

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MHA120066481**

Date In: 6/12/15:33	Job description	Date & Time Completed	Done by
Ref No: HA/INC200815724	SAS e-filing		
Veh No: BEKNT	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/12/10-13:00	i-Motor Claim Form	6/12/15 11:00	6/12/15:42
OD: TP 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: JFA61018	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 () / Towed-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

HA2004066	Invoice Preparation Checklist	Amt (\$) Est 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		
	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:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Ref 1:	9) N12: Idac Mobile \$0		
Ref 2 / 3:	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	06/08/2020 15:33
Date Of Accident	04/08/2020 13:00
Exact Location Of Accident	GUILLEMARD RD NEAR KONG HWA SCHOOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EK14T
Insured/Policyholder	
Name Of Registered Owner	TAN MING YUEH MRS MING LOH
NRIC No	SXXXX957J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98770933
Alternative Phone No	OFFICE-98770933
Vehicle Particulars	
Manufacturer	BMW
Model	328I GT 5DR ABS HID DSC NAV
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	5107067653-01
Cover Note Number	
Driver	
Name of Driver	LOH KOK YEW DAVID (LUO GUOYAO DAVID)
NRIC No	SXXXX351E
Date Of Birth	12/01/1975
Occupation	INDOOR
Date Of Driving Pass	18/10/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96899494
Fax Number	
Contact Number	OFFICE-96899494
EEmail Address	NOEMAIL

Address	50 LORONG 40 GEYLANG #08-46
Postcode	398074
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	SFA6101B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KENG BOO
NRIC/Passport Number	
Contact Number	96390778
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

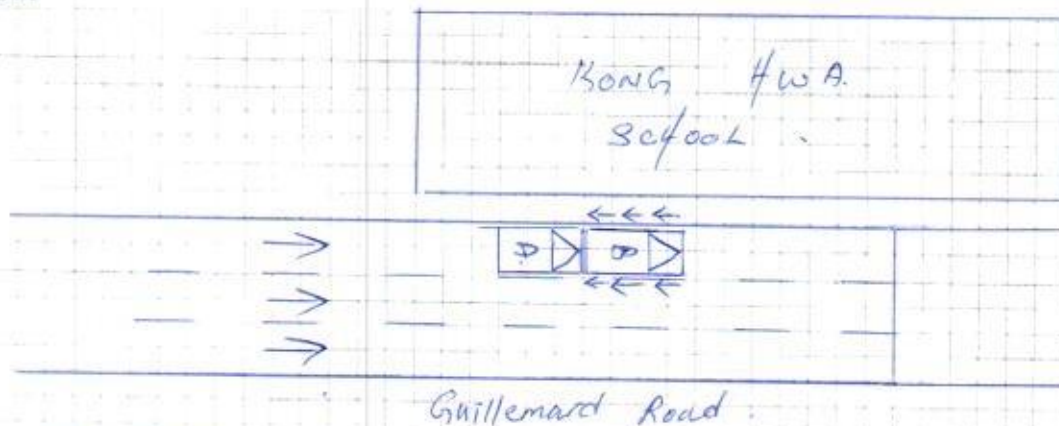
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



- (A) EK 14 T.
- (B) SFA 6101 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/08/2020 at @ 1300 hrs, I stopped my vehicle (EK 14 T) on the extreme left lane of Guillemerd Road in front of KONG HWA School waiting to pick up my son. Suddenly, a car (SFA 6101 B) in front of me reversed and collided onto the front portion of my vehicle. The driver wanted to private settle and asked me to his workshop for repair. After sending to the workshop for the inspection, we could not come to mutual agreement and could not contact the driver of (SFA 6101 B).

On 06/08/2020, the workshop send me a message and informed me that the driver prefer to go by insurance claims. That's the reason I report late.

DECLARATION

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

2

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.:

Vehicle No.	EK 14 T		Model / Make	Bmw 328i GT
Date of Accident	04 / 08 / 2020			
Time of Accident	1300 HRS			
Location of Accident	Guillemard Road near Kong Hwa School			
Exact purpose use during accident	Private Used			
Name of Owner	TAN MING YUEH MRS MING LOH			
Telephone No.	H/P : 9877 0933		Home : Office :	
NRIC	S 7611 957 J			
Address	50 Lorong 40 Geylang #08-46 (R) 398074			
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY			
Insurance Company	NTUC			
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft			
Policy No.	5107067653			
Name of Driver	As Above If No, LOH KOK YEW DAVID			
NRIC	S 7501351 E		Any Passengers : N.A.	
Date of birth	12/01/1975			
Occupation	Outdoor / <u>Indoor</u>			
Driving License Pass Date	18/01/2001			
Gender	<u>Male</u> / Female			
Contact No.	H/P : 9829 9494		Home : Office :	
Address	50 Lorong 40 Geylang #08-46 (R) 398074			
Driver have any own vehicle	<u>No</u> , If yes, Reg No.			
Relationship	Employee, If no, state <u>Husband</u>			
Weather condition	<u>Clear</u> Raining Other			
Road Surface	<u>Dry</u> Wet Other			
Any Injuries	<u>No</u> , If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	<u>No</u> , If Yes, Where?			
Vehicle B No.	SFA 6101 B		Any Passengers : Not sure	
Name of Driver	NG KENG BOO		Contact No. : 9639 0778	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name	N.A.		Witness Contact : N.A.	
Accident Portion	Front Portion			
Camera Recorder	<u>Yes</u> / No			
Email Address	davidlo9494@gmail.com			
PARTICULAR WORKSHOP	Tuen car			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	JOSEPH TAN			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



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)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107067653

Cover : drive CLASSIC

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : EK14T |
| Chassis Number | : WBA3X32030D444311 |
| 2. Name of Policyholder | : TAN MING YUEH MRS MING LOH |
| 3. Effective Date of Insurance | : 26 Feb 2019 |
| 4. Expiry Date of Insurance | : 25 Feb 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN MING YUEH
NAMED DRIVER (1)	: LOH KOK YEW DAVID
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
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 : AUTOSHIELD PTE. LTD. (00000573469)
 Date of Issue : 18 Jan 2019 11:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/08/2020 13:00"/>							
Vehicle No.(For Motor)	<input type="text" value="EK14T"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107067653-01		TAN MING YUEH MRS MING LOH	S7611957J	GPC	drive CLASSIC	EK14T	EK14T	26/02/2020	25/02/2021
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5107067653-01	Policyholder Name	TAN MING YUEH MRS MING LOH	Policyholder NRIC	S7611957J
Certificate No.					
Address	50 LORONG 40 GEYLANG #08-46 SUNNY SPRING SINGAPORE 398074				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/02/2020	Effective Date	26/02/2020 00:00	Expiry Date	25/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	50 LORONG 40 GEYLANG	Address 2	#08-46 SUNNY SPRING	Address 3	SINGAPORE 398074
Address 4		Address Type	Singapore address	Post Code	398074
Unit No.		Related Policy Number	5107067653-01		

► Insured Object: EK14T

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/02/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 26 Feb 2020, the following policy details are amended as follows: HIRE PURCHASE COMPANY: UNITED OVERSEAS BANK LIMITED CHASSIS NUMBER: WBA3X32030D444311 ENGINE NUMBER: C0180711N20B20A VEHICLE REGISTRATION NUMBER: EK14T ORIGINAL REGISTRATION DATE: 26 Feb 2014

Continue

Cancel

Claim Handling

Accident MT/1099111

Policy No.	5107067653-01	Vehicle No.	EK14T	GST Registration No.	
Certificate No.					
Policyholder Name	TAN MING YUEH MRS MING LOH	Cover Type	Drive CLASSIC	Policyholder NRIC	S7611957J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98770933	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	06/08/2020 15:40	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	04/06/2020	Time of Accident (human)	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GUILLEMARD RD NEAR KONG HWA SCHOOL				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YTED OD Excess	0.00	YTED 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	50 LORONG 40 GEYLANG	Address 2	#06-46 SUNNY SPRING	Address 3	SINGAPORE 398074
Address 4		Address Type	Singapore address	Post Code	398074
Unit No.		Related Policy Number	5107067653-01		

01 Driver Info

Driver Name	LOH KOK YEW DAVID	Driver Type	Named Driver	Driver DOB	12/01/1975
Unnamed driver Name		Driver NRIC	S7501351E	Driving Experience	18
Register Date of Driver License	18/10/2001	Driver Age	45	Contact No.(home)	0
Contact No.(Mobile)	96899494	Contact No.(Office)	0	Address 3	SINGAPORE 398074
Address 1	50 LORONG 40 GEYLANG	Address 2	SUNNY SPRING	Post Code	398074
Address 4		Address Type	Singapore address		
Unit No.	08-46				
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 **New**

Claim Type *	OD-MX	Insured Name	TAN MING YUEH MRS MING LOH	Insured NRIC	S7611957J
Contact No.(Mobile)	98770933	Contact No.(Home)	67441337	Contact No.(Office)	
Email Address	MyMINGLOH@yahoo.co.jp	01 Vehicle Number	EK14T	TP Vehicle Number	SFA6101B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	EK14T / SFA6101B ON 4 Aug 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/08/2020 15:42	Claim Close Date		Date Received	06/08/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1099111	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/08/2020 15:43

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Yes"/> <input type="button" value="No"/>	Normal	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Yes"/> <input type="button" value="No"/>	Normal	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Yes"/> <input type="button" value="No"/>	Normal	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Yes"/> <input type="button" value="No"/>	Normal	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Yes"/> <input type="button" value="No"/>	Normal	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Yes"/> <input type="button" value="No"/>	Normal	

