

# NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MMA 120075772

|   |  |                           |              |
|---|--|---------------------------|--------------|
| Date In: 3/9/20 09:04                               | Job description                          | Date & Time Completed     | Done by      |
| Ref No: MA/INC 20009365144                          | SAS e-filing                             |                           |              |
| Veh No: STJ 8958 M                                  | E-mail (within 2hrs, A/C 2hrs)           |                           |              |
| TPA: 2/9/20 15:30                                   | I-Motor Claim Form                       | MT/1102232 <sup>001</sup> | 4/9/20 10:03 |
| UT: <input checked="" type="radio"/> 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/Wksn |                           |              |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel: (   | Fax: (                |
| TP Particulars:                          | Veh No: GBC S996D.                                       | 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%; P: 80-100%] |                       |
| Year of Registration: (                  | Warranty: YES ( ) / NO ( )                               |                       |
| Excess: (\$                              | Landing: \$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 20009365144)                              | TPA: ( ) | TPA: ( ) |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |          |          |
| 2) QC Check / Post Repair Inspection ( )                |          |          |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |          |          |

|             |
|-------------|
| Injury: ( ) |
|-------------|

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |  |             |          |
|---------------------------------|--|-------------|----------|
| MA 2004651                      | Invoice Preparation Checklist                    | Am (S)      | PAID (S) |
| Claimants Particulars:          | 1) AR: Accident Reporting (\$30);                | 30.00       |          |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$30)     |             |          |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                      |             |          |
| Damaged Portion:                | 4) PT: Follow-Through Survey \$120               |             |          |
| QC Checked by (Bugs-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30     |             |          |
| Auditors Comments:              | For claimants against INC Only (wef 10 Jan 2003) |             |          |
|                                 | 6) TR: Re-inspection \$75                        |             |          |
|                                 | 7) NI: Idao DA + SMRT Survey \$160               |             |          |
|                                 | 8) NTUC Additional Services:                     |             |          |
|                                 | QD:  |             |          |
|                                 | • NS: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                 | • NG: Repair Coordination \$10                   |             |          |
|                                 | • NT: Post Repair Inspection \$25                |             |          |
|                                 | • NH: DV / Collect Excess Coordination \$5       |             |          |
|                                 | TP (N11): TP (Non INC) against INC \$20          |             |          |
|                                 | 9) N12: Idao 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             | 03/09/2020 09:04                      |
| Date Of Accident           | 02/09/2020 15:30                      |
| Exact Location Of Accident | KAKI BUKIT RD 1 TWDS KAKI BUKIT AVE 1 |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJJ8958M             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | NG BENG HUEY         |
| NRIC No                     | SXXXX460G            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97336587 |
| Alternative Phone No        | OFFICE-97336587      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | TOYOTA      |
| Model  | AXIO        |
| Exact Purpose for which vehicle was being used at time of accident           | LEARNING    |
| 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             | 5080917974-04                          |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | NEO YI HONG SILAS    |
| NRIC No              | SXXXX958G            |
| Date Of Birth        | 30/04/1996           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 08/01/2020           |
| Driving Experience   | 0 YEAR AND 7 MONTH   |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-84884275 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | NOEMAIL              |

|   |                      |
|---|----------------------|
| Address   | 176 TAI KENG GARDENS |
| Postcode  | 535444               |
| Was driver an employee of the Insured's Company     | NO                   |
| If No, Relationship of the Driver with the Insured  | OTHER - LEARNER      |
| 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?  |  |
| 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: : NG BENG HUEY<br>GENDER: : MALE |

#### 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:                             | HAVEN'T RETRIEVE |
| Was there any audio recorded?                 | NO               |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBC5996D           |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| 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**.
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:

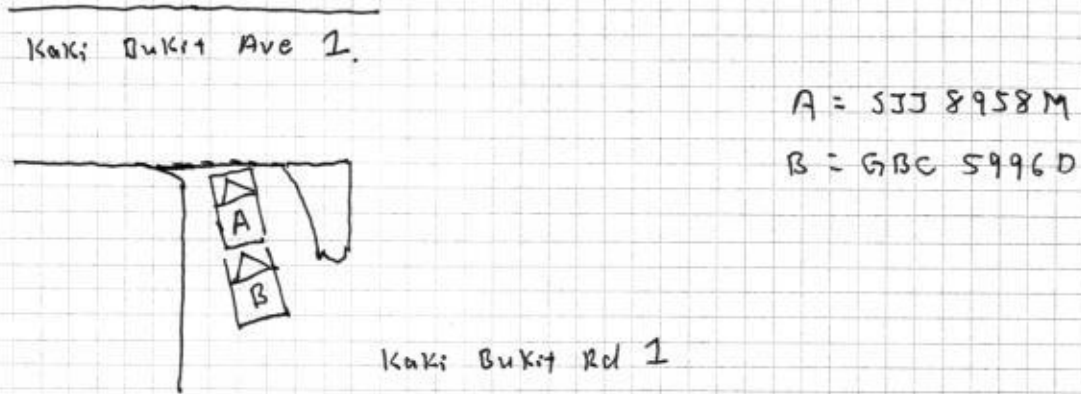
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop at the Kaki Bukit Rd 1 to check traffic from the Kaki Bukit Ave 1. All of a sudden, I felt an impact from behind. After the incident, I realized veh B from behind collided onto my veh rear portion.

## 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.:



**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: 5080917974-04

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle  
Chassis Number

: SJJ8958M  
: NRE1610014320

2. Name of Policyholder

: NG BENG HUEY

3. Effective Date of Insurance

: 06 Jun 2020

4. Expiry Date of Insurance

: 05 Jun 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 other than for driving test and tuition purpose only.

(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                    | : S\$1,000  |
| 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                       | : NG BENG HUEY                                    |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : LAKE VIEW CREDIT PTE 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 : CHENG HOE ENTERPRISE (00000614784)

Date of Issue : 24 Apr 2020 17:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



S14544609  
MP 97336587  
(3A)



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 2 / 9 / 20 ) (DD/MM/YYYY), TIME: ( 15:30 ) (HH:MM)

LOCATION: Kaki Bukit Rd 1 & Kaki Bukit Ave 1 Int.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ38958M.  
 b) INSURANCE COMPANY: \_\_\_\_\_  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Axio.  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Learning  
 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: Ng Beng Huey (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9733 6587  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Neo Yi hong Silas. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8488 4275  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 2/1/2020

f) YEARS OF DRIVING EXPERIENCE: 12/2019

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Learner.

## 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: GBC 5996D MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

RSPU@LKK AUTO.COM

Email =

fax =

VIDEO =

Yes, have not retrieve.