

NATIONAL Assessment Centre Services. [Part 1 J01/03] MMA120091000

Date In: 17/10/20 17:29	Job description	Date & Time Completed	Done by
Ref No: MA1 INC20011259164	SAS e-filing		
Veh No: SJF 3682L	E-mail (within 3hrs, AIC 2hrs)	MT/1106947-001	
IP A: 17/10/20 12:20	I-Motor Claim Form	MT/110	17/10/20 17:42
OT: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SHB 4239 Y	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 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	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

NA2005501		Invoice Declaration Checklist		Amount (\$)	Amount (\$)
Client/Particulars:	1) AR: Accident Reporting (\$30);			30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)				
Contact No:	3) TP: Towing Fee \$40/\$45				
Damaged Portion:	4) FT: Follow-Through Survey \$120				
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30				
	For claiming against INC Only (wef 10 Jan 2003)				
	6) TR: Re-Inspection \$75				
	7) NI: Idao DA + SMRT Survey \$160				
	8) NTUC Additional Services:-				
	QN:				
	• NS: Courtesy Car / Tpt Allowance \$5				
	• NG: Repair Co-ordination \$10				
	• NJ: Post Repair Inspection \$25				
	• NN: 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	17/10/2020 17:29
Date Of Accident	17/10/2020 12:20
Exact Location Of Accident	ALONG CHANGI RD AFTER EVERITT RD N
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3682L
Insured/Policyholder	
Name Of Registered Owner	CHIN XUN KAI
NRIC No	SXXXX353C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92320286
Alternative Phone No	OFFICE-92320286

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115737182
Cover Note Number	

Driver

Name of Driver	DYLAN TONG KE YOU
NRIC No	SXXXX234Z
Date Of Birth	12/10/1996
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2017
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98526606
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 416 AMK AVE 10 #14-977
Postcode	560416
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : UNKNOWN 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:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4239Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG KENG GUAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name DYLAN TONG KE YOU

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJF3682L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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.

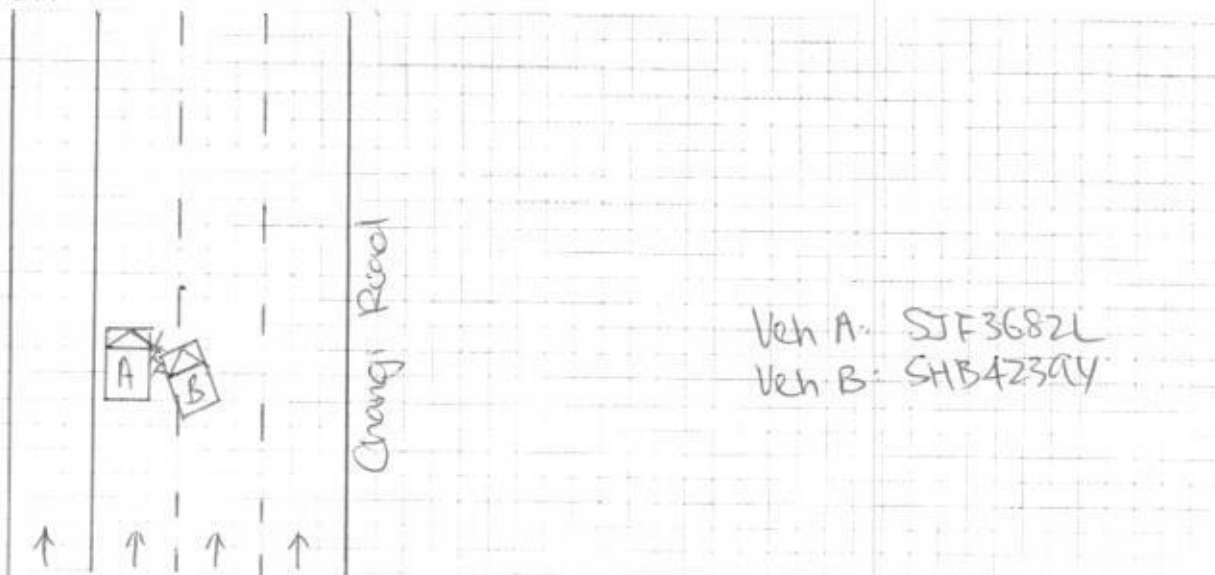
X

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

On above date & time, I was driving my vehicle A (SJF3682L) traveling along Changi Road towards Eeyang Road on third lane of a 4-lanes, road. Somewhere after the junction of Everitt Road N, vehicle B (SHB4239Y) which from lane 2 suddenly filter to my lane. 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:

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: 5115737182

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJF3682L**
Chassis Number : MR053HY9305064262
2. Name of Policyholder : CHIN XUN KAI
3. Effective Date of Insurance : 29 Jan 2020
4. Expiry Date of Insurance : 28 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 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	: CHIN XUN KAI
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 : GS ASSURANCE AGENCY PTE. LTD. (00000573647)
Date of Issue : 28 Jan 2020 16:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Vehicle No.	SJF3682L		Model / Make	Toyota Vios
Date of Accident	17/10/2020			
Time of Accident	1220		HRS	
Location of Accident	Along Changi Road after Everitt Road N			
Exact purpose use during accident	Private use			
Name of Owner	Chin Xun Kai			
Telephone No.	H/P : 9232 0286		Home :	Office :
NRIC	S9524353C			
Address	BLK 455A Ang Mo Kio St 44 #18-03 S(561485)			
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY			
Insurance Company	NTUC			
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft			
Policy No.	K115737182			
Name of Driver	As Above If No, Dylan Tong Ke You			
NRIC	S9636234Z		Any Passengers : 1 (M)	
Date of birth	12/10/1996			
Occupation	<u>Outdoor</u> / Indoor			
Driving License Pass Date	29/6/2017			
Gender	<u>Male</u> / Female			
Contact No.	H/P : 98526606		Home :	Office :
Address	BLK 416 Ang Mo Kio Ave 10 #14-077 S(560416)			
Driver have any own vehicle	<u>No</u> , If yes, Reg No.			
Relationship	<u>Employee</u> , If no, state <u>Friend</u>			
Weather condition	<u>Clear</u> Raining Other			
Road Surface	<u>Dry</u> Wet Other			
Any Injuries	<u>No</u> , If Yes, Who?			
Name And Contact No.	Dylan Tong Ke You 98526606			
Name And Contact No.				
Police Report	<u>No</u> , If Yes, Where?			
Vehicle B No.	SHB42394		Any Passengers :	
Name of Driver	Ong Kang Guan		Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	<u>Right portion</u>			
Camera Recorder	<u>Yes</u> / No			
Email Address	xunkai.chin@gmail.com			
PARTICULAR WORKSHOP	Thincar Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			