

NATIONAL Assessment Centre Services.

Unit 1, Jordan

12/10/2020 14:11

Date In: 12/10/2020 14:11
Ref No: N/A/TUC 2001/01714
Veh No: SLP 3780 J
D.O.A: 11/10/2020 16:48

Job description: SAS e-filing
E-mail (to/for share, AIC share)
I-Motor Claims Form
I-Motor W/O (With: OD share, TP share)
I-Photo Uploaded

Date & Time Completed: 12/10/2020 14:27
MTH1106303-001

Done by: 12/10/2020 14:27

(ID) : TP / Reporting Only

TP Insurer:

Assessment/Survey Report

Ass't Report by Fax/ Hand to Owner/Visor

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Hardcopy/Vis:

Veh No: SLP 6053 G

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 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 > \$5000] ()

Injury:

NA 200531

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Reporting (330)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Yellow-Through Survey	\$110
5) PT: Yellow-Through Survey (Resurvey)	\$30
6) TP: Yellow-Through Survey (Resurvey)	\$30
7) TP: Yellow-Through Survey (Resurvey)	\$30
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100) TP: Yellow-Through Survey (Resurvey)	\$30

Invoice dated

Fee Charged

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	12/10/2020 14:11
Date Of Accident	11/10/2020 16:45
Exact Location Of Accident	ALONG BIDEFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3780J
Insured/Policyholder	
Name Of Registered Owner	YONG CHEE SENG
NRIC No	SXXXX934H
Email Address	CSYON1@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97698661
Alternative Phone No	OTHERS-97698661

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105252672-01
Cover Note Number	

Driver

Name of Driver	YONG CHEE SENG
NRIC No	SXXXX934H
Date Of Birth	06/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1985
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97698661
Fax Number	
Contact Number	OTHERS-97698661
Email Address	CSYON1@HOTMAIL.COM

Address	BLK 52 TELOK BLANGAH DRIVE #13-34
Postcode	100052
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 - MAJOR/MINOR RD
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	SLP6053G
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO BEE HOON (ZHANG MEI YUN)
NRIC/Passport Number	SXXXX311E
Contact Number	92954730
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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: 12/10/2020
11:54

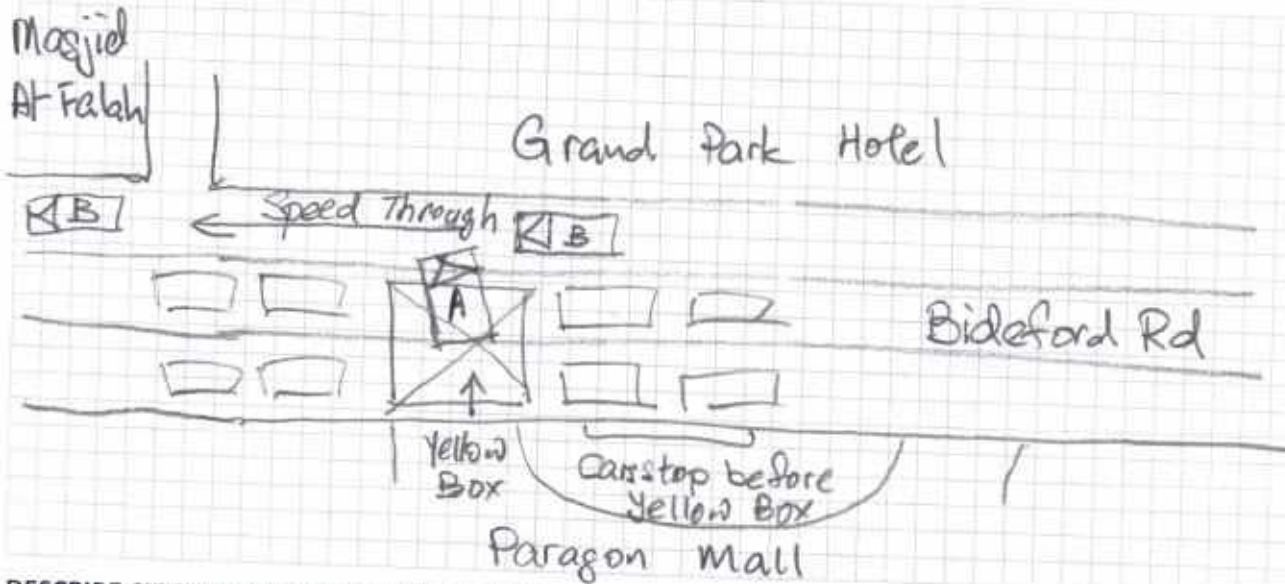
Driver's Signature

(If driver is not the policyholder)
Date & Time: 12/10/2020
11:54

Reporting Centre Personnel's Signature

Name: 
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- SLU 3780J "A" SLP 6053G "B"
- 1) "A" driving out from Paragon Mall yellow when cars stop before yellow box.
 - 2) "A" stop at center lane of Bideford Rd, check Right lane no car.
 - 3) "A" check left the stop car after yellow box are clear for "A" to turn into Right Lane.
 - 4) "A" check right lane no car then slowly move out.
 - 5) "A" stop because "B" speeding through and squeeze pass and brush "A" license plate off the vehicle and scratches on front bumper.
 - 6) "B" after speed through and could not stop immediately. Only stop at 10-15 meters away.
 - 7) "A" was slow enough to stop but "B" speed through and scratch rear left door.

DECLARATION

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

cin
 Policyholder's Signature
 Date & Time: 12/10/2020
 12:13

cin
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 12/10/2020
 12:13

cin 12/10/2020
 Reporting Centre Personnel's Signature
 Name: Rishi Merton
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 10 / 2020 (DD/MM/YYYY), TIME: 16 : 45 (HH:MM)

LOCATION: Bideford Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU 3780 J
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 510525672-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KIA / FORTE K3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: YONG CHEE SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1829934H CONTACT: 97698661
c) ADDRESS: BLK 52, #13-84 TELUK BLANBAH DRIVE
SINGAPORE 100052

* 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: 06 / 03 / 1967 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 17/05/1985

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: SLP 6053 G MODEL: BMW
b) DRIVER'S NAME: TEO BEE HOON (ZHANG MEI JUN)
c) NRIC/FIN/PASSPORT: S7315311E CONTACT: 9295 4730

9. THIRD PARTY VEHICLE

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

Email: csyon1@hotmail.com

VIDEO

Claim Handling

Accident MT/1106303

Policy No.	5105252672-01	Vehicle No.	SLU3780J	GST Registrati
Certificate No.				
Policyholder Name	YONG CHEE SENG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97698661	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	12/10/2020 14:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/10/2020	Time of Accident hh:mm	16:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BIDEFORD ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ 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 52 #13-84	Address 2	TELOK BLANGAH DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5105252672-01	

▼ OI Driver Info

Driver Name	Yong Chee Seng	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1829934H	Driver DOB
Register Date of Driver License	17/05/1985	Driver Age	53	Driving Experi
Contact No.(Mobile)	97698661	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 52 #13-84	Address 2	TELOK BLANGAH DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLU3780J	Driver Insurer

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	YO
Contact No.(Mobile)		Contact No. (Home)	62
Email Address	lxoye@singnet.com.sg	OI Vehicle Number	SL
Claim Description	SLU3780J / SLP6053G ON 11 Oct 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Workshop No. Finalisation	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	12/10/2020 14:27	Claim Close Date	
Report Taken By	ROSLI WAHAB		

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1106303	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/10/2020 14:27

Path *	Category *	Confiden
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
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Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:27	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:27	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:27	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:27	Photos	Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:27	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:27	SAS	Normal	Sr

Video List

Uploaded By/Date	Folder Date	File Name	
		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)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5105252672-01

Cover : drivo CLASSIC

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SLU3780J |
| Chassis Number | : KNAFJ411MJ5749602 |
| 2. Name of Policyholder | : YONG CHEE SENG |
| 3. Effective Date of Insurance | : 30 Nov 2019 |
| 4. Expiry Date of Insurance | : 29 Nov 2020 |
| 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: YONG CHEE SENG
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 : KOH SAI TING (00000632327)
 Date of Issue : 18 Oct 2019 13:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive