NATIONAL Assessment Centre Services. MA[illegible]006[illegible]28

	Job description	Date & Time Completed	Done by
Date In: 11/08/2020 12:34	SAS e-filing		
Ref No: NB8I[illegible]00824[illegible]	E-mail (Within 8hrs, A/C 2hrs)		
Veh No: SGC5013G	I-Motor Claim Form	M[illegible]0[illegible]9950-001	11/08/2020 12:58
D O A: 08/08/2020 17:20	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: SGT7107S 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 ( )

( ) 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: ( )

		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

NA2004142

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100); INC ($80)	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$50		
6) TR : Re-inspection	$160		
7) NI : Idea DA + SMRT Survey			
8) NTUC Additional Services: OD:	$5		
*NS: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Coordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$10		
TP (N11) : TP (Non INC) against HS	$30		
9) N12: 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	11/08/2020 12:34
Date Of Accident	08/08/2020 17:20
Exact Location Of Accident	PIE TOWARDS FILTER LANE BEFORE ENTER SIMS AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGC5013G
Insured/Policyholder	
Name Of Registered Owner	WEE PAY PONG
NRIC No	SXXXX468F
Email Address	PPWEE@EXCELTEC.COM.SG
Mobile Phone No	(LOCAL) +65-96616383
Alternative Phone No	OTHERS-96616383
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA-1.6 (A)
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	5115252906
Cover Note Number	
Driver	
Name of Driver	WEE PAY PONG
NRIC No	SXXXX468F
Date Of Birth	16/10/1963
Occupation	INDOOR
Date Of Driving Pass	13/07/1987
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96616383
Fax Number	
Contact Number	OTHERS-96616383
EMail Address	PPWEE@EXCELTEC.COM.SG

Address	BLK 1A CANTONMENT ROAD #12-09
Postcode	085101
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

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	SGT7107S
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RICKY LEE
NRIC/Passport Number	
Contact Number	97934976
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.

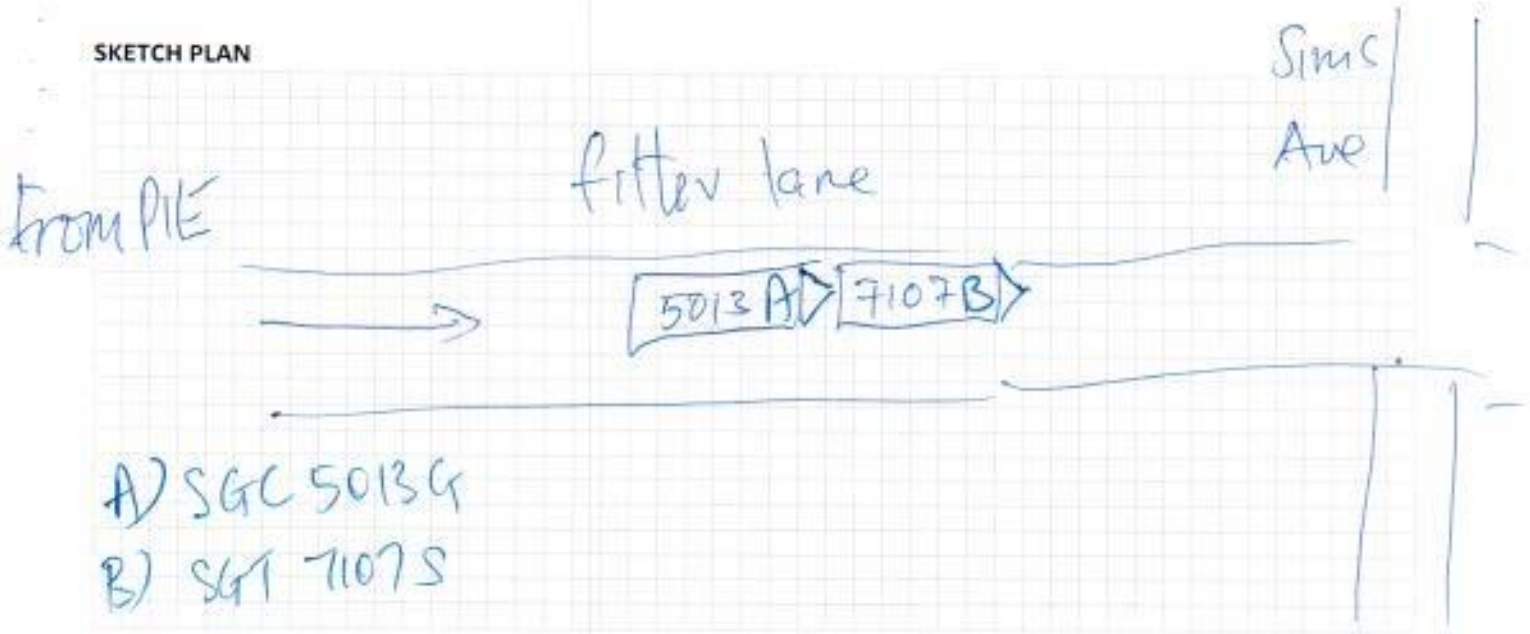
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 11/8/20	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 drive along PIE and filter lane to enter Sims Ave, before entering, traffic is heavy around 5.20 pm. Before enter to Sims Ave, a sudden drive and stop and I hit the front vehicle SGT 7107S.

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.:
		11/08/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 8/8/20 (DD/MM/YYYY), TIME: 17:20 (HH:MM)

LOCATION: PIE to filter lane before entering Sim Ave

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SGC5013G
   b) INSURANCE COMPANY: INCOME
   c) POLICY NUMBER: 5115252906
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA ALTIS
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME:
   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: WEE PAY PONG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1624468F CONTACT: 96616383
   c) ADDRESS: 1A #12-09 CANTONMENT ROAD S(085101)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (1)

3. DRIVER
   a) NAME: WEE PAY PONG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1624468F CONTACT: 96616383
   c) ADDRESS:
   *d) DATE OF BIRTH: 16/10/1963 (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 13.7.87
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND
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: SGT 7107S MODEL: HONDA STREAM
   b) DRIVER'S NAME: RICKY LEE
   c) NRIC/FIN/PASSPORT: CONTACT: 97934976

* No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (including driver) (__)

email = ppwee@exceltec.com.sg

VIDEO

Claim Handling

Accident MT/1099390

Policy No.	[illegible]	Vehicle No.	[illegible]	GST Registration No.	
Certificate No.					
Policyholder Name	WEE FAY PONG			Policyholder NRIC	[illegible]
Product Code	PRIVATE CAR INSURANCE	Cover Type	[illegible] CLASSIC	Loading	0
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPW	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	[illegible]	Private Hire	No

Accident Details

Report Date	11/08/2020 12:[illegible]	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/08/2020	Time of Accident hh:mm	17:[illegible]	Country of Accident	Singapore
Reporting Centre		Orange Force		EOR No.	
Accident Location	PIE TOWARDS FILTER LANE BEFORE ENTER [illegible] AVENUE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	[illegible]		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED 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 1A # 12-09	Address 2	CANTONMENT ROAD	Address 3	THE PINNACLE @ DUXTON
Address 4	SINGAPORE 085101	Address Type	Singapore address	Post Code	085101
Unit No.	12-09	Related Policy Number	[illegible]		

OI Driver Info

Driver Name	Wee Fay Pong	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	[illegible]	Driver DOB	[illegible]
Register Date of Driver License	[illegible]	Driver Age	56	Driving Experience	[illegible]
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 1A # 12-09	Address 2	CANTONMENT ROAD	Address 3	THE PINNACLE @ DUXTON
Address 4	SINGAPORE 085101	Address Type	Singapore address	Post Code	085101
Unit No.	12-09				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	[illegible]	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 | New

Claim Type *	OD-HR	Insured Name	WEE FAY PONG	Insured NRIC	[illegible]
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	[illegible]	TP Vehicle Number	[illegible]
Claim Description	[illegible] / [illegible] ON 8 Aug 2020			Name of Preferred Workshop	
Date Registered	11/08/2020 12:58	Claim Close Date		Date Received	11/08/2020 00:
Report Taken By	[illegible]				

Preferred Workshop: | Insured Liability: Fully at Fault | Remark No-Finalisation: Yes | Preferred Repair Option: Preferred Workshop, Name Unknown | GIA report: Received

Print AK letter

Save | Submit

Attachment

Accident No.	MT/1099390	Claim No.	001
Last Doc. Received	(x) Yes ( ) No	Upload Date	11/08/2020 12:58

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 Mail

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_[illegible] NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Aug 2020 12:58	Photos		Normal	Photos 2020-8-11	

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:58	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:58	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:58	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:58	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:58	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:58	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:58	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:58	NRIC/ Driving License	1	Normal	NRIC/ Driving License 2020-8-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:58	SAS		Normal	SAS 2020-8-11

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: 5115252906 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SGC5013G
   Chassis Number : MR053ZEC107110531
2. Name of Policyholder : WEE PAY PONG
3. Effective Date of Insurance : 19 Jan 2020
4. Expiry Date of Insurance : 18 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 (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WEE PAY PONG
NAMED DRIVER (1)	: WEE PUI BUARY
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 : SAFE HARBOUR ENSURANCE (00000573456)
Date of Issue : 03 Jan 2020 16:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : XWA420067428 Vehicle Registration No: SGC5013G

Name(as shown in NRIC) : Wah Ping Poah NRIC/FIN/Passport No : SXXXX468F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : ______ Singapore( )

Contact (Tel) : ______ Mobile No. : 96616383

Email Address : ______

Date of Accident : 08/08/2020 Time of Accident : 17:20

Place of Accident : PIE towards Tuas Before Exit Sims Ave

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insurance should be NTUC & not MSIG

Policyholder / Driver's Signature
Date:

12/08/2020

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