

NATIONAL Assessment Centre Services.

MAAY 2008/925

Date In: 21/09/2020 15:02	Job description	Date & Time Completed	Done by
Ref No: NPA/INC200/17614	SAS e-filing		
Veh No: SFV 5800M	E-mail (Vehicle class, AIG class)		
D.O.A: 21/09/2020 15:02	I-Motor Claims Form	MT/1104/31-002	22/09/2020
OD (TP) Reporting Only	I-Motor W/O (With: OD class, TP class)		16:50
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whom		

Preferred Wkep / INC Assign Wkep / OW: () Telt: () Fax: ()

TP Particulars: Veh No: SKR 66FZ INC () / Non-INC ()

Owner / Driver: () Telt: ()

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 ()

Bxcess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer 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 > \$9000] ()

Injury: _____

NA200K573	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP Towing Fee	\$40/\$45
Damaged Portion:	4) PT Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$25
	7) NI: I-Geo DA + SMRT Survey	\$160
	8) NFUC Additional Services	
	9) NI: I-Geo Mobile	\$30
	10) NI: I-Geo Mobile	\$30
	11) NI: I-Geo Mobile	\$30
	12) NI: I-Geo Mobile	\$30
	13) NI: I-Geo Mobile	\$30
	14) NI: I-Geo Mobile	\$30
	15) NI: I-Geo Mobile	\$30
	16) NI: I-Geo Mobile	\$30
	17) NI: I-Geo Mobile	\$30
	18) NI: I-Geo Mobile	\$30
	19) NI: I-Geo Mobile	\$30
	20) NI: I-Geo 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	21/09/2020 15:02
Date Of Accident	21/09/2020 07:20
Exact Location Of Accident	GRANGE ROAD (JUST AFTER CHARTWORTH ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV5800M
Insured/Policyholder	
Name Of Registered Owner	NGIN AIE MUI
NRIC No	SXXXX242D
Email Address	ELSIE.NGIN12@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96622765
Alternative Phone No	OTHERS-96622765

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-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	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	5117054720
Cover Note Number	

Driver

Name of Driver	NGIN AIE MUI
NRIC No	SXXXX242D
Date Of Birth	12/01/1950
Occupation	INDOOR
Date Of Driving Pass	03/05/1977
Driving Experience	43 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96622765
Fax Number	
Contact Number	OTHERS-96622765
Email Address	ELSIE.NGIN12@GMAIL.COM

Address	370G ALEXANDRA ROAD #14-02
Postcode	159960
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR668Z
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. LIEW
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

21/9/20 10.57 am

Driver's Signature

(If driver is not the policyholder)

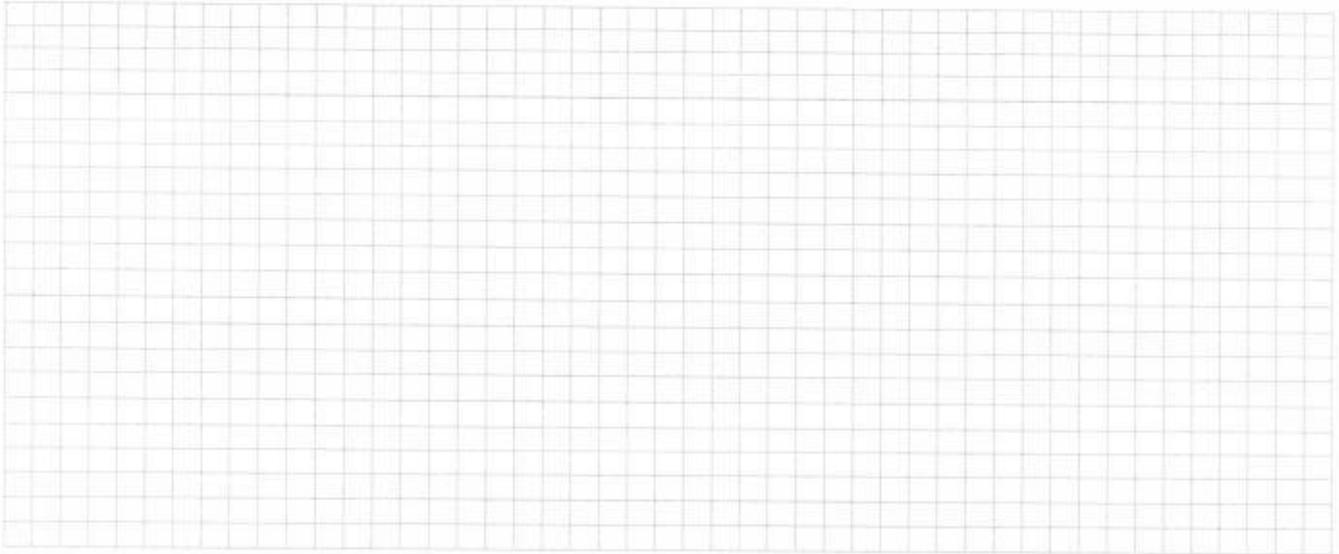
Date & Time:

Reporting Centre Personnel's Signature

Name:

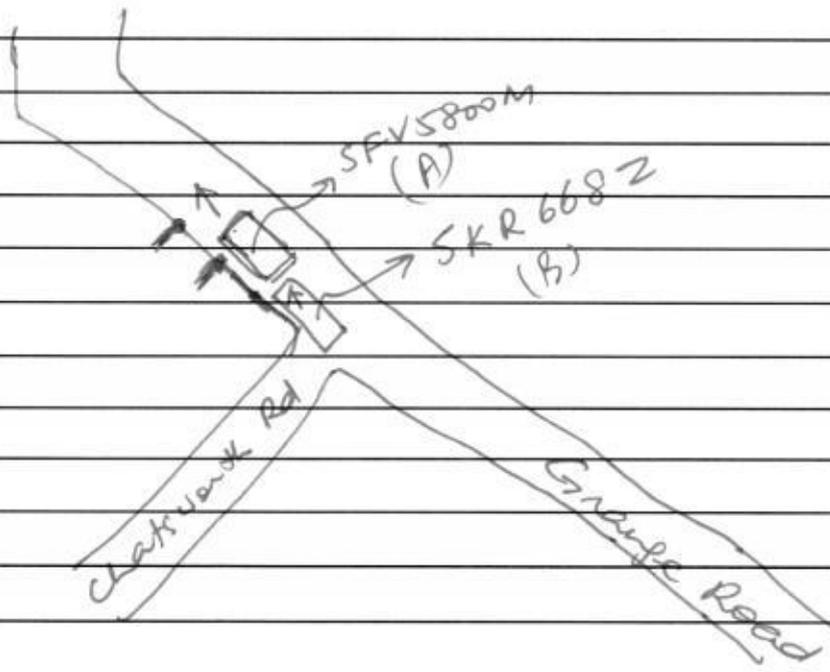
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS turning out into Grange Road from Chatsworth Road - and was knocked from behind by the other car (the collision was on Grange Road) ON GRANGE I WAS ABOUT TURN INTO MY ^{SON} APPOINTMENT JUST AFTER CHATSWORTH.



DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Handwritten signature]

Policyholder's Signature

Date & Time:
21/9/20

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

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.: *[Handwritten signature]* 22/09/2020

Yipho

ACCIDENT STATEMENT

ACCIDENT DATE: (21/9/20) (DD/MM/YYYY), TIME: (07:20) (HH:MM)

LOCATION: Grange Road (just after Clatsworth Rd)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFV 5800M
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5117054720
- 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: personal
- 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: NGIN AIE MUI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 50012242D CONTACT: 966622765
- c) ADDRESS: 370 G Alexandra Road #14-02
Spre 159960

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: as above (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

*d) DATE OF BIRTH: (12/01/1950) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) - retired

f) DATE OF DRIVING PASS 3/5/1977

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

- 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: SKR 668 Z MODEL: LEXUS
- b) DRIVER'S NAME: MR LIEW
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = elsie.ngin12@gmail.com

VIDEO

Claim Handling

Accident HT/1104137

Policy No.	5117054720	Vehicle No.	SPV5800M	GST Registration No.	
Certificate No.					
Policyholder Name	NGIN AIE MUS			Policyholder NRIC	S0012242D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
ePK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	22/09/2020 10:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/09/2020	Time of Accident hh:mm	07:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GRANGE ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information	
GST Registered	No
GST Registration No.	
GST Registration Date	
Modification History	GST Status Verified Yes

Policyholder Mailing Address

Address 1	370G ALEXANDRA ROAD	Address 2	#14-02 THE ANCHORAGE	Address 3	SINGAPORE 159960
Address 4		Address Type	Singapore address	Post Code	159960
Unit No.	14-02	Related Policy Number	5117054720		

DI Driver Info

Driver Name	Unnamed driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No.(Mobile)		Driver Age		Contact No.(Home)	
Address 1		Contact No.(Office)		Address 3	
Address 4		Address 2		Address 3	
Unit No.		Address Type	Foreign address	Post Code	
Does he own a Singapore registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OO-9K	Insured Name	NGIN AIE MUS	Insured NRIC	S0012242D	
Contact No.(Mobile)	96622765	Contact No.(Home)	64756722	Contact No.(Office)		
Email Address	elsie.ngin12@gmail.com	Vehicle Number	SPV5800M	TP Vehicle Number	SKR668Z	
Claim Description	SPV5800M / SKR668Z ON 21 Sept 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
WARRANT No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	22/09/2020 16:50	Claim Close Date		Date Received	22/09/2020 00:	
Report Taken By	ROSLI WAHAB					

Print AK letter

Attachment

Accident No.	HT/1104137	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/09/2020 16:50
Path *			
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Category *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Urgency *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Description *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Photos 2020-9-22

Send Msg

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Sep 2020 16:50	Photos	Normal	Photos 2020-9-22	
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Sep 2020 16:50	Photos	Normal	Photos 2020-9-22	



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Sep 2020 16:50	Photos		Normal	Photos 2020-9-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Sep 2020 16:50	Photos		Normal	Photos 2020-9-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Sep 2020 16:50	Photos		Normal	Photos 2020-9-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Sep 2020 16:50	Photos		Normal	Photos 2020-9-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Sep 2020 16:50	Photos		Normal	Photos 2020-9-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Sep 2020 16:50	Photos		Normal	Photos 2020-9-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Sep 2020 16:50	Photos		Normal	Photos 2020-9-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Sep 2020 16:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-22
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Sep 2020 16:50	SAS		Normal	SAS 2020-9-22

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading

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: 5117054720	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SFV5800M
Chassis Number	: MR053REH104534439
2. Name of Policyholder	: NGIN AIE MUI
3. Effective Date of Insurance	: 04 Jun 2020
4. Expiry Date of Insurance	: 03 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.
- (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
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NGIN AIE MUI
NAMED DRIVER (1)	: N/A
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 : SOONG MIN LING WENDY (00000521110)
 Date of Issue : 03 Apr 2020 00:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive