

NATIONAL Assessment Centre Services

[Ref: J2102]

Date In: 29/10/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20011775/13	SAS e-filing		
Veh No: SML8844L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/10/20 1755	I-Motor Claim Form	MT/1108280-001	
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: (TWINCAR)	Tel:	Fax:
TP Particulars:	Veh No: SML119A	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%. F: 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	INC Hotline: 6788/6616	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

NA2005761	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 1:	6) TR: Re-inspection \$75		
Est. 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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	

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	29/10/2020 10:51
Date Of Accident	28/10/2020 17:55
Exact Location Of Accident	ALONG PIE TWDS CHANGI AFT THOMSON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8844L
Insured/Policyholder	
Name Of Registered Owner	WEE THIEM AIK
NRIC No	SXXXX149G
Email Address	DERRICK8822@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84448822
Alternative Phone No	OTHERS-84448822

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	5109678136-01
Cover Note Number	

Driver

Name of Driver	WEE THIEM AIK
NRIC No	SXXXX149G
Date Of Birth	22/05/1980
Occupation	INDOOR
Date Of Driving Pass	20/06/2003
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84448822
Fax Number	
Contact Number	OTHERS-84448822
Email Address	DERRICK8822@GMAIL.COM

Address	BLK 526D PASIR RIS ST 51 #03-547
Postcode	514526
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML119A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE JIA YING
NRIC/Passport Number	
Contact Number	97865172
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WEE THIEM AIK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SML8844L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


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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:

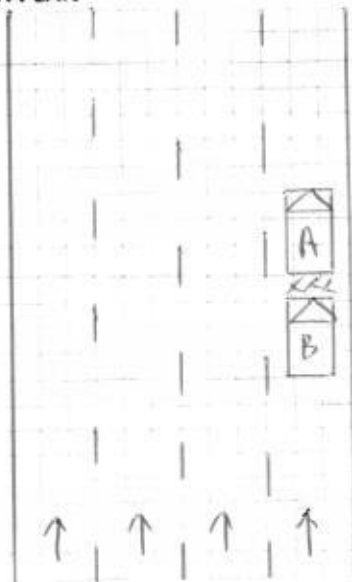
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature
Date & Time:


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

 29/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



PIE tuds Changi

Veh A: SML8844L

Veh B: SML1191A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SML8844L) traveling along PIE tuds Changi on first lane of a 4-lanes, expressway. Somewhere after Thomson Road exit, my vehicle slowed down and stopped due to the heavy traffic flow. Out of sudden, vehicle B (SML1191A) came from rear and collided onto the rear portion of my vehicle.

DECLARATION

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

8

Policyholder's Signature
Date & Time:

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

shym 29/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SML 8844L		Model / Make	Toyota Harrier
Date of Accident	28/10/2020			
Time of Accident	1755		HRS	
Location of Accident	Along PIE towards Changi After Thomson Road Exit			
Exact purpose use during accident	Private use			
Name of Owner	Wee Thiem Aik			
Telephone No.	H/P : 8444 8822		Home :	Office :
NRIC	S80151496			
Address	BLK 526D Pasir Ris Street 51 # 03-547 3 (514526)			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5109678136-01			
Name of Driver	As Above If No,			
NRIC			Any Passengers : -	
Date of birth	22/5/1980			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	20/6/2003			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owner		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Wee Thiem Aik 8444 8822			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SML 1191A		Any Passengers : -	
Name of Driver	Lee Jia Ying		Contact No. : 9786 5172	
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	Rear portion			
Camera Recorder	Yes / No			
Email Address	derrick8822@gmail.com			
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

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: 5109678136-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SML8844L**
Chassis Number : ZSU600068234
2. Name of Policyholder : WEE THIEM AIK
3. Effective Date of Insurance : 25 Aug 2020
4. Expiry Date of Insurance : 24 Aug 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)	: N/A
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 (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: WEE THIEM AIK
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : INSUREMYCAR.COM.SG (00000615275)

Date of Issue : 20 Jul 2020 12:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1108280

Policy No.	5109678136-01	Vehicle No.	SML8844L	GST Registration No.	
Certificate No.				Policyholder NRJC	S8015149G
Policyholder Name	WEE THIEM AIK	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	84448822	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				

▼ Accident Details

Report Date	29/10/2020 11:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	28/10/2020	Time of Accident hh:mm	17:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIE TWDS CHANGI AFT THOMSON RD EXIT				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 526D #03-547	Address 2	PASIR RIS STREET 51	Address 3	COSTA RIS
Address 4	SINGAPORE 514526	Address Type	Singapore address	Post Code	514526
Unit No.	03-547	Related Policy Number	5109678136-01		

▼ OI Driver Info

Driver Name	Wee Thiem Aik	Driver Type	Main Driver	Driver DOB	22/05/1980
Unnamed driver Name		Driver NRJC	S8015149G	Driving Experience	17
Register Date of Driver License	01/01/2003	Driver Age	40	Contact No.(Home)	0
Contact No.(Mobile)	84448822	Contact No.(Office)	0	Address 3	COSTA RIS
Address 1	BLK 526D	Address 2	PASIR RIS STREET 51	Post Code	514526
Address 4	SINGAPORE 514526	Address Type	Singapore address		
Unit No.	#03-547				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	WEE THIEM AIK	Insured NRJC	
Contact No.(Mobile)	84448822	Contact No.(Home)	69122334	Contact No.(Office)	
Email Address	derrick8822@gmail.com	OI Vehicle Number	SML8844L	TP Vehicle Number	
Claim Description	SML8844L / SML119A ON 28 Oct 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	29/10/2020 12:01
Date Registered		Workshop Repairer	ROSLINDA	Date Received	
Report Taken By				Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1108280	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/10/2020 00:00

Path *	Category *	Confidential	Urgency *
<div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div>	<div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div>	<div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div>	<div>Normal</div> <div>Normal</div> <div>Normal</div> <div>Normal</div> <div>Normal</div> <div>Normal</div> <div>Normal</div> <div>Normal</div>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Oct 2020 12:01	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Oct 2020 12:01	SAS		Normal	SAS 2020-10-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Oct 2020 12:01	Photos		Normal	Photos 2020-10-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Oct 2020 12:01	Photos		Normal	Photos 2020-10-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Oct 2020 12:01	Photos		Normal	Photos 2020-10-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Oct 2020 11:59	Photos		Normal	Photos 2020-10-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Oct 2020 11:59	Photos		Normal	Photos 2020-10-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Oct 2020 11:59	Photos		Normal	Photos 2020-10-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Oct 2020 11:59	Photos		Normal	Photos 2020-10-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Oct 2020 11:59	Photos		Normal	Photos 2020-10-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Oct 2020 11:59	Photos		Normal	Photos 2020-10-29

Video List

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