

NATIONAL Assessment Centre Services

Ref: 121021

2

Date In: 25/11/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20013064/13	SAS e-filing		
Veh No: SC214419	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 25/11/20 1850	I-Motor Claim Form	27/11	MT/1111594-001
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (CHENG HUE MOTOR Tel: Fax:)
TP Particulars: Veh No: 4MG316K 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% F: 80-100%)
Year of Registration: () Warranty: YBS () / 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 20013064/13) (CHENG HUE MOTOR) (25/11/20) (1850) (MT/1111594-001) (Done by)
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date of Incident: _____
Location: _____
Notes: _____

Customer Particulars:	Invoice Preparation Charge	Amcst	Amcst (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45	
Damaged Portion:	3) TP: Towing Fee	\$120	
	4) PT: Follow-Through Survey	\$30	
	5) FT: Follow-Through Survey (Resurvey)		
	For claiming against INC Only (waf 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idas DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tp Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11) / TP (Non INC) against INC	\$20	
	9) N12: Idas Mobile	\$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Call 1:			
Call 2/3:			

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	26/11/2020 14:25
Date Of Accident	25/11/2020 18:50
Exact Location Of Accident	UBI AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ1441G
Insured/Policyholder	
Name Of Registered Owner	TAY KHOON TECK
NRIC No	SXXXX819G
Email Address	TKT1441@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96911441
Alternative Phone No	OTHERS-96911441

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5113692135-01
Cover Note Number	

Driver

Name of Driver	TAY KHOON TECK
NRIC No	SXXXX819G
Date Of Birth	05/11/1951
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1973
Driving Experience	47 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96911441
Fax Number	
Contact Number	OTHERS-96911441
Email Address	TKT1441@GMAIL.COM

Address	BLK 57 COMPASSVALE BOW #07-15
Postcode	544987
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	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?	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

I WAS TRAVELLING STRAIGHT ALONG UBI AVE 4. WHEN I SAW VEH B FROM THE OPPOSITE DIRECTION COME, I STOP MY VEH TO GIVE WAY TO THE VEH TO PASS THRU COZ THERE'S VEH PARKED AT THE SIDE ROAD. WHEN THE VEH B PASSED THRU THE VEH B REAR DOOR OPEN AND GRAZED ONTO MY FRT RIGHT SIDE PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL MAIL TO OD SUPPORT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM6316K
Vehicle Make/Model/Colour	MITSUBISHI FUSO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUBRAMANIYAN GUGAN
NRIC/Passport Number	GXXXXX255P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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: 26/11/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

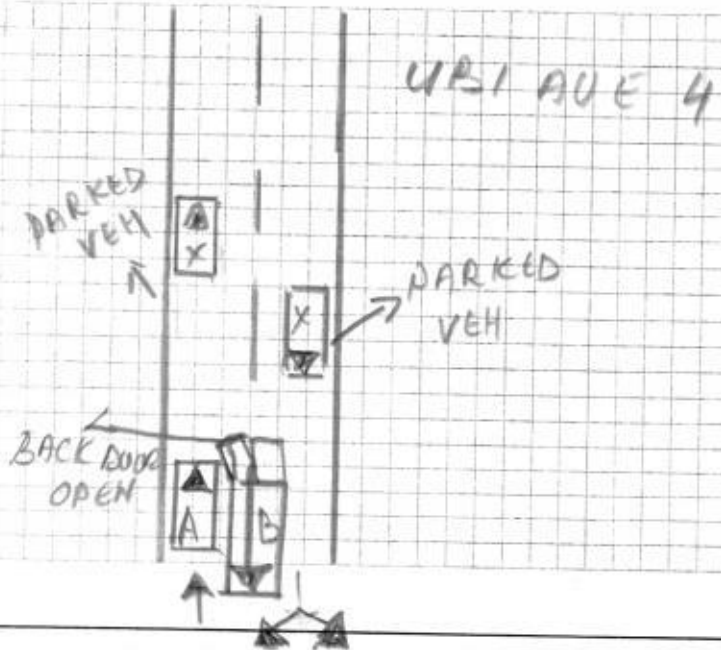
Name:

NRIC/FIN No.:

SKETCH PLAN

A - SCZ1481G

B - 4M6316K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the statement.

DECLARATION

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

Shale

Policyholder's Signature

Date & Time: 26/11/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Shale 26/11/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 11 / 20) (DD/MM/YYYY), TIME: (18 : 50) (HH:MM)

LOCATION: 431 AVE 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SC214416
b) INSURANCE COMPANY: NTC
c) POLICY NUMBER:
d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]
e) MAKE & MODEL: TOYOTA VIOS
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: JAY KHON JECK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S01028196 CONTACT: 96911441
c) ADDRESS: BLK 57 COMPAQUALE Bow
#07-15 (544987)

* 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: (05 / 11 / 1951) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 09/02/1973

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: 4M6316K MODEL: MITSUBISHI FUSO
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 = tk1441@gmail.com

fax =

video = yes

climotor

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: 5113692135-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SCZ1441G**
Chassis Number : MR2B23F3701189349
2. Name of Policyholder : TAY KHOON TECK
3. Effective Date of Insurance : **31 Oct 2020**
4. Expiry Date of Insurance : **30 Oct 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 other than for driving test and tuition purpose only.
- (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	: S\$1,000
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	: TAY KHOON TECK
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 : LIM HUP HENG MOTOR & CO (00000613688)
Date of Issue : 02 Oct 2020 16:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1111594

Policy No.	5113692135-01	Vehicle No.	SCZ1441G	GST Registration No.	
Certificate No.					
Policyholder Name	TAY KHOON TECK			Policyholder NRJC	S0102819G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96911441	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	27/11/2020 10:03	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/11/2020	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI AVE 4				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	1,000.00				
Total OD Excess Applicable	1,600.00	Total TP Excess Applicable	0.00		

▼ Benefits	
▼ GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	
GST Registration Date	
GST Status Verified	Yes

▼ Policyholder Mailing Address

Address 1	57 COMPASSVALE BOW	Address 2	#07-15 THE QUARTZ	Address 3	SINGAPORE 54491
Address 4		Address Type	Singapore address	Post Code	544987
Unit No.		Related Policy Number	5113692135-01		
▼ DI Driver Info					
Driver Name	TAY KHOON TECK	Driver Type	Main Driver	Driver DOB	05/11/1951
Unnamed driver Name		Driver NRJC	S0102819G	Driving Experience	47
Register Date of Driver License	09/02/1973	Driver Age	69	Contact No.(Home)	0
Contact No.(Mobile)	96911441	Contact No.(Office)	0	Address 3	SINGAPORE 54491
Address 1	57 COMPASSVALE BOW	Address 2	THE QUARTZ	Post Code	544987
Address 4		Address Type	Singapore address		
Unit No.	#07-15				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	TAY KHOON TECK	Insured NRJC	
Contact No.(Mobile)	96911441	Contact No.(Office)	NIL	Contact No.(Home)	
Email Address		OT		TP	
Claim Description		Vehicle Number	SCZ1441G	Vehicle Number	
Preferred Workshop		SCZ1441G / YM6316K ON 25 Nov 2020			
Finalisation	Yes	Insured Liability	Not at Fault	Name of Preferred Workshop	
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By		Claim Close Date	27/11/2020 10:10	Date Received	
		Workshop Repairer	ROSLINDA	Total Lost but Repaired	

Print AX letter

Save Submit

Attachment

Accident No.	MT/1111594	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

27/11/2020 00:00

Path *

Choose File No file chosen

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Message Read

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Category *

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Confidential

NO

NO

NO

NO

NO

NO

NO

Urgency *

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:09	SAS	Normal	SAS 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:09	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:09	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:09	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:08	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:08	Photos	Normal	Photos 2020-11-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:07	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:07	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:07	Photos	Normal	Photos 2020-11-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:07	Photos	Normal	Photos 2020-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2020 10:07	Photos	Normal	Photos 2020-11-27

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading