

NATIONAL Assessment Centre Services

Date In: 30/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20014710/13	SAS e-filing		
Veh No: SGT 87874	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 29/12/20 1405	i-Motor Claim Form	20/12	MT/1115602-001
OD: 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 / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMU 1142C	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:	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

<p>NA2100964</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Cal. 1:</p> <p>Cal. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>Inc Bill</th> <th>Add Bill</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100);</td> <td>INC (\$30)</td> <td></td> </tr> <tr> <td>3) TF: Towing Fee</td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) N1: Idao DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>OD:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tp Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$30</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table>		Am't (\$)	Am't (\$)		Inc Bill	Add Bill	1) AR: Accident Reporting (\$30);			2) DA: Damage Assessment (\$100);	INC (\$30)		3) TF: Towing Fee	\$40/\$45		4) FT: Follow-Through Survey	\$120		5) FT: Follow-Through Survey (Resurvey)	\$30		For claiming against INC Only (wef 10 Jan 2005)			6) TR: Re-inspection	\$75		7) N1: Idao DA + SMRT Survey	\$160		8) NTUC Additional Services:-			OD:			*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: Idao Mobile	\$30		Invoice dated	Fee Charged		Invoice dated	Fee Charged	
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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	30/12/2020 09:39 (SGT)
Date of Accident	29/12/2020 14:05 (SGT)
Exact Location of Accident	Simei Street 4, Singapore
Additional Location Information	CARPARK BETWEEN BLK 230 & 234
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT8787Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HIAN SIONG
NRIC No	SXXXX894F
Email Address	jasontan88@ymail.com
Mobile Phone No	(Phone) +65-86688787
Alternative Phone No	+65-86688787

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109421226-01
Cover Note Number	-

DRIVER

Name of Driver	TAN HIAN SIONG
NRIC No	SXXXX894F
Date Of Birth	09/05/1975
Occupation	Outdoor

Date Of Driving Pass	14/01/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86688787
Alt. Phone Number	+65-86688787
Email Address	jasontan88@ymail.com
Address	26 FERNWOOD TERRACE
Address complement	#03-04
Postcode	458555
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	No 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	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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SAM TAN
Gender	Male

PASSENGER 2

Name	JUDY
Gender	Female

PASSENGER 3

Name	FELICIA
Gender	Female

PASSENGER 4

Name	EOS
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

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU1142C
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)	-

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 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.
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.

Policyholder's Signature / Date & Time

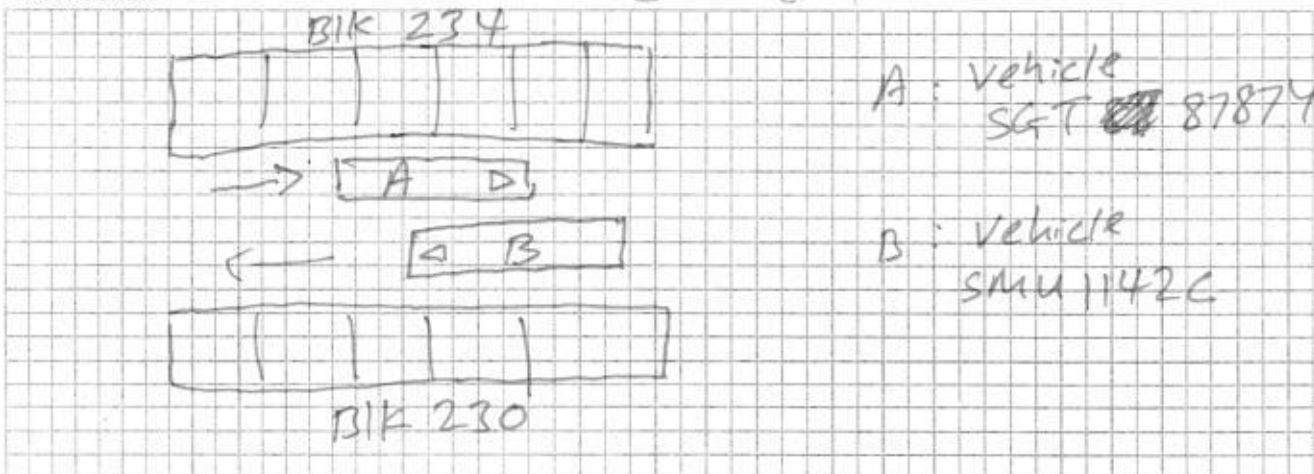
1500h1

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

SIMEI ST 4

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 29/12/2020 around 1405hr, I was travelling at SIMEI STREET 4 carpark between B/LK 230 and B/LK 234. When I saw vehicle B approaching my direction, I slow down and stopped for him to pass through. I did not feel any impact on my vehicle. After vehicle B driver pass through, I saw him come out from his vehicle and check his right side mirror. I did approach him and also ask him to check my right side ~~side~~ mirror also. Both side checked no damages and we both drive off. I made this report for record purpose.

Declaration

We declare the foregoing particulars are true in every respect.

CKK 29/12/2020
Policyholder's Signature / Date & Time
1500hr

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

afym 30/12/20
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 29/12/2020 (DD/MM/YYYY), TIME: 14 05 (HH:MM)

LOCATION: SIMEI STREET 4 CARPARK BETWEEN B1K 230 & B1K 234

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGT 87877
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5109421226-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA WISH (A) 1.8
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE GRAB
 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: ZAN HIAN SIONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57513894F CONTACT: 86688787
 c) ADDRESS: 26 FERNWOOD TERRACE
#03-04 (458555)

* 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: 09/05/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14/01/1994

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: SMY 1142C MODEL: KIA CERATO

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)
(5)

SAM TAN (M)
 JUDY (F)
 FELICIA (F)
 EOS (F)

*No of passengers
 (Including driver)
()

*No of passengers
 (Including driver)
()

Email = jasontan88@gmail.com

fax =

VIDEO = WITH DRIVER

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: 5109421226-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SGT8787Y**
 Chassis Number : ZNE100328444
2. Name of Policyholder : **TAN HIAN SIONG**
3. Effective Date of Insurance : **28 Jun 2020**
4. Expiry Date of Insurance : **27 Jun 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
PRIMARY DRIVER	: TAN HIAN SIONG
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 : JOHNSON LONG AH CHYE (00000525271)

Date of Issue : 13 Jun 2020 10:13 hrs

Reprint : 13 Jun 2020 10:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1115602

Policy No.	5109421226-01	Vehicle No.	SGT8787Y
Certificate No.			
Policyholder Name	TAN HIAN SIONG		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC
Contact No.(Mobile)	86688787	Contact No.(Office)	0
Email Address		Special Remark	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes
NCD Protection	Yes	NCD Entitlement(%)	50

▼ Accident Details

Report Date	30/12/2020 14:55	Accident Report Within 24 hrs	Yes
Date of Accident	29/12/2020	Time of Accident hh:mm	14:05
Reporting Centre		Orange Force	
Accident Location	SIMEI ST 4 CARPARK BETWEEN BLK 230 & 234		

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess	0.00		
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 233 #11-156	Address 2	SIMEI STREET 4
Address 4		Address Type	Singapore address
Unit No.		Related Policy Number	5109421226-01

▼ OI Driver Info

Driver Name	TAN HIAN SIONG	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S7513894F
Register Date of Driver License	24/01/1992	Driver Age	45
Contact No.(Mobile)	86688787	Contact No.(Office)	0
Address 1	BLK 233	Address 2	SIMEI STREET 4
Address 4		Address Type	Singapore address
Unit No.	#11-156		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	

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
Contact No.(Mobile)	86688787
Email Address	babynewbeetle@ya
Claim Description	SGT8787Y / SMU1:

Preferred Workshop Insured Liability Not at Fault

Service No. Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report Received

Date Registered 30/12/2020 15:01

Report Taken By ROSLINDA

☐ Print AK letter

Attachment

Accident No. MT/1115602 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 30/12/2020 00:00

Path *

Category

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

Attachment List

Attachment	Uploaded By/Date	Category		Urgency
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 15:01	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 15:01	SAS		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 15:01	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 15:01	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 15:01	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 15:01	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 15:01	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Dec 2020 15:01	Photos		Normal

Video List

Uploaded By/Date Folder Date File Name