

# NATIONAL Assessment Centre Services. (Part 1 of 2) SM0920CF000R

Date In: 15/12/20 17:31	Job description	Date & Time Completed	Done by
Ref No: NA1INC20013960/h4	SAS e-filing		
Veh No: SGT 6046R	E-mail (within 2hrs, A/C 2hrs)		
ICCA: 14/12/20 15:40	I-Motor Claim Form	EMT/1113839 <sup>001</sup>	16/12/20 10:12
CD: <input checked="" type="radio"/> 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/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SGB 4466-U	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: (

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date of Injury: _____	Location: _____

NA2100705	Invoice Preparation Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30); INC (\$10) 30.00
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10) \$40/\$45
Damaged Portion:	3) TP: Towing Fee \$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$30
	5) YT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) N1: Idac DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	QD:
	*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 (N11 INC) against INC \$20
	9) N12: Idac 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	15/12/2020 17:31 (SGT)
Date of Accident	14/12/2020 15:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TWDS SLE B4 TIONG BAHRU EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT6046R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH CHEE SOON
NRIC No	SXXXX911I
Email Address	SOHJERALD@GMAIL.COM
Mobile Phone No	(Phone) +65-98296915
Alternative Phone No	+65-98296915

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5090247050-03
Cover Note Number	-

#### DRIVER

Name of Driver	SOH JUN KAI JERALD
NRIC No	SXXXX588C
Date Of Birth	31/01/1999
Occupation	Outdoor

Date Of Driving Pass .....	04/07/2017
Driving experience .....	3 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98296915
Alt. Phone Number .....	-
Email Address .....	SOHJERALD@GMAIL.COM
Address .....	BLK 742 TAMPINES ST 72 #08-92
Address complement .....	-
Postcode .....	520742
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	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 .....	MARCUS
Gender .....	Male

#### 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 .....	SGB4466U
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 ..... SOH JUN KAI JERALD  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... SGT6046R  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... MARCUS  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... SGT6046R  
 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.

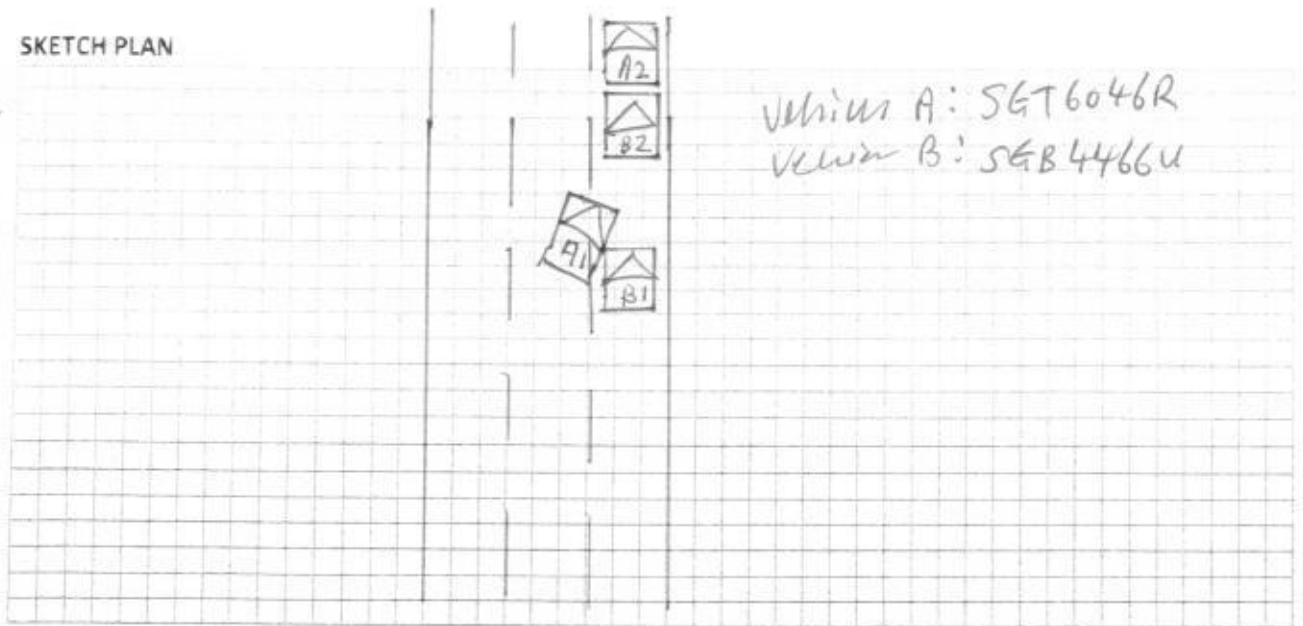
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A was travelling straight on the stated venue. I later to the right lane and up collided on to vehicle B front left portion. We then shift to the front to exchange particular suddenly I felt a huge impact from the rear portion of my vehicle. I then realise that is vehicle B that had collided onto my vehicle rear portion. I wish to state that for the damage of the rear portion of my vehicle I will claim against vehicle B insurance. I wish to state due to the back collision the impact caused me to suffered with back and neck pain.

## DECLARATION

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

Sh  
Policyholder's Signature  
Date & Time:

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

H  
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:** 5090247050-03

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle  
Chassis Number

: SGT6046R  
: MR053HY4204217292

2. Name of Policyholder

: SOH CHEE SOON

3. Effective Date of Insurance

: 25 Apr 2020

4. Expiry Date of Insurance

: 24 Apr 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: SOH CHEE SOON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: S9 CAPITAL 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 : HUA YANG CREDIT PTE LTD (00000613824)

Date of Issue : 07 Apr 2020 21:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

AK

## ACCIDENT STATEMENT

ACCIDENT DATE: 14/12/2020 (DD/MM/YYYY), TIME: 15:40 (HH:MM)LOCATION: CTE TOWARDS SLE BEFORE TIONG BAHRU EXIT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGT6046R  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5090247050-03  
 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: Soh Chee Soon (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S70299111 CONTACT: -  
 c) ADDRESS: Blk 742 Tampines St 72 #08-92  
(S) 520742

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: SOH JUN KAI JERALD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9902588C CONTACT: 98296915  
 c) ADDRESS: Blk 742 TAMPINES STREET 72 #08-92  
SINGAPORE 520742

\*d) DATE OF BIRTH: 31/01/1999 (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: Son

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Driver & passenger

7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: -

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5GB4466U 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: -

\* No of passengers  
(including driver)

(02)

① Marcus

(M)

\* No of passenger  
(including driver)

( )

\* No of passenger  
(including driver)

( )

Email: soh.jerald@gmail.comEmail: ric060autoservices@gmail.comfax: 6286 7060