

NATIONAL Assessment Centre Services. [ver 1 Jan'09] SN: 0920C 3000D

Date In: 3/12/20 13:31	Job description	Date & Time Completed	Done by
Ref No: MAI/INC 20013301164	SAS e-filing		
Veh No: SLS 8153 Y	E-mail (within 2hrs, A/C 2hrs)		
ICCA: 3/12/20 08:50	I-Motor Claim Form	MT/1112228 ⁰⁰¹	3/12/20 13:46
UD: (P) Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLE 3793 G	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: 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:	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Differences:	Actions:

NA2100115	Invoice Preparation Checklist	30.00
Driver/Owner:	1) AIR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/143	
QC Checked by (Engr-In-Charge):	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) N1: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N-on INC) against INC \$20	
	9) 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 Submission	03/12/2020 13:31 (SGT)
Date of Accident	03/12/2020 08:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE ENTERING INTO ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8153Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DYLAN ZHANG YINGJIE
NRIC No	SXXXX770C
Email Address	BLUWEL2088@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81618819
Alternative Phone No	+65-81618819

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5094488271-03
Cover Note Number	-

DRIVER

Name of Driver	DYLAN ZHANG YINGJIE
NRIC No	SXXXX770C
Date Of Birth	09/11/1983
Occupation	Indoor

Date Of Driving Pass	08/03/2006
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81618819
Alt. Phone Number	+65-81618819
Email Address	BLUWEL2088@YAHOO.COM.SG
Address	195B JLN LOYANG BESAR #04-10
Address complement	-
Postcode	506961
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DANIELLE CHUA ZHI LIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SLE3793G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT5528P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKL1056P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DANIELLE CHUA ZHI LIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLS8153Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

Policyholder's Signature

Date & Time: 3/12/20, 11am

Driver's Signature

(If driver is not the policyholder)

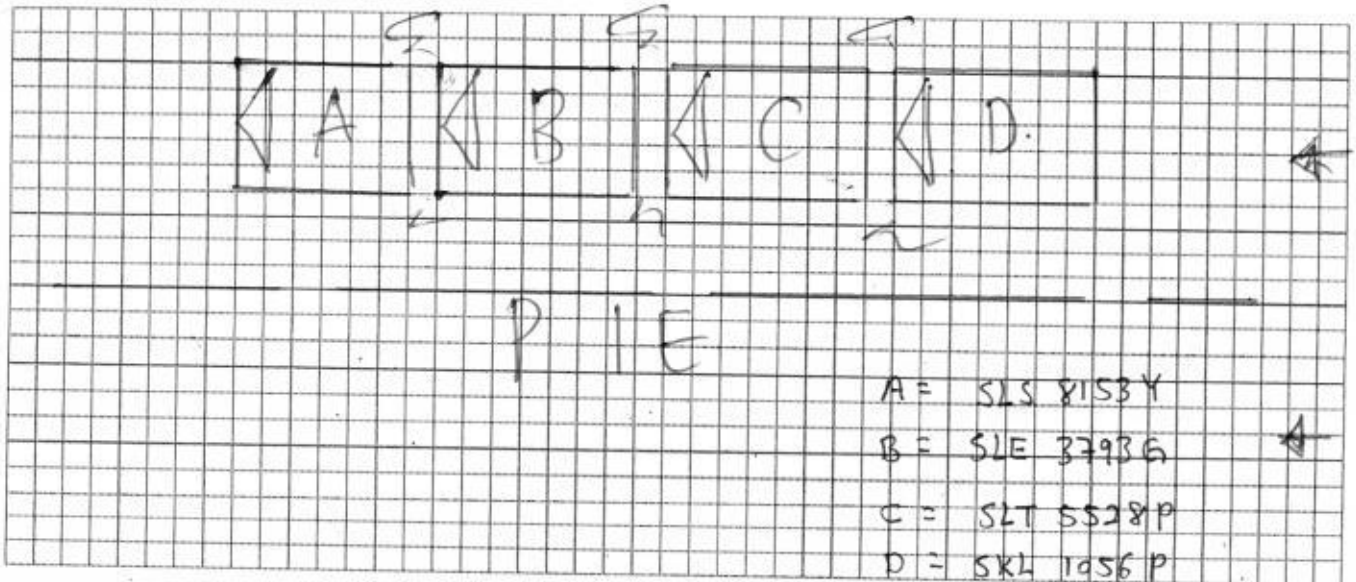
Date & Time: 3/12/20, 11am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/12/20 at about 850 am, I was driving along PIE entering into ECP. Traffic volume was quite heavy. The car in front of me came to a stop and I followed without hitting it. Suddenly Car B which was behind me hit the rear of my car. I alighted from my car and found out that I was involved in a 4 cars chain collision.

DECLARATION

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

Policyholder's Signature

Date & Time: 3/12/20, 11am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3/12/20, 11am

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: 5094488271-03

Cover : drive CLASSIC

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : SLS8153Y |
| Chassis Number | : ZYX102068434 |
| 2. Name of Policyholder | : DYLAN ZHANG YINGJIE |
| 3. Effective Date of Insurance | : 06 Oct 2020 |
| 4. Expiry Date of Insurance | : 05 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.
- (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
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
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: DYLAN ZHANG YINGJIE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)
Date of Issue : 07 Sep 2020 10:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

VEHICLE NO: SLS8153Y

MAKE & MODEL: Toyota CHR

AUTO / MANUAL

DATE OF ACCIDENT

03 / 12 / 2017

*C.C.

TIME OF ACCIDENT

8:50 am AM / PM

LOCATION OF ACCIDENT

ECP

PIE entering ECP

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

(Marine Parade)

NAME OF OWNER

Dylan Zhang Ying Jie

yjzhang83@gmail.com

TELP NO

Mobile: 81618819 Office:

Home:

NRIC

S8335770C

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY:

YES / NO ?

INSURANCE CO.

NTUC

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

NAME OF DRIVER

AS ABOVE / IF NO.

(2) P

NRIC

DATE OF BIRTH

/ /

ANY PASSENGER

YES / NO : 1

NAME OF PASSENGER

DANIELLE CHUA ZHIL LIN

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

08 / 03 / 2006

GENDER

Male / Female

CONTACT NO.

Mobile:

Office:

Home:

EMAIL:

ADDRESS

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes, Reg No.

INSURER:

RELATIONSHIP

Employee / If No. owner

WEATHER CONDITION

Clear / Raining / Other,

ROAD SURFACE

Dry / Wet / Other,

ANY INJURIES

No / If yes, Who? wife

CONTACT NO.

POLICE REPORT

No / If yes, Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO/IF YES, WHO?

VEHICLE B NO.

SLE3793G

Any Passenger:

Not Sure

NAME

Goh Soo Eng

CONTACT NO.

91096572

c SLE 5528 P

VEHICLE C NO.

unknown

Any Passenger: 0 SKL1056 P

VEHICLE D NO.

unknown

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

YES / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

Have you been approach by unknown person soliciting (s) /

offering accident claims assistance?

YES / NO

* blunel2088@yahoo.com.sg

BLUWEL AUTOMOTIVE SERVICE PTE LTD

1 KAKI BUKIT AVE 6

BLK C #01-55 (MAIN OFFICE) 2813753/56

SINGAPORE 417883

TEL: 6745 2028 FAX: 6841 2039