

NATIONAL Assessment Centre Services. [not a student]

Date & Time Completed

Done by

Date In: 12/4/2020 10:27

Ref No: JBA/INC2001240114

Veh No: SN 1354M

O.O.A. 11/11/2020 15:28

### Job description

## SAS e-illing

E-mail (Update this, AIC this)

### 1-Motor Claim Form

1-Motor W/O (Within: OD 2hrs, TP 4hrs)

1-Photo Uploaded

## Assessment/Survey Report

Ass't Report by Ex/Hand to Owner/Wkly

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Identification:	Veh No:	SCB8457A
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INC( ) / Non-INC( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by : (

Date: \_\_\_\_\_

Types

Insured/Driver Liability: (

%) [Note: Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: (

Warranty: YES ( ) / NO ( )

1300000 (\$

Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer ; Customer's Information strictly Confidential & Strictly NO Refor of repolar.

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

( ) 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 :*

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engn-In-Charge):

2016

 $\frac{2}{3}$ 

Accident Reporting (530)

1) All Accident Reports	INC (20)
2) Damage Assessment (\$100k)	30/54

3) DA (Damage Assessment)	\$12
4) Towing Fee	\$12



## 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	12/11/2020 10:27
Date Of Accident	11/11/2020 15:25
Exact Location Of Accident	SLIP ROAD FROM STILL ROAD TOWARD CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1354M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO KHOI SENG
NRIC No	SXXXX894Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96784706
Alternative Phone No	HOME-96784706

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5115449570
Cover Note Number	

### Driver

Name of Driver	HO KHOI SENG
NRIC No	SXXXX894Z
Date Of Birth	29/01/1935
Occupation	INDOOR
Date Of Driving Pass	26/11/1958
Driving Experience	61 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96784706
Fax Number	
Contact Number	HOME-96784706

Address	BLK 6 EVERTON PARK #01-08
Postcode	080006
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)	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

ON 11/11/2020 AT ABOUT 15:30HRS I WAS TRAVELLING ALONG STILL ROAD AND WANTED TO TURN LEFT TOWARDS CHANGI ROAD AT THE SLIP ROAD THE CAR INFRONT OF ME JAM BRAKE AND I COULD NOT BRAKE ON TIME JUST A BUMP ONTO THE REAR OF THE SAID CAR.

#### 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	SKB8439A
Vehicle Make/Model/Colour	HONDA AIRWAVE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROSLINDA BINTE MOHAMED SOLIHIN
NRIC/Passport Number	SXXXX335C
Contact Number	97900664
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Policyholder's Signature

Date & Time: 12/11/20  
10.20 AM

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

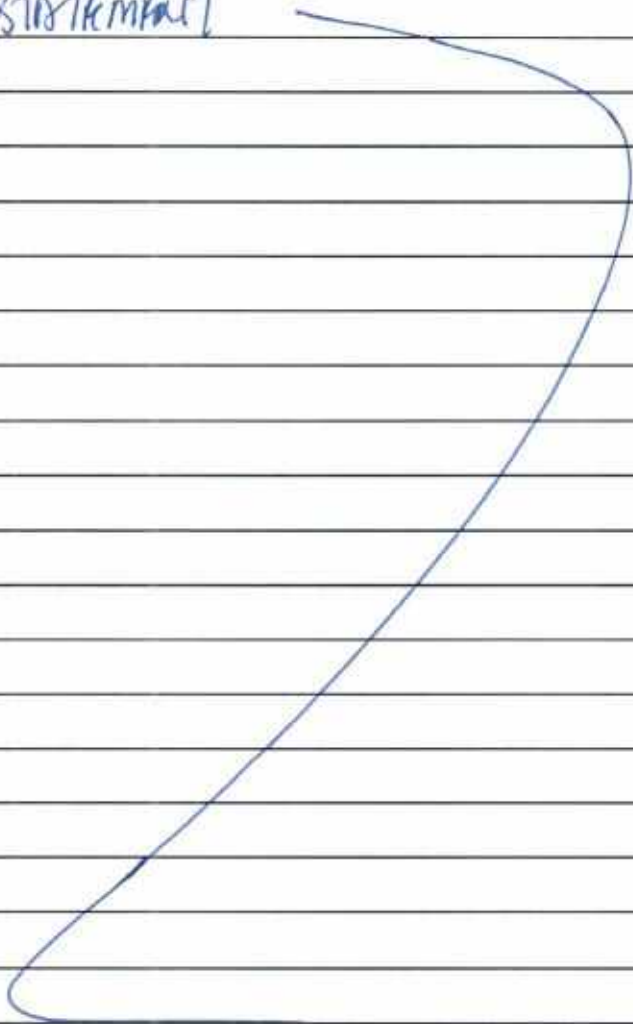
12/11/2020

Rohani

A) SJV 1354M

B) SKB 8439A

REFER TO STATEMENT



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

'ad' 12/11/20

12/11/2020  
Red. W. H. H. H.



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 11 / 11 / 20 ) (DD/MM/YYYY), TIME: ( 3:30 PM ) (HH:MM)

LOCATION: Still Road to ward Changi Road

**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: SJV 1354M  
 b) INSURANCE COMPANY: INCOME  
 c) POLICY NUMBER: 5115449570  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA Corolla  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
 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: HO KHAI SENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1081894Z CONTACT: 96784706  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

**DRIVER**

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( 29 / 01 / 1935 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SKB 8439A MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: ROSILINDA  
 c) NRIC/FIN/PASSPORT: S7019335C CONTACT: 97900664

**9. THIRD PARTY VEHICLE**

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

\* No of passenger  
 (Including driver)  
(1)

\* No of passenger  
 (Including driver)  
(2)

\* No of passenger  
 (Including driver)  
( )

email =

VIDEO

## Claim Handling

Accident MT/1109868

Policy No.	5115449570	Vehicle No.	SJV1354M	GST Registration No.
Certificate No.				
Policyholder Name	HO KHOI SENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96784706	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	12/11/2020 11:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/11/2020	Time of Accident hh:mm	15:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP ROAD FROM STILL ROAD TOWARD CHANGI ROAD			

## ▼ Total Excess Applicable

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

## ▼ 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 6 #01-08	Address 2	EVERTON PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115449570	

## ▼ OI Driver Info

Driver Name	HO KHOI SENG	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1081894Z	Driving Experience
Register Date of Driver License	06/09/1980	Driver Age	85	Contact No.(Home)
Contact No.(Mobile)	96784706	Contact No.(Office)		Address 3
Address 1	BLK 36 #	Address 2	JALAN RUMAH TINGGI	Post Code
Address 4	BLK 36 #19-447	Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJV1354M	Driver Insurer Comp

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop  Insured Liability  Fully at Fault

Repair Option  Preferred Workshop, Name unknown

Date Registered

OD-MX  Insured Name  HO KHOI

Contact No. (Home)  96784706  6475962

OI Vehicle Number  SJV1354

SJV1354M / SKB8439A ON 11 Nov 2020

GIA report  Received

12/11/2020 11:14

Claim Close Date

Report Taken By

ROSLI WAHAB

Print AK letter

Save

Submit

## Attachment

Accident No. MT/1109868 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 12/11/2020 11:17

Path \*

Category \*

Confidential

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

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Please Select

NO

Clear

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NO

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NO

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:17	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:17	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:17	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:17	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:15	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:15	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:15	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:15	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Nov 2020 11:15	SAS		Normal	SAS 20f

## Video List

Uploaded By/Date

Folder Date

File Name





Display in New Window

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:** 5115449570

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SJV1354M**  
Chassis Number : **MR053ZEE106160969**
2. Name of Policyholder : **HO KHOI SENG**
3. Effective Date of Insurance : **08 Jan 2020**
4. Expiry Date of Insurance : **12 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: HO KHOI SENG
NAMED DRIVER (1)	: THAM CHEW LENG
NAMED DRIVER (2)	: YAN PEI LING
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 : BEH HON KEEN (00000602661)

Date of Issue : 08 Jan 2020 15:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive