

# NATIONAL Assessment Centre Services. [ver 1 Jan 03] MMA 1200 98081

Date In: 6/11/20 13:51	Job description	Date & Time Completed	Done by
Ref No NA/INC 200 12182144	SAS e-filing		
Veh No SKX 9011C	E-mail (within 3hrs, A/C 2hrs)		
IP A 6/11/20 11:35	I-Motor Claim Form	MT/1109257-001	6/11/20 14:10
OD: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: /	Fax: /
TP Particulars:	Veh No: SJT 6657S	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 repolrer.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( / )

Remarks: (INC Ref No: 67481616)	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

NA 2005900	Invoice/Information Checklist	Am't (\$)	Payable (\$)
Continental Particulars:	1) AR: Accident Reporting (\$30);	300	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: 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		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	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	06/11/2020 13:51
Date Of Accident	06/11/2020 11:35
Exact Location Of Accident	RACE COURSE LANE NEAR RC SUITES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9011C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOKE YEW MENG
NRIC No	SXXXX098B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96339161
Alternative Phone No	OFFICE-96339161

### Vehicle Particulars

Manufacturer	BMW
Model	320i
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	5097069796-02
Cover Note Number	

### Driver

Name of Driver	LOKE YEW MENG
NRIC No	SXXXX098B
Date Of Birth	08/08/1965
Occupation	INDOOR
Date Of Driving Pass	23/07/1990
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96339161
Fax Number	
Contact Number	OFFICE-96339161
Email Address	NOEMAIL

Address	31 JLN RAMA RAMA #30-03
Postcode	329111
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 - 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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT6657S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD FAYUMI BIN YUSI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

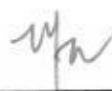
## SKETCH PLAN

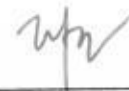
### IMPORTANT NOTICE

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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:

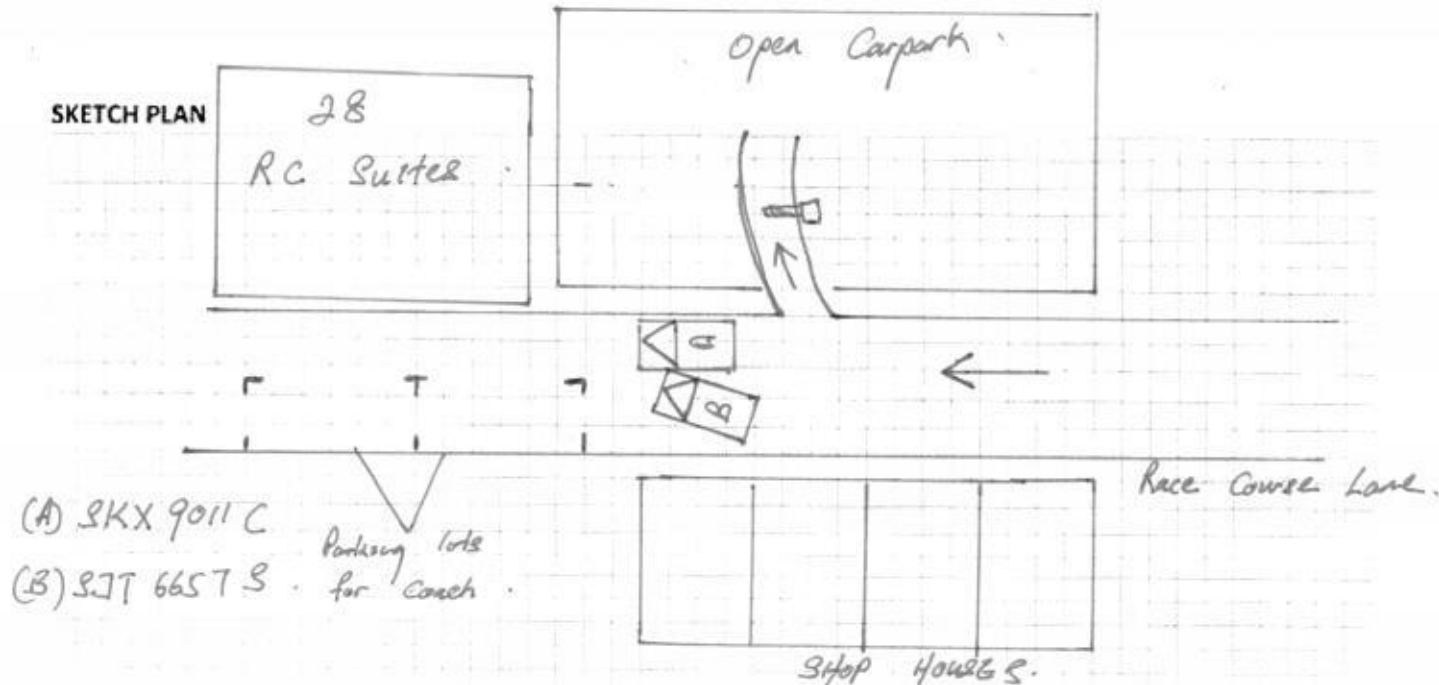
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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



(A) SKX 9011 C

(B) SJT 6657 S

Parking lots for Coach

SHOP HOUSES

Race Course Lane

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/11/2020 at @ 1135 hrs, I was travelling in my vehicle (SKX 9011 C) along Race Course Lane near to 28 RC Suites, on a one lane road which is very wide. I was travelling more to the right side going straight. Suddenly, a car (SJT 6657 S) on my left, cut into my path and collided onto the left side of my vehicle.

## DECLARATION

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

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:** 5097069796-02

**Cover :** drivo CLASSIC

- |                                                                                                                                                                                                                                                                                                               |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | : SKX9011C          |
| Chassis Number                                                                                                                                                                                                                                                                                                | : WBA3B120X0F136298 |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : LOKE YEW MENG     |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : 12 Jan 2020       |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 11 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 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)	: S\$600
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	: NO
PRIMARY DRIVER	: LOKE YEW MENG
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue : 11 Dec 2019 14:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Vehicle No.	SKX 9011 C	Model / Make	BMW 320I.
Date of Accident	06/11/2020.		
Time of Accident	1135 HRS		
Location of Accident	Race Course Lane near AC Suites.		
Exact purpose use during accident	Private Used.		
Name of Owner	Loke Yew Meng.		
Telephone No.	H/P : 9633 9161	Home :	Office :
NRIC	21727098B.		
Address	31 Jalan Rama Rama #30-03 (B) 329111.		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC.		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5097069796-02.		
Name of Driver	As Above If No,		
NRIC	Any Passengers : N-A.		
Date of birth	08/08/1965.		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	23/07/1990.		
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.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	3JT 6657S.	Any Passengers :	N-A.
Name of Driver	Mohd Fayumi Bin Yusi	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	N-A.	Witness Contact :	N-A.
Accident Portion	Left Side.		
Camera Recorder	Yes / (No)		
Email Address	volcano336@yahoo.com.sg		
PARTICULAR WORKSHOP	Twincar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JOSEPH TAN.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		