

NATIONAL Assessment Centre Services

Date In: 13/08/20	Job description	Date & Time Completed	Done by
Ref No: MA/INC 20008413/13	SAS e-filing		
Veh No: SJD 90A	E-mail (within 8hrs, AIO 2hrs)		
D.O.A: 13/08/20 0700	I-Motor Claim Form	MT/1099851-001	
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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: F1000 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:	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	Action

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
NA2004185	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	6) TR: Re-inspection \$75		
	7) NI: Idem DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp. Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	*N12: Idem Mobile \$0		
	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	13/08/2020 17:26
Date Of Accident	13/08/2020 07:00
Exact Location Of Accident	SIMS AVE TWDS BEDOK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD90A
Insured/Policyholder	
Name Of Registered Owner	JIMMY TEXTILES
Co Reg No	2XXXX100L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67456423
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C200
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5115440335
Cover Note Number	
Driver	
Name of Driver	SAW TEE KIAM(SU ZHIQIAN)
NRIC No	SXXXX621H
Date Of Birth	07/11/1973
Occupation	INDOOR
Date Of Driving Pass	19/03/1993
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91143331
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	845 TANJONG KATONG COMPLEX #01-03 GEYLANG ROAD
Postcode	400845
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	FLOOD
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
Was there any audio recorded?	NO

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.

 Jimmy
TEXTILES

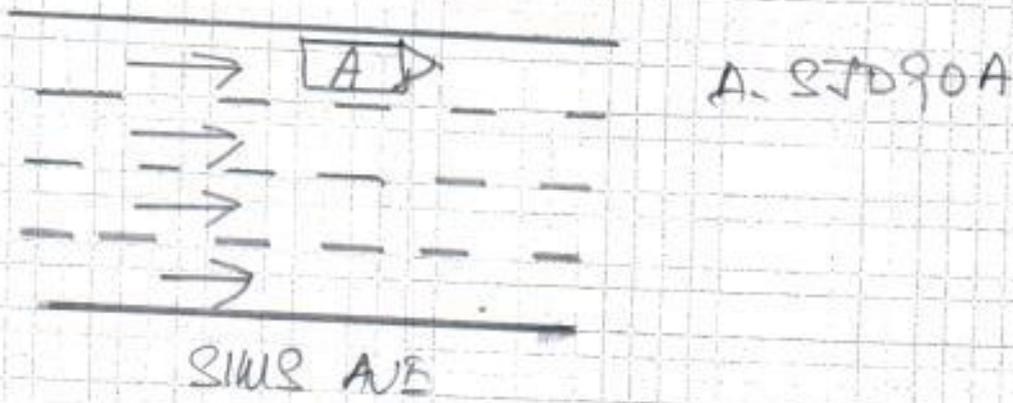
Policyholder's Signature
Date & Time:

 Jimmy
TEXTILES

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

 13/08/20
Report Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT ABOUT 0700AM I WAS TRAVELING ALONG SIMS AVE TOWARDS
BEDOK, AT THAT TIME WAS A HEAVY RAIN AND CANT SEE VERY CLEAR
ON THE ROAD OUT OF SUDDEN MY CAR POWER CUT OFF ON THE
MIDDLE OF THE ROAD AND I DISCOVERED WATER FLOODING ON THE ROAD
AND CAUSE MY CAR ENGINE DIE OFF.

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.:

Law Firm
TEXTILES

Lynn 13/08/20



HUP SOON BATTERIES AND AUTO SERVICES

BLK 2 KAKI BUKIT AUTOMOB, KAKI BUKIT AVE 2 #01-15 SINGAPORE 417921.

TEL: 6747 2755 FAX: 6746 5922 EMAIL: hupsoon238@yahoo.com

ROC 53043448B

VEHICLE NO: SJD 904 MAKE/MODEL: C200

DATE OF ACCIDENT: 13/08/2020 TIME: 07 HR 00 MIN AM / PM

LOCATION OF ACCIDENT: SING AVE TOWARDS BRIDGE

EXACT PURPOSE USE DURING ACCIDENT: GOING HOME

CAR OWNER

NAME OF CAR OWNER: JIMMY YEAP YIC P

CONTACT NO: 67456423

NRIC: _____

CLAIM TYPE: OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY: NTAC

TYPE OF COVERAGE: COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO: 5115440335

ACCIDENT DRIVER: AS ABOVE IF NOT - KINDLY FILL IN BELOW

NAME OF DRIVER: SAW YEE KIAN

NRIC: S7340614 NO OF PASSENGER/S: 0

DATE OF BIRTH: 07-11-1973

OCCUPATION: _____ OUTDOOR INDOOR

DATE OF DRIVING PASS: 19/03/1993

GENDER: MALE FEMALE

CONTACT NO: 91143331

ADDRESS: 845 YAN JONG KATONG COMPLEX GUYLUNG ROAD #01-03

DRIVER OWN ANY VEHICLE: NO/ IF YES - REGISTRATION NO: (S) 400845

RELATIONSHIP: EMPLOYEE/SPOUSE IF NOT: DRIVER

WEATHER CONDITION: CLEAR RAINING OTHER: _____
ROAD SURFACE: DRY WET OTHER: _____

ANY INJURIES: NO/ IF YES - NAME: _____

CONTACT NO: _____

POLICE REPORT: NO/ IF YES - LOCATION: _____

VIDEO FOOTAGE: NO/ YES

3RD PARTY INFO

VEHICLE B NO: _____ NO OF PASSENGER/S:

NAME: _____

CONTACT NO: _____

VEHICLE C NO: _____ NO OF PASSENGER/S:

VEHICLE D NO: _____ NO OF PASSENGER/S:

VEHICLE E NO: _____ NO OF PASSENGER/S:

VEHICLE F NO: _____ NO OF PASSENGER/S:

ANY WITNESS: _____

WITNESS CONTACT NO: _____

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: 5115440335

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJD90A |
| Chassis Number | : WDD2050422R142057 |
| 2. Name of Policyholder | : JIMMY TEXTILES |
| 3. Effective Date of Insurance | : 21 Jan 2020 |
| 4. Expiry Date of Insurance | : 20 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)	: 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: SAW TEE KIAM
NAMED DRIVER (1)	: JANET POH HWEE TIN
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 : META AGENCY PTE. LTD. (00000573430)

Date of Issue : 08 Jan 2020 15:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1099881

Policy No.	011441734	Vehicle No.	SJ29GA	GST Registration No.	22742788
Certificate No.					
Policyholder Name	JIMMY TEXTILES			Policyholder NRIC	22742788
Product Code	TR2270 LK INSURANCE	Cover Type	4-Wheel Drive	Leading	0
Contact No.(Mobile)	97741233	Contact No.(Office)	67403423	Contact No.(Home)	0
Email Address		Special Remark		eCode	No M
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	13/08/2020 11:54	Accident Report Within 24 Hrs	Yes	Accident Type	Road
Date of Accident	13/08/2020	Time of Accident (H:Min)	07:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	091, 44E, 74008, 841018				

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		
YTD OD Excess	0.00	YTD TP Excess	0.00		
Additional Excess	0.00	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				

Benefits

Coverage		Sum Insured	
Excess Waiver		Amount Paid	
Transport Allowance		Amount Paid by	

GST Registered Information

GST Registered	Yes	GST Registration Date	01/10/2019
GST Registration No.	72291395	GST Status Verified	Yes
Modification History	13/08/2020 18:05:46 System changed GST Registration Date from 11/01/2019 to 01/10/2019 13/08/2020 18:05:46 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	445, 091, 44E, 74008, 841018	Address 2	IMB/116, NATIONAL COMPLEX	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	400443
Unit No.		Related Policy Number	011441734		

OD Driver Info

Driver Name	SAW TEE KIAN	Driver Type	Main Driver	Driver DOB	27/11/1947
Unregistered driver Name		Driver NRIC	97342621H	Driving Experience	27
Register Date of Driver License	10/11/1993	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	97741233	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	445, 091, 44E, 74008, 841018	Address 2	IMB/116, NATIONAL COMPLEX	Post Code	400443
Address 4		Address Type	Singapore address		
Unit No.	445 091	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No				

Declaration		Any injury?	Yes No
Breathalyzer or Blood Test Reading?	0 mg		

Modification History

Claim 001 OD-MD **New**

Claim Type *	OD-MD	Insured Name	JIMMY TEXTILES
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OD Vehicle Number	SJ29GA
Claim Description	SID93A ON 13 Aug 2020		
Preferred Workshop (Repair No. Evaluation)	<input type="checkbox"/> Preferred <input type="checkbox"/> Repair Option	<input type="checkbox"/> Not at Fault <input type="checkbox"/> Preferred Workshop (refer below)	<input type="checkbox"/> No <input type="checkbox"/> Repair Option
Date Registered	13/08/2020 18:05	Claim Clear Date	
Report Taken By	KOSLINDA	Workshop Reparer	
Print AK letter			
<input type="button" value="Save"/> <input type="button" value="Submit"/>			

Attachment

Accident No.	MT/1099881	Claim No.	001
Last Doc. Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	13/08/2020 18:05
Part *		Category *	Confidential
		Confidential	Urgency *

- Choose File No file chosen

Clear	Please Select	100	Normal
Clear	Please Select	100	Normal
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Clear	Please Select	100	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PWA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2020 18:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-13
	NAC_PWA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2020 18:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-13
	NAC_PWA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2020 18:05	SAS	Normal	SAS 2020-8-13
	NAC_PWA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2020 18:05	Photos	Normal	Photos 2020-8-13
	NAC_PWA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2020 18:05	Photos	Normal	Photos 2020-8-13
	NAC_PWA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2020 18:05	Photos	Normal	Photos 2020-8-13
	NAC_PWA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2020 18:05	Photos	Normal	Photos 2020-8-13
	NAC_PWA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2020 18:05	Photos	Normal	Photos 2020-8-13
	NAC_PWA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2020 18:05	Photos	Normal	Photos 2020-8-13
	NAC_PWA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2020 18:05	Photos	Normal	Photos 2020-8-13
	NAC_PWA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2020 18:05	Photos	Normal	Photos 2020-8-13

Video List

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