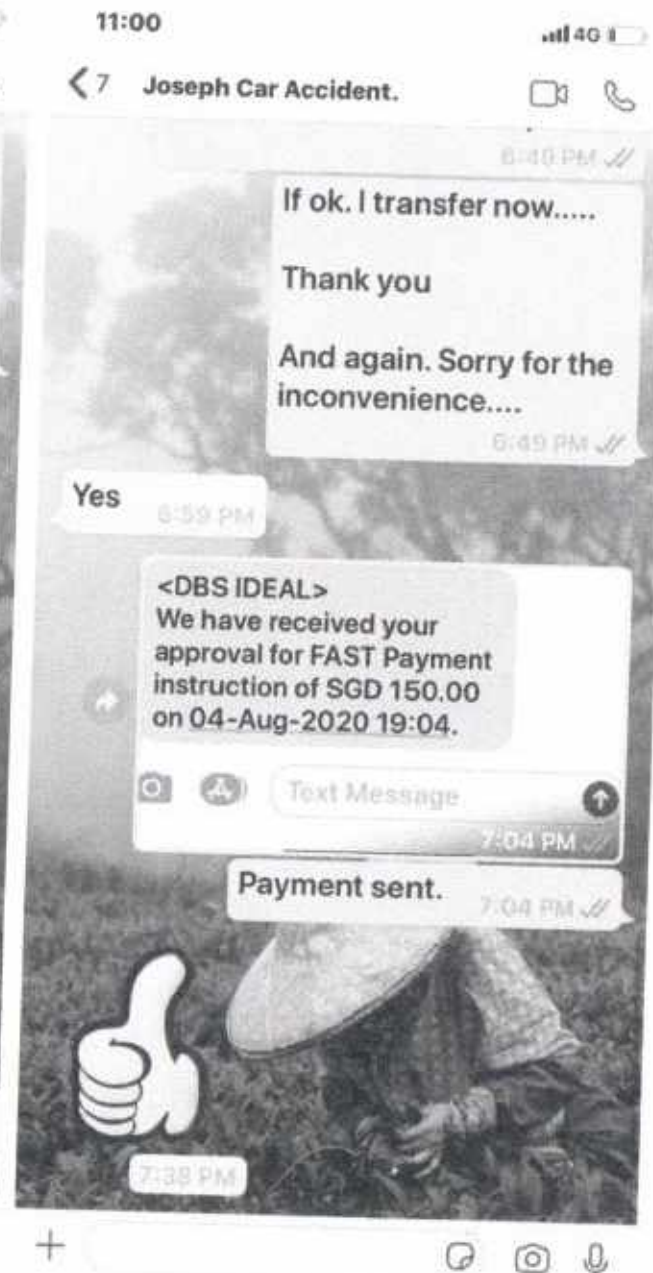
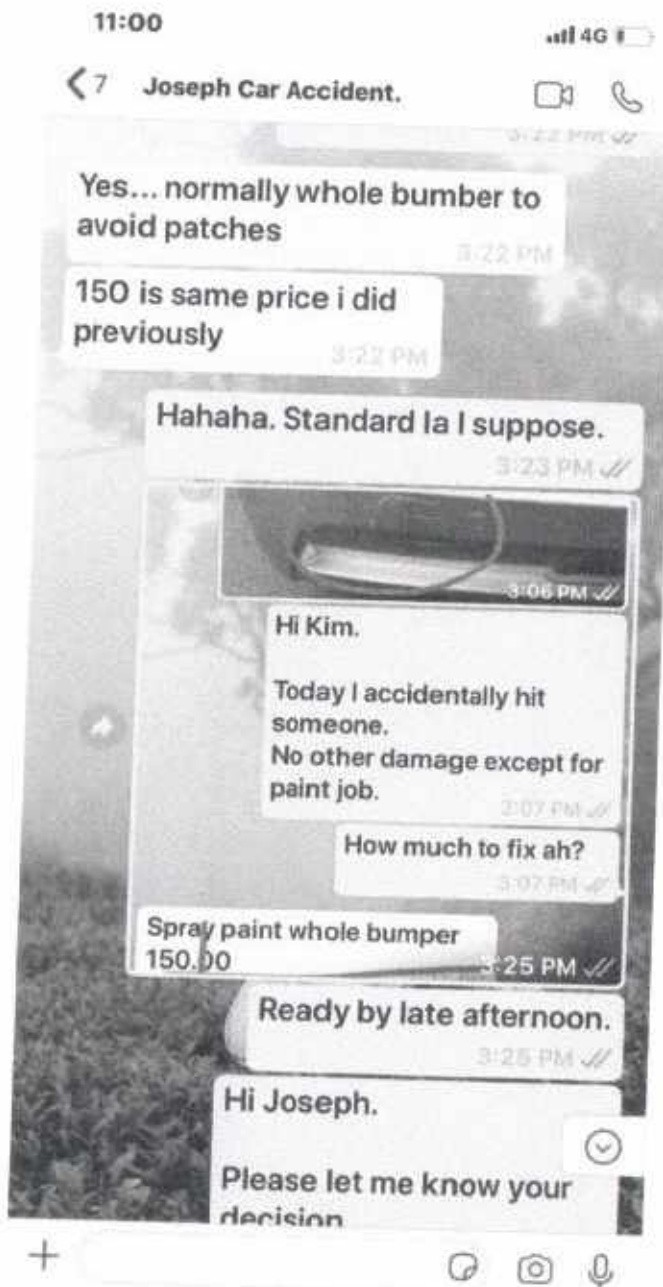
3:21 PM

Quoted amount is \$150

3:22 PM

Yes... normally whole bumper to





Claim Handling

Accident MT/1058993

Policy No.	1115140792	Vehicle No.	SHH8094	GST Registration No.	
Policyholder Name	KENNETH DONAVAN TAY	Driver Type	DRIVER CLASSIC	Policyholder NRIC	S73484308
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	94889045	Special Remarks		eCode	
Email Address		TCA	No Yes	eCode Reason	
KPIK	No Yes	RCD Embellishment(%)	0	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	05/08/2020 (2.5)	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head On Rear
Date of Accident	04/08/2020	Time of Accident (approx)	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BIE AND CIRCUIT ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Whistleblower Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	800.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	800.00				

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 178A 405-214	Address 2	CIRCUIT ROAD	Address 3	NACHERSON RESIDENCY
Address 4	SINGAPORE 372017	Address Type	Singapore address	Post Code	270117
Unit No.		Related Policy Number	ET15348747		

OT Driver Info

Driver Name	KENNETH DONAVAN TAY	Driver Type	Main Driver	Driver DOB	28/12/1973
Uninsured driver Name		Driver NRIC	S73484308	Driving Experience	4
Register Date of Driver License	03/08/2016	Driver Age	46	Contact No. (Home)	
Contact No. (Mobile)	94889045	Contact No. (Office)		Address 3	NACHERSON RESIDENCY
Address 1	BLK 178A 405-214	Address 2	CIRCUIT ROAD	Post Code	372017
Address 4	SINGAPORE 372017	Address Type	Singapore address		
Unit No.		Driver License No.	SMH000H	Driver Insurer Company	ATUIC
Does he pass a Singapore Registered car?	Yes No				
Declaration					
Brake/halter or Blind Test Reading?	0 v/hg	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *

Contact No. (Mobile)	94889045	Insured Name	KENNETH DONAVAN TAY	Insured NRIC	S73484308
Email Address	ken@bcpmail.com	Contact No. (Home)	NIL	Contact No. (Office)	NIL
CBIR Description		Vehicle Number	SHH8094	TP	SUC13900
Preferred Workshop		Vehicle Number	SHH8094 / SUC13900	Name of Preferred Workshop	
Reported No. Fracture	Yes	Insured Liability	Fully at Fault	Claim Close Date	05/08/2020 00
Date Registered		Reported Workshop, Name unknown	CBIR report	Claim Close Date	05/08/2020 00
Report Taken By					
Print All before					

Save Submit

Attachment

Accident No.	MT/1058993	Claim No.	001	Category *	Confidential	Urgency *	Description *
Last Doc. Received	Yes No	Upload Date	05/08/2020 12:59	Clear	Please Select	Normal	
Choose File	No file chosen			Clear	Please Select	Normal	
Choose File	No file chosen			Clear	Please Select	Normal	
Choose File	No file chosen			Clear	Please Select	Normal	
Choose File	No file chosen			Clear	Please Select	Normal	
Choose File	No file chosen			Clear	Please Select	Normal	
Choose File	No file chosen			Clear	Please Select	Normal	
Attachment List							
Attachment	Uploaded By/Date	Category	Urgency	Description	File Size (KB)		
NAC_BUKIT_MERAH_0006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 05 Aug 2020 12:59		Photos	Normal	Photos 2020-8-5			

Send Mail

Claim Handling(accident reporting Claim Task)				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 12:58	Photos	Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 12:58	Photos	Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 12:58	Photos	Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 12:58	Photos	Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 12:58	Photos	Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 12:58	Photos	Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 12:58	Photos	Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 12:58	Photos	Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 12:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 12:58	SAS	Normal	SAS 2020-8-5

Video List

Uploaded By/Date

Photo Date

File Name

Source

Display in New Window

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: 5115348792

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMH809M**
Chassis Number : JHMGK3850KS200151
2. Name of Policyholder : KENNETH DONAVAN TAY
3. Effective Date of Insurance : 10 Jan 2020
4. Expiry Date of Insurance : 09 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KENNETH DONAVAN TAY
NAMED DRIVER (1)	: DU MEITING
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE 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 : LIM TAI SIN (00000573846)
Date of Issue : 06 Jan 2020 13:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive