

NATIONAL Assessment Centre Services.

Job # Jax003, **SN0820CU0003**

Date In: 30/12/2020 10:47	Job description	Date & Time Completed	Done by
Ref No: XBA/INC2001/4813/V	SAS e-illing		
Veh No: SMJ 5 No H	E-mail (by date time, A/C time)		
D.O.A: 29/12/2020 12:50	I-Motor Claim Form	MT/1115390-001	10:50
OD: TP Reporting Only	I-Motor W/O (With/for OD time, TP time)		30/12/2020
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SW042752	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 Refor of rapator.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoices: YES () / NO () ; Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: _____

NA2100.515	1) ALT: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TV: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 200)	
	6) TR: Re-Inspection	\$75
	7) NI: Incap DA + EMRI Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (NI) / TP (Non-INC) against DNG	\$20
	9) NI: Idea 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	30/12/2020 10:47 (SGT)
Date of Accident	29/12/2020 12:50 (SGT)
Exact Location of Accident	Jln Mutiara, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ5740H
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHARMAINE MARIE YANG XUEMIN
NRIC No	SXXXX529D
Email Address	c_maine21@hotmail.com
Mobile Phone No	(Phone) +65-98363244
Alternative Phone No	+65-98363244

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variants	-
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	5120267946
Cover Note Number	-

DRIVER

Name of Driver	CHARMAINE MARIE YANG XUEMIN
NRIC No	SXXXX529D
Date Of Birth	21/12/1980
Occupation	Indoor

Date Of Driving Pass	14/09/2020
Driving experience	3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98363244
Alt. Phone Number	+65-98363244
Email Address	c_maine21@hotmail.com
Address	BLK 59 ENG HOON STREET
Address complement	#02-65
Postcode	160059
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	Side Swipe
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)	8
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1:

Name	HUSBAND
Gender	Male

PASSENGER 2:

Name	DAUGHTER
Gender	Female

PASSENGER 3:

Name	DAUGHTER
Gender	Female

PASSENGER 4:

Name	FRIEND
Gender	Female

PASSENGER 5:

Name	FRIEND DAUGHTER
Gender	Female

PASSENGER 6:

Name	FRIEND DAUGHTER
Gender	Female

PASSENGER 7:

Name	HELPER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
--	-----

Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT A/20201229/7017

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	SLW4279Z
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TEO WEE SENG
NRIC No	SXXXX750I
Contact Number	(Phone) +65-97729344
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 willful 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.

Maur

29/12/20, 5-20 pm

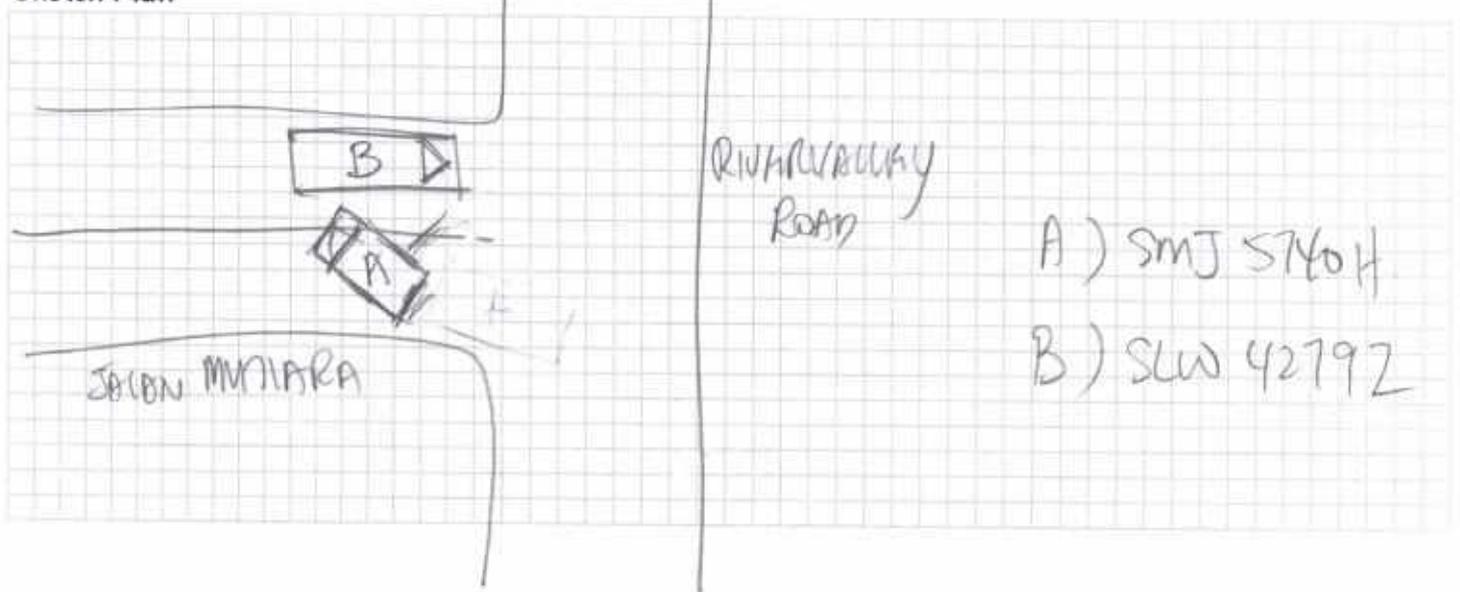
gn 30/12/2020

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I made a wide turning into Jalan Muhiara from River Valley Road. My right corner hit the back door of the car turning out into River Valley Road.

There were 4 adults and 4 kids in my car. No one was injured. The other driver also came out of car to exchange details. He didn't have any injuries.

POLICE REPORT A/20201229/7017

Declaration

We declare the foregoing particulars are true in every respect.

Mame
29/12/20, 5-20pm

Policyholder's Signature / Date & Time

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

[Signature]
30/12/2020

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (29/12/2020) (DD/MM/YYYY), TIME: (12:50) (HH:MM)

LOCATION: JALAN MUTIARA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMJ 5740H
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5120267946
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA FREED
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

HUSBAND & GIRL FRIEND - 2F HALOHR

2. INSURED / POLICY HOLDER

- A) NAME: CHARMAINE MARIE YANG XUEMIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8040529D CONTACT: 98363244
c) ADDRESS: 59 ENK HOON STREET #02-65 S160059

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

No of passenger (including driver) (0)

*d) DATE OF BIRTH: (21/12/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14 SEP 2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: LOWER DELTA

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLW 42792 MODEL: TOYOTA ALTIS
b) DRIVER'S NAME: TED WEE SENG
c) NRIC/FIN/PASSPORT: S11567501 CONTACT: 97729344

No of passenger (including driver) ()

9. THIRD PARTY VEHICLE

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

No of passenger (including driver) ()

email = c_maine21@hotmail.com VIDEO

Claim Handling

The premium on this policy has not been collected.

Accident MT/1115540

Policy No.	5120267946	Vehicle No.	SMJ5740H	GST Registrati
Certificate No.				
Policyholder Name	CHARMAINE MARIE YANG XUEMIN			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98363244	Contact No.(Office)		Contact No.(Hi
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(%)	0	Private Hire

▼ Accident Details

Report Date	30/12/2020 10:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/12/2020	Time of Accident hh:mm	12:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SALAN MUTIARA			

▼ 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 Cover
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 59 #02-65	Address 2	ENG HOON STREET	Address 3
Address 4	SINGAPORE 160059	Address Type	Singapore address	Post Code
Unit No.	02-65	Related Policy Number	5120267946	

▼ OI Driver Info

Driver Name	CHARMAINE MARIE YANG XUEMIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8040529D	Driver DOB
Register Date of Driver License	14/09/2020	Driver Age	40	Driving Experi
Contact No.(Mobile)	98363244	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 59 #02-65	Address 2	ENG HOON STREET	Address 3
Address 4	SINGAPORE 160059	Address Type	Singapore address	Post Code
Unit No.	02-65			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SMJ5740H	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	--

Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	CH
Contact No.(Mobile)	98363244	Contact No.(Home)	Ni
Email Address		OI Vehicle Number	SM
Claim Description	SMJ5740H / SLW4279Z ON 29 Dec 2020		
Preferred Workshop	<input type="text"/>	Insured Liability	Partially at Fault
Consent No. Finalisation	<input type="text"/>	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	30/12/2020 10:55	GIA report	Received
Report Taken By	ROSLI WAHAB		
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1115540 Claim No. 001
 Last Doc. Received Yes No Upload Date 30/12/2020 10:56

- Choose File No file chosen

Path *

Clear

Category *

Confiden

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:56	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:56	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:56	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:56	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:56	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:56	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:56	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:56	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:56	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:55	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:55	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:55	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:55	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:55	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:55	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 10:55	SAS	Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	
------------------	-------------	-----------	--

Display in New Window

Scan and uploading

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: 5120267946

Cover : drive CLASSIC

- | | |
|--|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMJ5740H |
| Chassis Number | : GB51014806 |
| 2. Name of Policyholder | : CHARMAINE MARIE YANG XUEMIN |
| 3. Effective Date of Insurance | : 16 Dec 2020 |
| 4. Expiry Date of Insurance | : 15 Dec 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 B 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	: CHARMAINE MARIE YANG XUEMIN
NAMED DRIVER (1)	: VINCENT LIM WEI KWANG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE 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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 15 Dec 2020 16:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive