

NATIONAL Assessment Centre Services.

[wef 1 Jan 05] M14170097021

Date In: 21/12-18:22	Job description	Date & Time Completed	Done by
Ref No: NA/INC20114674	SAS e-filing		
Veh No: 5621347	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/12-08:05	i-Motor Claim Form	M71107256-001	21/12 18:35
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: (Tel:	Fax:
TP Particulars:	Veh No: JKC 33096	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 repairer.

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

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

Remarks:	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) for Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

At 1: _____

At 2 / 3: _____

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	20/10/2020 18:20
Date Of Accident	19/10/2020 08:05
Exact Location Of Accident	AYE TWDS TUAS BEFORE CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ1134T
Insured/Policyholder	
Name Of Registered Owner	AC EFFICIENT TRANSPORTATION
Co Reg No	5XXXX309C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98899181
Alternative Phone No	OFFICE-98899181

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087128742-03
Cover Note Number	

Driver

Name of Driver	CHUA HONG WEE
NRIC No	SXXXX499G
Date Of Birth	04/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	28/05/2007
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98899181
Fax Number	
Contact Number	OFFICE-98899181
Email Address	NOEMAIL

Address	BLK 22 HAVELOCK ROAD #06-673
Postcode	160022
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	CHAIN COLLISION
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	4
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC5309G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HENG JIANG
NRIC/Passport Number	
Contact Number	96870895
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU1371U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJJ90T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHUA HONG WEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGQ1134T
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 completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

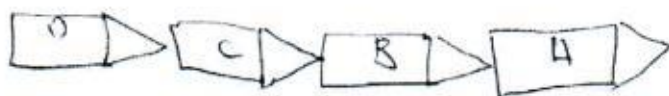

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:

SKETCH PLAN

A: SGA 1134 T
B: SKC 5309 G
C: SLU 1371 U
D: SJS 90 T



On 19 October 2020 at about 8.01am, I was travelling on AYE towards Tuas before Clementi Rd Exit in my vehicle SGA 1134 T. As there was congestion I stopped my vehicle. Suddenly I was hit on the rear. After I alighted from my car I realised I was involved in a chain collision.
1st car : SGA 1134 T, 2nd car SKC 5309 G, 3rd car SLU 1371 U and last car : SJS 90 T.


DECLARATION

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


Policyholder's Signature
Date & Time:




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


Reporting Centre Personnel's Signature
Name:

NRIC/ FIN No:

Sales@garage 13 . Com . Sg

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 19 / 10 / 20 (dd/mm/yy) Time of Accident: 8 : 05 (24-HR-FORMAT)
Vehicle No.: SGQ 1134 T Vehicle Make & Model: Honda Stream
Exact location of Accident: AYE towards Tuas before Clementi Rd exit
Policyholder's Name/ IC No.: NTUC
Driver's Name/ IC No.: Chua Hong Wee (As Above) ☐
Driver's Contact No.: 98899181 Company Contact No.: _____
Driver's Address: Blk 22 Havelock Rd #06-673 S(160022)
Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver:

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parent / or Others specify: _____

What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use/ ☐ Work purpose

Occupation (nature of job): ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 1

Passenger Name: _____ **Gender:** _____
Passenger Name: _____ **Gender:** _____

Weather Condition & Road Conditions? (On the day of accident)

☒ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: _____

Was there any video captured by your Car Camera? ☒ Yes/ ☐ No

Any Injuries: ☐ Yes/ ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person's in which vehicle: _____

Police Report filed: ☐ Yes/ ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

- Driver's Name/ IC No.: TAN Heng Jeng Vehicle No. SKC 5309G
Driver's Contact No.: 96870895 Insurance Company (If any): _____
- Driver's Name/ IC No.: _____ Vehicle No. _____
Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

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: 5087128742-03

Cover : drive CLASSIC

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SGQ1134T |
| Chassis Number | : RN61012946 |
| 2. Name of Policyholder | : AC EFFICIENT TRANSPORTATION |
| 3. Effective Date of Insurance | : 04 Jul 2020 |
| 4. Expiry Date of Insurance | : 03 Jul 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: LAKE VIEW CREDIT PTE LTD
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 : I INSURANCE AGENCY (00000572538)

Date of Issue : 29 Jun 2020 11:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive