

NATIONAL Assessment Centre Services. [part 1 Jan 2003] SNO830CE0009

Date In: 14/11/2020 18:11	Job description	Date & Time Completed	Done by
Ref No: N/A 2006/3003/V	SAS e-illing		
Veh No: SMD 1303U	E-mail (by date time, AIC time)		
D.O.A: 13/12/2020 07:05	I-Motor Claims Form	14/11/2020	18:15
OID: TP: 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/Whizz		

Preferred Wkep / INC Assign Wkep / QW: () Total () Fax: ()

TP Particulars: Vch No: 8HB 5247G 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 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of raplor.

() 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: _____

Date/Time: _____

Driver/Owner:	1) AIT: Accident Reporting (\$30)	
Contact No:	3) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	5) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	3) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against NIC Only (over 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	4) NIUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance \$3	
	*NI: Repair Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	*NI: DV / Collect Excess Coordination \$20	
	TP (NI) / TP (NIC) against I-IG \$0	
	9) NI: Idea Mobile	
	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	14/12/2020 18:11 (SGT)
Date of Accident	13/12/2020 07:05 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	INFRONT OF BLOCK 146
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1303U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANG BENG HUI
Company Reg No	SXXXX893B
Email Address	ang.gabriel123@gmail.com
Mobile Phone No	(Phone) +65-90095189
Alternative Phone No	+65-90095189

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5102862363-02
Cover Note Number	-

DRIVER

Name of Driver	ANG BENG HUI
Company Reg No	SXXXX893B

Date Of Driving Pass	16/04/1990
Driving experience	30 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90095189
Alt. Phone Number	+65-90095189
Email Address	ang.gabriel123@gmail.com
Address	BLK 136 JALAN BUKIT MERAH
Address complement	#06-1356
Postcode	160136
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLEASE REFER TO SKETCH PLAN

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	SHB5247G
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-97821231
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.

[Signature]
14/12/2020

Policyholder's Signature / Date & Time

11:05am
Sketch Plan

[Signature]
14/12/2020

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Along Jalan Bukit Merah

BK 146



A) SMD 1303U

B) SHB 5247G

Describe Circumstances of the Accident

ON 13/12/2020 AT ABOUT 07:05 AM I WAS AT JALAN BUKIT
MERAH & STOP WITH THE HAZARD LIGHT ON. I WENT BACK MY
TO BUY WATER FOR MY RADIATOR. SUDDENLY THERE WAS
A LOUD BANG. LUCKILY I WAS NOT PUTTING WATER ON
MY CAR. A TAXI SH352676 BANG THE REAR OF MY CAR
SMD 13034. THAT ALL.

Declaration

We declare the foregoing particulars are true in every respect.

Oey 14/12/2020
- 11.05am

 14/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 13/12/2020 (DD/MM/YYYY), TIME: 7:05 am (HH:MM)

LOCATION: JCN BUKIT MERAH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 13034
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: S10 28 b23 63-02
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private us
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: Ang Beng Hui (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 7214893/B CONTACT: 90095189
c) ADDRESS: 131K136 #06-1356 JALAN BUKIT MERAH
15160136

* 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: 28/04/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18/04/1990

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: SHB 5147G MODEL: Toyota
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9782123

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)
(1)

* No of passenger
(including driver)
()

email = ANG. GABRIEL123@GMAIL.COM
VIDEO

Claim Handling

Accident MT/1113611

Policy No.	5102862363-02	Vehicle No.	SMD1303U	GST Registration No.
Certificate No.				
Policyholder Name	ANG BENG HUI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading
Contact No.(Mobile)	90095189	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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

▼ **Accident Details**

Report Date	14/12/2020 18:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/12/2020	Time of Accident hh:mm	07:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG JALAN BUKIT MERAH			

▼ **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?
Additional Excess	0			
Total OD Excess Applicable	600.00	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 52 #08-86	Address 2	TELOK BLANGAH DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5102862363-02	

▼ **Q1 Driver Info**

Driver Name	ANG BENG HUI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7214893B	Driver DOB
Register Date of Driver License	16/04/1990	Driver Age	48	Driving Experience
Contact No.(Mobile)	90095189	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 52 #08-86	Address 2	TELOK BLANGAH DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Driver Vehicle No.	SMD1303U	Driver Insurer Comp.

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ANG BEN
Contact No.(Mobile)	91078775	Contact No.(Home)	6278661
Email Address		Q1 Vehicle Number	SMD1303U
Claim Description	SMD1303U / SH85247G ON 13 Dec 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Benefit No. Finalisation	Yes <input type="radio"/> No <input checked="" type="radio"/>	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	14/12/2020 18:14	GIA report	Received
		Claim Close Date	

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: 5102862363-02

Cover : drive CLASSIC

- | | |
|--|----------------|
| 1. Index mark and Registration Number of Vehicle | : SMD1303U |
| Chassis Number | : ACR500005184 |
| 2. Name of Policyholder | : ANG BENG HUI |
| 3. Effective Date of Insurance | : 11 Oct 2020 |
| 4. Expiry Date of Insurance | : 10 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)	: 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG BENG HUI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: YES MOTORING & CREDIT PTE. LTD.
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 : YES MOTORING PTE. LTD. (00000615381)
 Date of Issue : 30 Sep 2020 14:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive