

NATIONAL Assessment Centre Services.

Page 1 Jan 2001

SR 10820 CM0002

Date In: 22/12/2020 11:30	Job description	Date & Time Completed	Done by
Ref No: N/A/200/425814	SAS e-filing		
Veh No: SK2 55454	E-mail (Vehicle 3hrs, A/C 2hrs)		
D.O.A: 21/12/2020 15:10	I-Motor Claims Form	21/12/2020 11:30	
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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SMU 85145	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 reporter.

() 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: _____

NB2100176 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Signature: Date: 2/3	1) Alt: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$10)
	3) TP: Towing Fee	\$40/\$45
	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	• NI: Courtesy Car / Tpl Allowance	\$5
• NI: Repairs Coordination	\$10	
• NI: Post Repair Inspection	\$25	
• NI: DV / Collect Excess Coordination	\$3	
• TE (NI): TP (NI) INC against INC	\$20	
• NI: Idea Mobile	\$6	
Invoice dated		
Invoice dated		
Fee Charged		
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	22/12/2020 11:30 (SGT)
Date of Accident	21/12/2020 15:10 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	INFRONT OF PLAZA SINGAPURA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5545U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG CHAT WENG
NRIC No	SXXXX835J
Email Address	neohweekeng@gmail.com
Mobile Phone No	(Phone) +65-97899733
Alternative Phone No	+65-96803048

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	5115767680
Cover Note Number	-

DRIVER

Name of Driver	NEO HWEE KENG
NRIC No	SXXXX782C

Date Of Driving Pass	12/06/1992
Driving experience	28 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96803048
Alt. Phone Number	-
Email Address	neohweekeng@gmail.com
Address	BLK 94 HAVELOCK ROAD
Address complement	#18-573
Postcode	160094
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	DAUGHTER
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

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	SMU8514S
Vehicle Manufacturer	BMW
Vehicle Model	320i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Contact Number	(Phone) +65-96466658
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

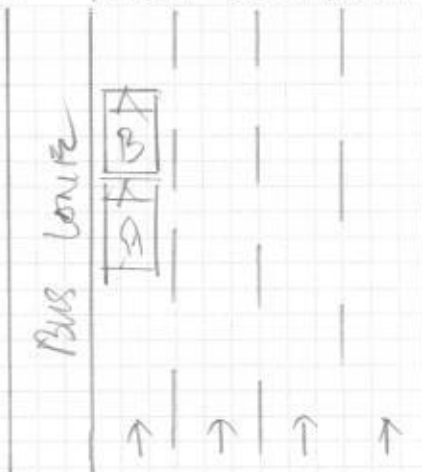
Witnessed by Reporting Centre Personnel

Sketch Plan

ORCHARD RD IN FRONT OF PLAZA SINGAPURA

A) SK25545U

B) SMU 8514S



Describe Circumstances of the Accident

congested traffic, wet weather, traffic moving slowly and the car in front suddenly let an other vehicle into the lane I was not able to stop in time ~~as the~~ and the car skid forward after stepping on the break.

Declaration

We declare the foregoing particulars are true in every respect.

22/12/2002 . 10.05am

22/12/2002

ACCIDENT STATEMENT

ACCIDENT DATE: (21/12/2020) (DD/MM/YYYY), TIME: (15:10) (HH:MM)

LOCATION: ORCHARD RD - INFRONT OF PLAZA SINGAPORE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKZ5545W
b) INSURANCE COMPANY: SHENTON INCOME
c) POLICY NUMBER: 5115767680
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA WISH
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: WONG CHAI WENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S14308353 CONTACT: 97859733
c) ADDRESS: BLK 94 Havelock Rd #18-573 SINGAPORE 160094

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NEO HWEI KENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1766732-C CONTACT: 96803098
c) ADDRESS: BLK 94 Havelock Rd #18-573 SINGAPORE 160094

* d) DATE OF BIRTH: (30/08/1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/6/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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: SMU 85148 MODEL: BMW 320i
b) DRIVER'S NAME: PHUA YONG GUAN DAVID
c) NRIC/FIN/PASSPORT: S81113949 CONTACT: 96466658

9. THIRD PARTY VEHICLE

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

Email: neohweikeng@gmail.com

VIDEO

12/22/2020

Claim Handling(accident reporting Claim Task)

Claim Handling

Accident MT/1114584

Policy No.	5115767680	Vehicle No.	SKZ5545U	GST Registration No.
Certificate No.				
Policyholder Name	WONG CHAT WENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97899733	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	22/12/2020 11:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/12/2020	Time of Accident hh:mm	15:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ORCHARD ROAD INFRONT OF PLAZA SINGAPURA			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	500.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	1100.00	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 94 #18-573	Address 2	HAVELOCK ROAD	Address 3
Address 4	SINGAPORE 160094	Address Type	Singapore address	Post Code
Unit No.	#18-573	Related Policy Number	5115767680	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	NEO HWEE KENG	Driver NRIC	S17666782C	Driving Experience
Register Date of Driver License	30/09/2003	Driver Age	54	Contact No.(Home)
Contact No.(Mobile)	96803048	Contact No.(Office)		Address 3
Address 1	BLK 94 #18-573	Address 2	HAVELOCK ROAD	Post Code
Address 4	SINGAPORE 160094	Address Type	Foreign address	
Unit No.	18-573			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKZ5545U	Driver Insurer Comp.

Declaration

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

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

OD-MX

Insured Name

WONG CH

97899733

Contact No.

6377100

cw88wong@gmail.com

OI Vehicle Number

SKZ5545

SKZ5545U / SMU8514S ON 21 Dec 2020

22/12/2020 11:53

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: 5115767680

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKZ5545U**
Chassis Number : ZGE206027459
2. Name of Policyholder : WONG CHAT WENG
3. Effective Date of Insurance : 27 Jan 2020
4. Expiry Date of Insurance : 26 Jan 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WONG CHAT WENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : DIRECT BUSINESS DEPT (00000600280)
Date of Issue : 22 Jan 2020 18:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

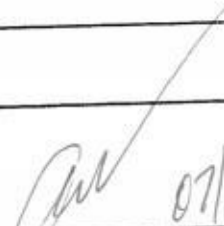
Original Report No : SNV820CM0002 Vehicle Registration No: SKZ 55454
Name(as shown in NRIC) : NEO HWAH KIAN NRIC/FIN/Passport No : SXXX782C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 9680 3048
Email Address : _____
Date of Accident : 21/12/2020 Time of Accident : 1810.
Place of Accident : ORCHARD RD JUNCTION OF ROZAS SINGAPORE
Insurance Company: NRMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED NAME TO WONG-CHIT WING

Policyholder / Driver's Signature
Date:

 07/01/2021
Reporting Centre Personnel's Signature
Name: