

NATIONAL Assessment Centre Services.

[Part 1 Jan 09]

MMA 120100814

Date In: 12/11/20 17:57	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 200.12574164	SAS e-filing		
Veh No: SDT 68 C	E-mail (within 2hrs, AIC 2hrs)		
DDA: 12/11/20 13:45	I-Motor Claims Form	MT/11/0122 001	16/11/20 09:16
OD: (P) 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/Wkst		

Preferred Wksp / INC Assign Wksp / OW: () Tol: () Fax: ()

TP Particulars: Veh No: GBH 6699.D. 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 repolar.

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

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

Additional Services () Done by

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 (Engr-In-Charge):

Additional Comments:

MA 2005989

1) AR: Accident Reporting (\$30); 30.00

2) DA: Damage Assessment (\$100); INC (\$30)

3) TF: Towing Fee 340/343

4) FT: Follow-Through Survey 5120

5) FT: Follow-Through Survey (Resurvey) 530

6) TR: Re-inspection 373

7) NI: Idno DA + SMRT Survey 5160

8) NTUC Additional Services:-

QI* 33

*N5: Courtesy Car / Tpt Allowance 53

*N6: Repair Co-ordination 510

*N7: Post Repair Inspection 525

*N8: DV / Colluct Excess Coordination 53

TP (N11): TP (S-n INC) against INC 520

9) N12: Idno 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	13/11/2020 17:57
Date Of Accident	12/11/2020 13:45
Exact Location Of Accident	55 SUNGEI KADUT DR S729565
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT68C
Insured/Policyholder	
Name Of Registered Owner	TAY KAI WEN
NRIC No	SXXXX559C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96666628
Alternative Phone No	OFFICE-96666628

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	5109818416-01
Cover Note Number	

Driver

Name of Driver	TAY LING RONG ANNABEL
NRIC No	SXXXX932A
Date Of Birth	26/02/1998
Occupation	INDOOR
Date Of Driving Pass	20/09/2017
Driving Experience	3 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81612002
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	21 LOR 4 REALTY PARK
Postcode	536915
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	GBH6699D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YAP YEW LEE
NRIC/Passport Number	SXXXX501I
Contact Number	
Address	
Postcode	
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.

TAY

Policyholder's Signature
Date & Time:

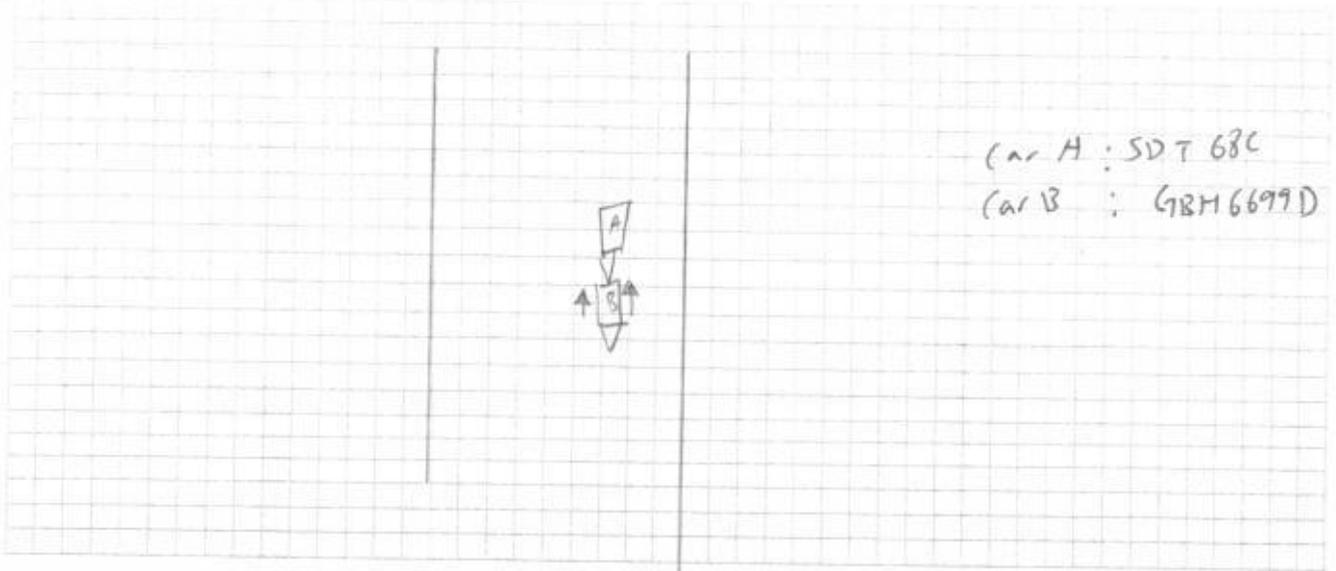
Aruchul

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

H

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at 55 Sungai Kadut Drive, when I stopped,
the car in front of me reverse and collided into me.

DECLARATION

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

TAY
Policyholder's Signature
Date & Time:

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

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



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5109818416-01
The Policyholder	: TAY KAI WEN 21 LORONG 4 REALTY PARK PEOPLE'S GARDEN SINGAPORE 536915

Period of Insurance	: 16 Jun 2020 To 15 Jun 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$828.48

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 2000cc
Primary Driver	: TAY KAI WEN	Registration Year	: 2014
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: MERCEDES BENZ/C200	NCD Entitlement	: 50%
Registration Number	: SDT68C	NCD Protection	: Yes
Chassis Number	: WDD2050422R017552		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: MONEYMAX LEASING PTE. LTD.		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : M4

Agency	: ASSURE PTE. LTD. (00000572842)
Date of Issue	: 03 Apr 2020 13:26 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 11 / 2020) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: 55 Sungai Kadut Drive, S 729 562

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDT 68 C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5109818416-01
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Mercedes Benz C200
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: commuting
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: Tay Kai Wen (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 711 559 C CONTACT: 9666 6628
c) ADDRESS: 21 Lorong 4 Realty Park

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tay Ling Pong, Annabel (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 98 069 32 A CONTACT: 8161 200 2
c) ADDRESS: 21 Lorong 4 Realty Park

*d) DATE OF BIRTH: (26 / 02 / 1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 4

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter

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: Choa Chua Kang N P C

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBH 6699D MODEL: Nissan NV200

b) DRIVER'S NAME: Yap Yew Lee

c) NRIC/FIN/PASSPORT: S 7127 501 i CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = r16060autoservices@gmail.com

fax = 6286 7060