NATIONAL Assessment Centre Services

Date In: 08/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC2000 8211/13	SAS e-filling		
Veh No: SLJ8948T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/08/20 0925	i-Motor Claim Form	MT/1099302-001	
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: FBG34E1P 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

NA2004087

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) in Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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*			
*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		
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	08/08/2020 15:15
Date Of Accident	08/08/2020 09:25
Exact Location Of Accident	NEW LOYANG LINK TWDS LOYANG AVE INFRT SHELL KIOSK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8948T
Insured/Policyholder	
Name Of Registered Owner	A.T. INTER DECOR
Co Reg No	3XXXX700L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90606728
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114870151
Cover Note Number	
Driver	
Name of Driver	TAY BENG KIANG
NRIC No	SXXXX628D
Date Of Birth	21/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1978
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90606728
Fax Number	
Contact Number	
EMail Address	ALVINTAYBK@GMAIL.COM

Address	BLK 4 MARINE TERRACE #10-316
Postcode	440004
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)	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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG3481P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

X

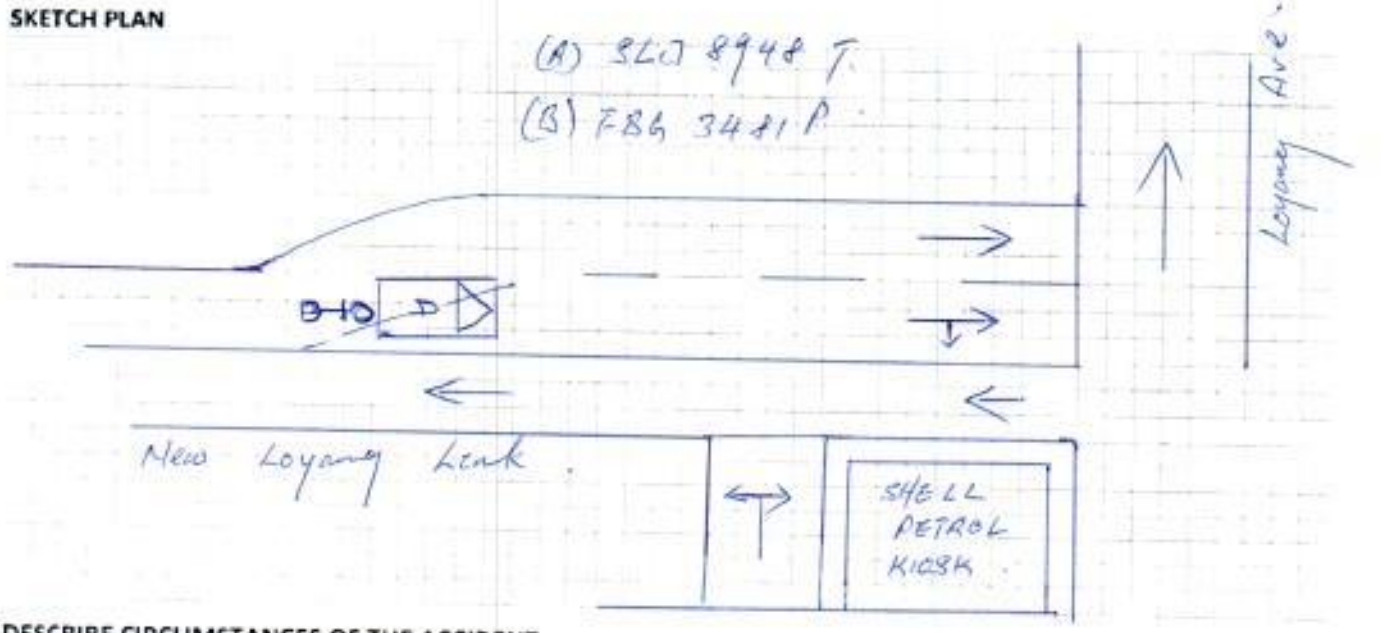
Policyholder's Signature
Date & Time:

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

08/08/20

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/08/2020 at @ 0925 hrs I was travelling in my vehicle (SLJ 8948T) along New Loyang Link towards the junction of Loyang Ave. While approaching the said junction, the traffic light turns red and I slow down and brake. Suddenly, a motorcycle (FBG 3481P) from behind collided onto the rear portion of my vehicle.

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:

08/08/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SLJ 8948 T	**Model / Make**	Honda Vezel
Date of Accident	08/08/2020		
Time of Accident	0925 **HRS**		
Location of Accident	New Loyang Link towards Loyang Ave infront Shell Petrol Kiosk		
Exact purpose use during accident	Chauffeur		
Name of Owner	A.T. Inter Decor		
Telephone No.	**H/P :** 9060 6728	**Home :**	**Office :**
NRIC	38737OOL		
Address	110, Everitt Road (S) 428634		
Claim type	OD	**(THIRD PARTY)**	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	**(Comprehensive)**	Third Party	Third Party / Fire /Theft
Policy No.	5111487015 1		
Name of Driver	As Above If No,	TAY BENG KIANG	
NRIC	S 3366288D	**Any Passengers :**	
Date of birth	21/06/1958		
Occupation	**(Outdoor)** /	Indoor	
Driving License Pass Date	17/06/1978		
Gender	**(Male)** /	Female	
Contact No.	**H/P :** 9060 6728	**Home :**	**Office :**
Address	BLK 4 Marine Terrace #10-316 (S) 440004		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	Owner
Weather condition	**(Clear)**	Raining	Other
Road Surface	**(Dry)**	Wet	Other
Any Injuries	**(No,)**	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	**(No,)**	If Yes, Where?	
Vehicle B No.	FBG 3481 P	**Any Passengers :**	N.A
Name of Driver		Contact No. :	
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	Rear Portion.		
Camera Recorder	**(Yes)** / No		
Email Address	alvintayhk@gmail.com		
PARTICULAR WORKSHOP	N-S 1		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JOSEPH TAN.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

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: 5114870151 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLJ8948T
   Chassis Number : RU31219174
2. Name of Policyholder : A.T. INTER DECOR
3. Effective Date of Insurance : 29 Dec 2019
4. Expiry Date of Insurance : 28 Dec 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) 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$2,000
EXCESS (SECTION 2)	: S$1,500
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	: TAY BENG KIANG
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 : B.A.S. INSURANCE AGENCY (00000573236)
Date of Issue : 19 Dec 2019 10:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer **Chief Executive**

Claim Handling

Accident MT/1099302

Policy No.
Certificate No.
Policyholder Name: A.T. INTER DECOR
Product Code
Contact No.(Mobile)
Email Address
KPK: No Yes
NCD Protection

Vehicle No.
Cover Type
Contact No.(Office)
Special Remark
TCA: No Yes
NCD Entitlement(%)

GST Registration No.
Policyholder NRIC
Load by
Contact No.(Home)
eCode
eCode Reason
Private Hire: Yes

Accident Details

Report Date
Date of Accident
Reporting Centre
Accident Location

Accident Report Within 24 hrs: Yes
Time of Accident hh:mm
Orange Force

Accident Type: Collision - +
Country of Accident: Singapore
ICM No.

Total Excess Applicable

Excess Type: Per Accident
OD Standard Excess
YSED OD Excess
Additional Excess
Total OD Excess Applicable

Windscreen Excess
TP Standard Excess
YSED TP Excess
Total TP Excess Applicable

Driver is Covered?: Covered

Benefits

GST Registered Information

GST Registered
GST Registration No.
Modification History

GST Registration Date
GST Status Verified

Policyholder Mailing Address

Address 1
Address 4
Unit No.

Address 2
Address Type: Singapore address
Related Policy Number

Address 3
Post Code

DI Driver Info

Driver Name: TAY BENG KIANG
Unnamed driver Name
Register Date of Driver License
Contact No.(Mobile)
Address 1
Address 4
Unit No.
Does he own a Singapore Registered car? Yes No

Driver Type: Main Driver
Driver NRIC
Driver Age
Contact No.(Office)
Address 2
Address Type: Singapore address
Driver Vehicle No.

Driver DOB
Driving Experience
Contact No.(Home)
Address 3
Post Code
Driver Insurer Company

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

Modification History

Claim 001 OD-MX **New**

Claim Type *: OD-MX
Insured Name: A.T. INTER DECOR
Contact No.(Mobile): 90606728
Contact No.(Home)
Email Address
DI Vehicle Number: SLI894BT
Claim Description: SLI894BT / FBG3481P ON 8 Aug 2020
Preferred Workshop
Request No. Publication: Yes
Insured Liability: Not at Fault
Preferred Repair Option: Preferred Workshop, Name unknown
GIA report: Received
Date Registered: 08/08/2020 16:03
Claim Close Date
Report Taken By: ROSLINDA
Workshop Repairer
Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received: Yes No
Claim No.
Upload Date

Path *

	Category *	Confidential	Urgency *
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		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
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 16:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 16:03	SAS		Normal	SAS 2020-8-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 16:03	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 16:03	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 16:03	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 16:02	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 16:02	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 16:02	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 16:02	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 16:02	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 16:02	Photos		Normal	Photos 2020-8-8

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading