

NATIONAL Assessment Centre Services [Ref: 12-193]

Date In: 04/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20009462/13	SAS e-filing		
Veh No: 5LV2683M	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 04/09/20 10:50	i-Motor Claim Form	MT/1102338-001	
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: ( TWINAR	Tel:	Fax:
TP Particulars: Veh No: 5JY399A	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

NA2004680	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		Int Bill	Add Bi
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
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:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*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 (N7n INC) against INC \$20			
	9) N12: Idno 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	04/09/2020 17:18
Date Of Accident	04/09/2020 10:50
Exact Location Of Accident	ALONG BLK 47 KALLANG PUDING RD MSCP LVL 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2683H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG JOON YEW (HUANG JUNYOU)
NRIC No	SXXXX663A
Email Address	JOONYEW_06@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96396040
Alternative Phone No	OTHERS-96396040

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	5097259227-02
Cover Note Number	

### Driver

Name of Driver	NG JOON YEW (HUANG JUNYOU)
NRIC No	SXXXX663A
Date Of Birth	05/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2013
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96396040
Fax Number	
Contact Number	OTHERS-96396040
EMail Address	JOONYEW_06@HOTMAIL.COM

Address	BLK 123 LOR 1 TOA PAYOH #03-501
Postcode	310123
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	SIDE SWIPE
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?	YES
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	SJY399A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR YEO
NRIC/Passport Number	
Contact Number	91913999
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	NG JOON YEW (HUANG JUNYOU)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLV2683H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### 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. 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:

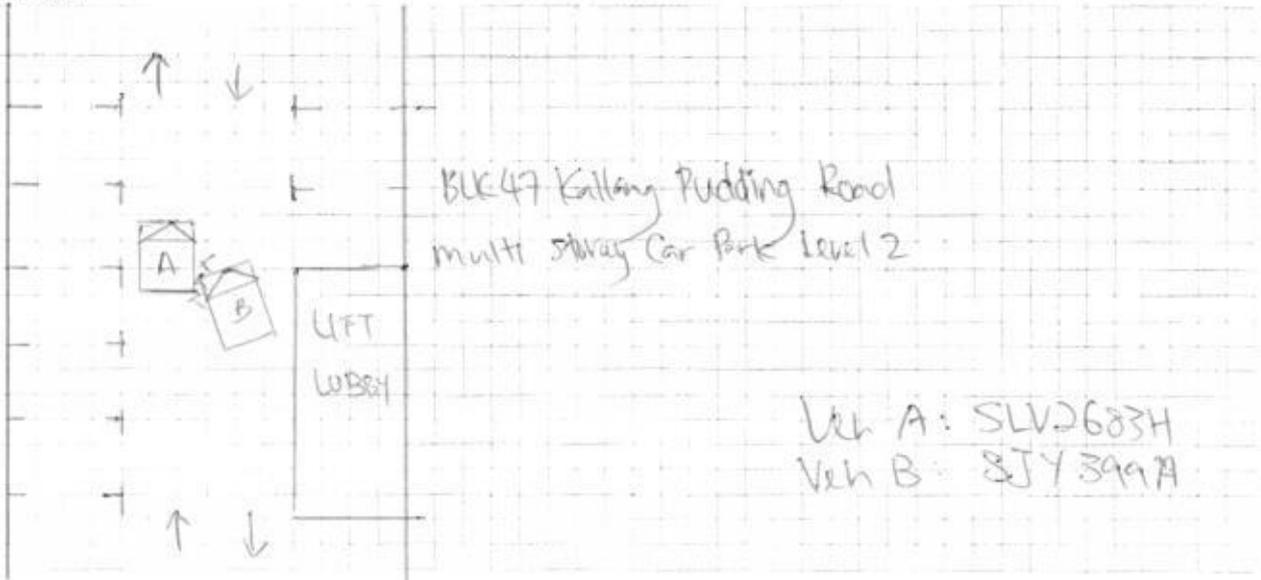
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

x   
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 04/09/20  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

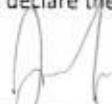


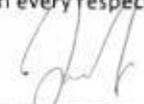
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On above date & time, I was driving my vehicle A (SLV2683H) traveling along BLK 47 Kallang Pudding Road MSCP Level 2 on single lane, two way road. I noticed vehicle B (SJY3991A) was stationary (opposite direction) near lift lobby, so I proceed my way on my lane. When I pass by vehicle B suddenly vehicle B altered to my lane without giving any signal. As a result, the left portion of vehicle B collided onto the right portion of my vehicle.

**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:

 04/09/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

<b>Vehicle No.</b>	SLV2683H	Model / Make	Volkswagen Golf
Date of Accident	4/9/2020		
Time of Accident	1050	HRS	
Location of Accident	Along BLK 47 Killang Puding Road MSEP Level 2		
Exact purpose use during accident	Private Use		
<b>Name of Owner</b>	Ng Joon Yew		
Telephone No.	H/P : 96396040	Home :	Office :
NRIC	S9311663A		
Address	BLK 123 Lorong 1 Tan Payoh #03-501 S(310123)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	5097259227-02		
<b>Name of Driver</b>	As Above If No,		
NRIC	Any Passengers : -		
Date of birth	5/4/1993		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	10/1/2013		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
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.	Ng Joon Yew 96396040		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SJY399A	Any Passengers :	-
Name of Driver	Mr. Yeo	Contact No. :	91913999
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Right portion		
Camera Recorder	Yes / No		
Email Address	joonyew_06@hotmail.com		
<b>PARTICULAR WORKSHOP</b>	Thincar Automotive (Pte Ltd)		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5097259227-02

**Cover :** drivo CLASSIC

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SLV2683H</b>            |
| Chassis Number  | : WVVZZZ1KZCW156433          |
| 2. Name of Policyholder   | : NG JOON YEW (HUANG JUNYOU) |
| 3. Effective Date of Insurance  | : 17 Jan 2020                |
| 4. Expiry Date of Insurance   | : 16 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NG JOON YEW (HUANG JUNYOU)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
Date of Issue : 06 Jan 2020 14:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

**Claim Handling**

**Accident MT/1102338**

Policy No.	5097259227-02	Vehicle No.	SLV2683H	GST Registration No.	
Certificate No.					
Policyholder Name	NG JOON YEW (HUANG JUNYOU)			Policyholder NRIC	S9311663F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96396040	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

**Accident Details**

Report Date	05/09/2020 09:19	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	04/09/2020	Time of Accident hh:mm	10:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BLK 47 KALLANG PUDING RD MSCP LVL 2				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
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	0.00				
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 123 #03-501	Address 2	LORONG 1 TOA PAYOH	Address 3	SINGAPOR
Address 4		Address Type	Singapore address	Post Code	310123
Unit No.	03-501	Related Policy Number	5097259227-02		

**OT Driver Info**

Driver Name	NG JOON YEW (HUANG JUNYOU)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9311663A	Driver DOB	05/04/199
Register Date of Driver License	10/01/2013	Driver Age	27	Driving Experience	7
Contact No.(Mobile)	96396040	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 123	Address 2	LORONG 1 TOA PAYOH	Address 3	SINGAPORI
Address 4		Address Type	Singapore address	Post Code	310123
Unit No.	#03-501				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	NG JOON YEW (HUANG JUNYOU)	Infr
Contact No.(Mobile)		Contact No. (Home)		Co No (O
Email Address	JOONYEW_D6@HOTMAIL.COM	OT Vehicle Number	SLV2683H	TP Ve Nu
Claim Description	SLV2683H / SJY399A ON 4 Sept 2020			
Preferred Workshop		Insured Liability	Not at Fault	No Pr Wk
Workshop Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	
Report Taken By	ROSLINDA	Claim Close Date	05/09/2020 09:29	Da Re
Print AK letter		Workshop Repairer		To: bu Re

Save Submit

**Attachment**

Accident No.	MT/1102338	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/09/2020 00:00
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen

Clear Please Select ND Normal  
 Clear Please Select ND Normal  
 Clear Please Select ND Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:29	SAS		Normal	SAS 2020-9-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:29	Photos		Normal	Photos 2020-9-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:29	Photos		Normal	Photos 2020-9-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:29	Photos		Normal	Photos 2020-9-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:29	Photos		Normal	Photos 2020-9-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:28	Photos		Normal	Photos 2020-9-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:28	Photos		Normal	Photos 2020-9-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:28	Photos		Normal	Photos 2020-9-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:28	Photos		Normal	Photos 2020-9-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Sep 2020 09:28	Photos		Normal	Photos 2020-9-5

Video List

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