

NATIONAL Assessment Centre Services. [Part 1 Jan 2009] MMA 120104079

Date In: 23/11/20 16:12	Job description	Date & Time Completed	Done by
Ref No: MA/INC 20012883/h4	SAS e-filing		
Veh No: SJQ 8932A	E-mail (within 2hrs, A/C 2hrs)		
DDA: 22/11/20 09:30	I-Motor Claim Form	MT/111123-001	23/11/20 17:35
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

TP: Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (Opel Service Centre Tel: 69223282 Fax:)

TP Particulars: Veh No: Unknown 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 repairer.

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

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

Remarks: (INC 20012883/h4) Date claim complete: Done by:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Defective: ()

Actions: ()

Comments: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

Remarks: ()

MA2006296

Invoice Description	Charged	Amo (\$)	PAID (\$)
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$30)			
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2009)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
OD:			
*NS: Courtesy Car / Tpt Allowance	\$5		
*NG: Repair Co-ordination	\$10		
*NJ: Post Repair Inspection	\$25		
*NI: DV / Collect Excess Coordination	\$5		
TE (N11): TP (Non INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice date:	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	23/11/2020 16:12
Date Of Accident	22/11/2020 09:30
Exact Location Of Accident	167C PUNGGOL EAST THE SUNDIAL BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ8932A
Insured/Policyholder	
Name Of Registered Owner	MARK CHEAH CHI
NRIC No	SXXXX207G
Email Address	MARKCCC15@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-86119009
Alternative Phone No	OFFICE-86119009

Vehicle Particulars

Manufacturer	OPEL
Model	INSIGNIA GRANDSPORT B15XHT
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5119123693
Cover Note Number	

Driver

Name of Driver	MARK CHEAH CHI
NRIC No	SXXXX207G
Date Of Birth	15/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	13/01/1996
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86119009
Fax Number	
Contact Number	OFFICE-86119009
Email Address	MARKCCC15@YAHOO.COM.SG

Address	BLK 167C PUNGGOL EAST #15-391
Postcode	823167
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	1
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT F/20201122/2018

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	
Vehicle Make/Model/Colour	UNKNOWN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

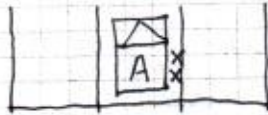
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A = SJR 8932A.




167C Punggal East the Sundial Basement
Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report F/2020/1122/2018

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.:



SINGAPORE POLICE FORCE



F/20201122/2018

1 of 2

Report No. F/20201122/2018

POLICE REPORT (NP299)

Police Station Of Origin
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Date/Time Report Made 22/11/2020 11:12	Vide Report No. F/20201121/2036	Station Diary No. 12	
Name Of Informant MARK CHEAH CHI	Address APT BLK 167C PUNGGOL EAST #15-391 SINGAPORE 823167		
ID Type / ID No. NRIC NO / S7671207G	Contact No. Home/Office	Mobile 86119009	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation Aircraft Engineer	Sex Male	Age 44	Date of Birth 15/09/1976
Institution/School Name	Race Chinese		
Date/Time Of Incident 22/11/2020 09:30	Location Of Incident 167C PUNGGOL EAST THE SUNDIAL SINGAPORE 823167 Basement Carpark		

Brief details.

I previously lodged a police report vide F/20201121/2036 regarding someone had scratched my car on the 21/11/2020.

On the 22/11/2020 at about 0930hrs, I went to the basement carpark and found new scratches on the right side passenger door. The last time I left my vehicle intact was on the 21/11/2020 at about 2240hrs.

Signature Of Officer Recording The Report: F / Sgt 2 ISKANDAR FARIDZUAN BIN ALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2020 11:12
Officer In-Charge Of Case: F / Punggol N.P.C / Sgt 3 CLARENCE TAN JIAN WEI Contact No.: 1800604999	Classification Of Case:

Authentication Stamp

Signature:

Singapore Police Force



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201122/2018

I cannot remember the exact parking lot number, however my car is parked near the lift lobby. My vehicle is an Opel Insignia bearing registration SJQ8932A. +There is no CCTV around the area except for the lift lobby.

Signature Of Officer Recording The Report:

F / Sgt 2 ISKANDAR FARIDZUAN BIN ALI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Punggol N.P.C /
Sgt 3 CLARENCE TAN JIAN WEI
Contact No.: 1800604999

Signature Of Informant:

Date/Time:
22/11/2020 11:12

Classification Of Case:

Authentication Stamp



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: 5119123693

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SJQ8932A**
Chassis Number : **W0VZT6EB8L1027074**
2. Name of Policyholder : **MARK CHEAH CHI**
3. Effective Date of Insurance : **17 Sep 2020**
4. Expiry Date of Insurance : **16 Sep 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MARK CHEAH CHI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : ALPINE FINANCIAL PTE. LTD. (00000615217)
Date of Issue : 18 Sep 2020 09:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (22/11/20) (DD/MM/YYYY), TIME: (09:30) (HH:MM)

LOCATION: 167C Punggol East the Sundial Basement carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJQ 8932A
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: parked
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: Mark Cheah Chi (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86119009
c) ADDRESS: _____

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: Punggol NPC.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = ~~mark~~ markccc15@yahoo.com.sg

fax =

VIDEO = No.

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Monday, 23 November 2020 5:38 PM
To: 'ODsupport'
Subject: SJQ 8932A MT/1111123-001(DRIVO PREMIUM)
Attachments: SJQ8932A_22112020.PDF

Hi

Dear All,

Name of Registered	:	MARK CHEAH CHI
NRIC No	:	S7671207G
Name of Driver	:	MARK CHEAH CHI
NRIC Mobile No	:	S7671207G
Own Damage Excess	:	\$600
Unnamed Driver Excess	:	N/A
Name of Workshop	:	OPEL SERVICE CENTRE
Contact No	:	69223282
Remarks	:	N/A

Best Regards,
SHAN HUI | Admin
National Assessment Centre Services (LKK Group)
Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)