

NATIONAL Assessment Centre Services.

Just 1 Jan 2001

MAA 20091155

Date In: 04/11/2020 10:33	Job description	Date & Time Completed	Done by
Ref No: MAA/INL20092038/4	SAS e-filing		
Veh No: 8GL8197	E-mail (by date time, AIC time)		
D.O.A: 08/11/2020 15:05	I-Motor Claims Form	MAA/INL20092038-001	04/11/2020 11:24
OID: (1) : Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wken		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: 8GL8197	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 > \$3000) ()		

Injury: _____

MAA 2005835	1) AIT: Accident Reporting (\$30)	ING (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	ING (\$10)
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Yellow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$30
	For claiming against ING Only (over 10 Jan 2001)	\$70
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	ON:	
	* NI: Courtesy Car / Tpt Allowance	\$3
	* NI: Repair Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Excess Coordination	\$3
	* NI: DV / Collect Excess Coordination	\$30
	TE (NI) / TP (NAN INC) against ING	\$0
	9) NI: Idea Mobile	
	Invoice dated	
	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	04/11/2020 10:33
Date Of Accident	03/11/2020 15:05
Exact Location Of Accident	JUNCTION OF LOWER DELTA AND JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL8119T
Insured/Policyholder	
Name Of Registered Owner	TAN KOK HUAN
NRIC No	SXXXX948H
Email Address	TKHWL2004@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96246188
Alternative Phone No	OTHERS-96246188

Vehicle Particulars

Manufacturer	BMW
Model	216D
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	5087372900-03
Cover Note Number	

Driver

Name of Driver	TAN KOK HUAN
NRIC No	SXXXX948H
Date Of Birth	07/08/1967
Occupation	INDOOR
Date Of Driving Pass	18/08/1997
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96246188
Fax Number	
Contact Number	OTHERS-96246188

Address	BLK 96A HENDERSON ROAD #20-52
Postcode	151096
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)	3
Passenger 1	NAME: : MOTHER GENDER: : FEMALE
Passenger 2	NAME: : BROTHER 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

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	SGJ8177K
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN GUEK CHENG
NRIC/Passport Number	SXXXX292D
Contact Number	94891833

- Insurance Company Name
- Nature Of Damage
- No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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.



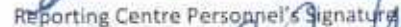
Policyholder's Signature

Date & Time: 04/11/2020
1015

Driver's Signature

(If driver is not the policyholder)

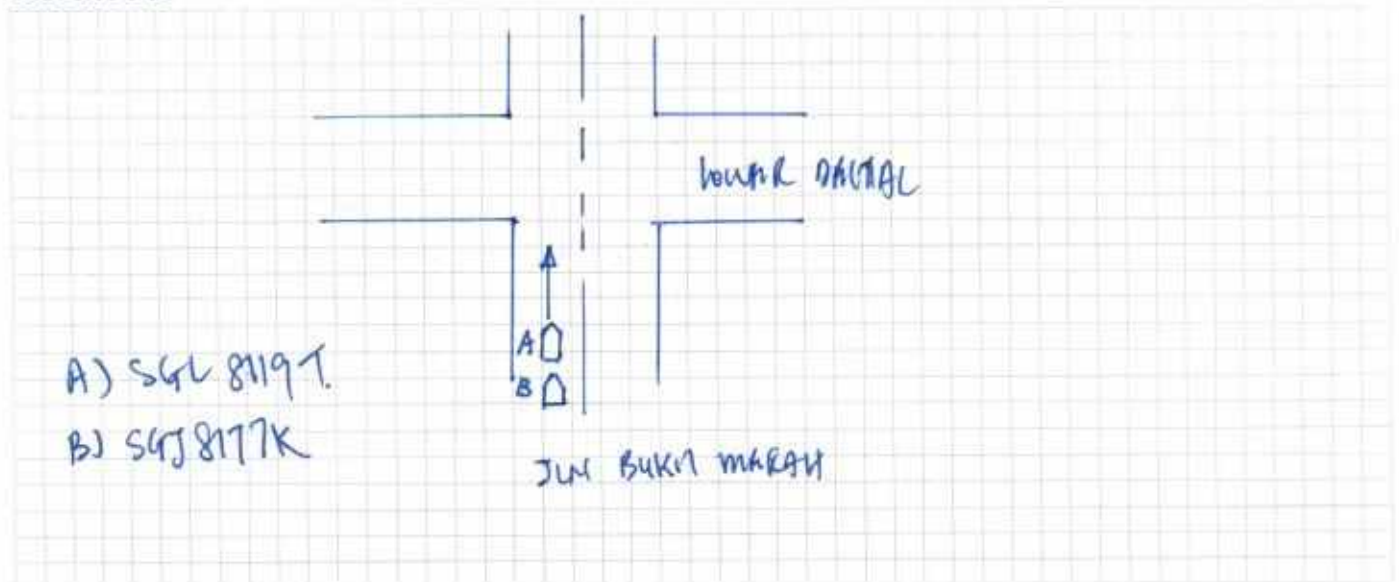
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happen @ Junction of lower delta road and Jln Bukit merah.

My car A was waiting for red light for 30⁺sec, car B stop behind but later car B suddenly move and bang to back of my car.

Please refer to video clip.

Car B owner claim she is not feeling well as she took medicine and not even know that she hit to my car back.

DECLARATION

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

Policyholder's Signature
Date & Time: 04/11/2020
1015

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 11 / 2020) (DD/MM/YYYY), TIME: (1505: 1507) (HH:MM)

LOCATION: JUNCTION OF LOWER DELTA & JLN BUKIT MERAH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5481197
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5087372900-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 216d
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING BACK HOME
 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: TAN Kok Huan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S18299484 CONTACT: 96246188
 c) ADDRESS: BLK 96A HENDERSON ROAD #20-52 S(151096)

* 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: (07 / 08 / 1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS 16/08/1997

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: SGJ 8177K MODEL: TOYOTA WISH
 b) DRIVER'S NAME: CHAN SUEK CHENG
 c) NRIC/FIN/PASSPORT: S1480292-D CONTACT: 99891833

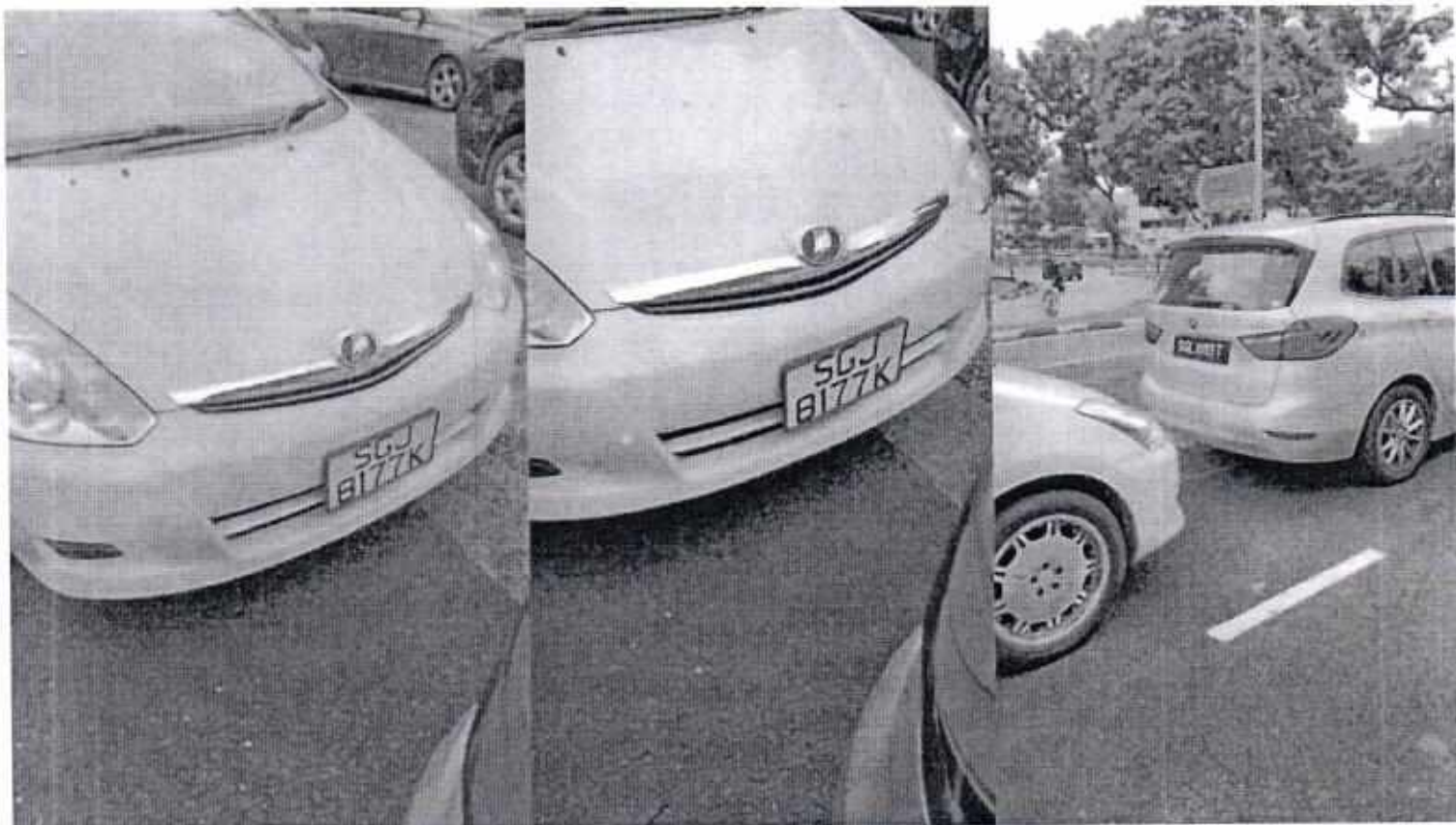
9. THIRD PARTY VEHICLE

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

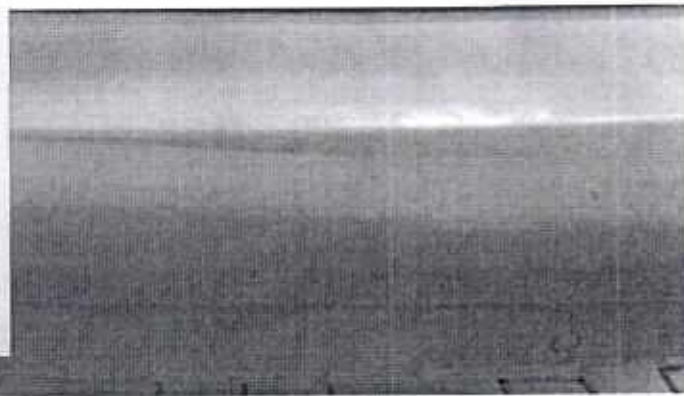
email =

VIDEO

DAIHAAN70 @ GMAIL . COM



04/11/2020
Rafael W. W. W.



Claim Handling

Accident MT/1108968

Policy No.	5087372900-03	Vehicle No.	SGL8119T	GST Registration No.
Certificate No.				
Policyholder Name	TAN KOK HUAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	96246188	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	04/11/2020 10:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/11/2020	Time of Accident hh:mm	15:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF LOWER DELTA AND JALAN BUKIT MERAH			

▼ 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 Covered?
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	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 96A #20-52	Address 2	HENDERSON ROAD	Address 3
Address 4	SINGAPORE 151096	Address Type	Singapore address	Post Code
Unit No.	11-20	Related Policy Number	5087372900-03	

▼ OI Driver Info

Driver Name	TAN KOK HUAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1829948H	Driver DOB
Register Date of Driver License	18/07/1997	Driver Age	53	Driving Experience
Contact No.(Mobile)	96246188	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 96A #20-52	Address 2	HENDERSON ROAD	Address 3
Address 4	SINGAPORE 151096	Address Type	Singapore address	Post Code
Unit No.	11-20			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SGL8119T	Driver Insurer Com.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	--

Modification History

Claim 001 OD-MX

New

Claim Type *

OD-MX

Insured Name

TAN KOK

Contact No.(Mobile)

96246188

Contact No.

96246188

(Home)

Email Address

tkhwl2004@yahoo.com.sg

OI Vehicle Number

SGL8119T

Claim Description

SGL8119T / SGJ8177K ON 3 Nov 2020

Preferred Workshop

Contact No.

Finalisation

Yes

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

04/11/2020 11:10

Claim Close Date

Report Taken By

ROSLI WAHAB

Workshop
Repairer

Print AK letter

Save Submit

Attachment

Accident No.	MT/1108968	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/11/2020 11:24
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2020 11:24	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2020 11:24	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2020 11:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2020 11:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2020 11:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2020 10:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2020 10:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2020 10:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2020 10:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2020 10:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2020 10:59	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="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: 5087372900-Q3

Cover: drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGL8119T |
| Chassis Number | : WBA2E320705845287 |
| 2. Name of Policyholder | : TAN KOK HUAN |
| 3. Effective Date of Insurance | : 24 Jan 2020 |
| 4. Expiry Date of Insurance | : 23 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN KOK HUAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : SG VEHICLES TRADING (00000570996)
Date of issue : 28 Dec 2019 01:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive