

NATIONAL Assessment Centre Services.

[Self-Insured]

NA2004880

Date In: 14/09/2020 17:52	Job description	Date & Time Completed	Done by
Ref No: ABA/MC00094314	SAS e-filing		
Veh No: SLR 3822M	E-mail (Update sheet, AIG sheet)		
D.O.A: 14/09/2020 12:10	I-Motor Claims Form	NTI/1103341-001	14/09/2020 18:45
OD TP / Reporting Only	I-Motor W/O (Within: OD sheet, TP sheet)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / OW: (Accord MRO Services)	Tel: 62717423	Fax:
TP Particulars:	Veh No: SBS 886/E	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: (\$)	Loading: \$1,000 () / \$2,000 ()	
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Ref of repair.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()		

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

Injury: ()

Driver/Owner:	
Contact No:	
Damaged Portion:	

NA2004880	1) Alt: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$10)
	3) TP: Towing Fee	\$40/45
	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TT: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$3
	TP (NTI) / TP (INC) against DMS	\$10
	9) NI: 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	14/09/2020 17:52
Date Of Accident	14/09/2020 12:10
Exact Location Of Accident	JUNCTION OF HENDERSON ROAD/TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3822M
Insured/Policyholder	
Name Of Registered Owner	WEE BOON HUI BERNARD
NRIC No	SXXXX939B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98555750
Alternative Phone No	OTHERS-98555750

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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?	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	5115735679
Cover Note Number	

Driver

Name of Driver	HO SEIH PENG JINE
NRIC No	SXXXX236H
Date Of Birth	27/06/1959
Occupation	INDOOR
Date Of Driving Pass	04/10/1978
Driving Experience	41 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98555750
Fax Number	
Contact Number	OTHERS-98555750
Email Address	NOEMAIL

Address	10 SPRINGWOOD WALK
Postcode	117938
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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	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	SBS8861E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident MT/1103341

Modification History

Claim 991 CD-MX **NEW**

Claim Type *	OD-MK	Insured Name	WEE BOON HUI BERNARD	Insured SRC	SL1609398
Contact No (Mobile)	96555750	Contact No, (Home)	62748810	Contact No, (Office)	
Email Address	WESPHO@GMAIL.COM	OT Vehicle Number	SLA3822M	TP Vehicle Number	SRS8861E
Claim Description	SLA3822M / SRS8861E ON 14 Sept 2020			Name of Preferred Workshop	ACCORD AUTO
Preferred Workshop	62717433	Insured Liability	Fully at Fault		
Insurer No. Finalisation	Yes	Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered				Claim Close Date	14/09/2020 18:24
Report Taken By				Workshop Repayer	ROSLI WAHAB
				Total Loss Full Required	

Print: A4 letter

Save Submit

Attachment:

[illegible]

📺 Video List

SKETCH PLAN

Veh A: SLR 3822 M

Veh B: SBS 8861 E

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS

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.:

Telok Blangah Rd

SKETCH PLAN

Veh A: SLR 3822M

Veh B: SBS 8861E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i was travelling along Henderson Rd nearing the traffic junction i turn to lane 3 and accidentally collided with Vehicle B.

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)

3.32pm, 14/9/2020


14/09/2020
Reporting Centre Personnel's Signature
Name:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 14/09/2020 *Time of Accident: 12.11 PM
*Accident Location: HENDERSON Rd & Telok Blangah Rd (Traffic Junction)

Vehicle Details

*Vehicle Number: SLR 3822M *Make & Model: MAZDA / 3

Insured / Policyholder

*Owner Name: WEE BOON HUI BERNARD *NRIC: S1160939B
*Address: 10 SPRINGWOOD WALK, S117938
*Email: _____ *HP: 98555750
*Occupation: ENGINEER (Indoor / Outdoor) *Tel / H / Other: _____

Driver () same as above

*Driver Name: HO SEIH PENG JINE *NRIC: S1343236H
*Address: 10 SPRINGWOOD WALK, S117938
*Date of Birth: 27/06/1959 *Driving Pass Date: 04/10/1978 *HP: 98555750
*Email: _____ *Gender: Male / Female
*Occupation: HOUSEWIFE (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No *If no, what is relationship with the policyholder: SPOUSE

Passengers Details

*P/Name: N.A. (Male/Female) *P/Name: N.A. (Male/Female)
*P/Name: N.A. (Male/Female) *P/Name: N.A. (Male/Female)

Insurance Company

*Insurer: NTUC *Coverage: C / TPFT / TPO *Policy No: 5115735679

Detail of other vehicle / Property 1

Vehicle No.: SBS 8861E
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side / swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No: M90372806G

Policy Number	: 5115735679
The Policyholder	: WEE BOON HUI BERNARD 10 SPRINGWOOD WALK SINGAPORE 117938

Period of Insurance	: 14 Feb 2020 To 13 Feb 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,294.07

Interest Insured

Cover Type	: drive PREMIUM		
Primary Driver	: WEE BOON HUI BERNARD		
Named Driver (1)	: WEE ZHI YUAN BERNAN		
Named Driver (2)	: WEE ZHI YI BRENDICK		
Make/Model	: MAZDA/3	Capacity	: 1500cc
Registration Number	: SLR3822M	Registration Year	: 2017
Chassis Number	: JM6BN24A8J0176520	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: Yes	Insure with COE	: Yes
Excess (Section 1)	: N/A	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: Yes
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

Optional Cover

Transport Allowance	: No
Excess Waiver	: Yes

Memo A : N/A

Endorsement Operative : M4, M7, M8

Agency	: CREDENTIAL MOTOR PTE LTD (00000613028)
Date of Issue	: 04 Feb 2020 10:56 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive