

NATIONAL Assessment Centre Services. part 1 Jan 2003 SN 0921160007

Date In: 6/1/21 11:08	Job description	Date & Time Completed	Done by
Ref No NAJ Inc 2100024164	SAS e-filing		
Veh No SLA 97457	E-mail (within 3hrs, A/C 2hrs)		
UFA 5/1/21 10:00	I-Motor Claim Form	MT/1116261-001	6/1/21 11:19
QD: <input checked="" type="checkbox"/> 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: SGS 4178 L..	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 repolrer.

() 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	Assessment	Done by

NA2100881	Invoice / Information Checklist	AM (S)
Client Particulars:	1) AR: Accident Reporting (\$30);	80
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Bugi-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Warders Comments:	For claiming against INC Only (w/c 10 Jan 2003)	
Ref 1:	6) TR: Re-inspection \$75	
	7) NI: Idao 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 (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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	06/01/2021 11:08 (SGT)
Date of Accident	05/01/2021 10:00 (SGT)
Exact Location of Accident	Yio Chu Kang Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9745T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DILLON SOON YOUJIAN
NRIC No	SXXXX891A
Email Address	DILLONSOONYOUJIAN@OUTLOOK.COM
Mobile Phone No	(Phone) +65-92721402
Alternative Phone No	+65-92721402

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	Comprehensive
Fleet Policy	No
Policy Number	5102598957-02
Cover Note Number	-

DRIVER

Name of Driver	DILLON SOON YOUJIAN
NRIC No	SXXXX891A
Date Of Birth	17/11/1989

Date Of Driving Pass	23/06/2016
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92721402
Alt. Phone Number	+65-92721402
Email Address	DILLONSOONYOUJIAN@OUTLOOK.COM
Address	BLK 458B SENGKANG WEST RD #07-420
Address complement	-
Postcode	792458
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

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	SGS4178L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR SANI
Contact Number	(Phone) +65-90680464
Address	-
Address complement	-
Postcode	-

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.
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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**.
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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: 06/01/21

@1000V65

Driver's Signature

(If driver is not the policyholder)

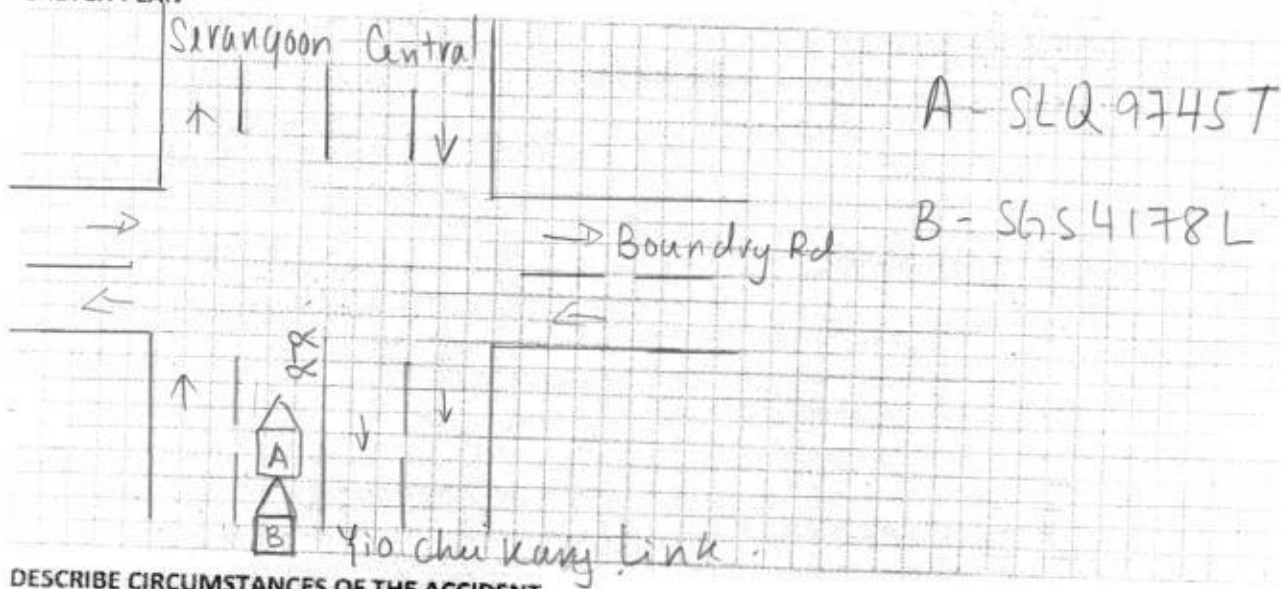
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stationery at T junction at Yio chui kang link awaiting to turn right. Suddenly car B (SGS 4178L) couldn't stop in time and hit onto my rear side. No injury involved

DECLARATION

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

Policyholder's Signature

Date & Time: 06/01/21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

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: 5102598957-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLQ9745T**
Chassis Number : **MMBSTA13AHH005613**
2. Name of Policyholder : **DILLON SOON YOUJIAN**
3. Effective Date of Insurance : **28 Jul 2020**
4. Expiry Date of Insurance : **27 Jul 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	: DILLON SOON YOUJIAN
NAMED DRIVER (1)	: N/A
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 : JG MOTOR AGENCY (00000613374)
Date of Issue : 11 Jun 2020 18:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

zero gravity

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 05/01/21 Time 1000 Hrs
 Exact Location Of Accident * T Junction between yio chukang link, Boundary Rd & Selegie Central

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SL9 9745 T

Insured / Policyholder

Name of Registered Owner * Dillon Soon Yau-jian

NRIC/FIN/Passport Number * S8940891A

Vehicle Particulars

Manufacturer Mitsubishi

Model Attrage

Exact Purpose for which vehicle was being used at time of accident
 * Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes ☐ No ☒ Others

If No, please state action to be taken
 * Third Party Claim ☒ Reporting Only ☐

Vehicle Category
 * Private ☒ Commercial ☐ Motorcycle ☐

Insurance particulars

Name of Insurance Company * NTUC Income

Type of Coverage * drive classic

Fleet Policy Yes ☐ No ☒

Policy Number * S102598957-02

Cover Note Number

Driver

Name of Driver * Dillon Soon Yau-jian

NRIC/FIN/Passport Number * S8940891A

Date of Birth * 17/11/89

Occupation * Bank Teller Indoor

Date of Driving Pass * 23/06/16

Gender * Male ☒ Female ☐

Mobile Number 92721402

Address Blk 458B Selegie West Road

#07-420 Singapore 792402

Email Address dillonsoon.yaujian@outlook.com

Was driver an employee of the Insured's Company?

* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured

* Owner

Vehicle Registration Number of Driver's Own Vehicle (if applicable) _____
Insurance Company of Driver's Own Vehicle (if applicable) _____

General Information of the Accident

Type of Accident * Hit the back of a car
Weather Conditions * Clear ☒ Raining ☐ Others _____
Road Surface * Dry ☒ Wet ☐ Others _____

Other Information

Was any body injured in the Accident? Yes ☐ No ☒
Was any other material or property damaged? Yes ☐ No ☒

Details of Injured Persons

Name * _____
Address * _____
Approximate Age * _____
Injuries Sustained * _____
If vehicle Occupants, state in which vehicle? _____
Were seat belts worn? * Yes ☐ No ☐
Was injured conveyed to hospital by ambulance? * Yes ☐ No ☐

Details of Police Action

Was the Accident reported to the Police? * Yes ☐ No ☒
If Yes, please state which Police Station _____
Was notice of intended Prosecution given? * Yes ☐ No ☒
If Yes, against whom? _____

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * SAS 4178 L
Vehicle Make / Model / Colour Black Honda Civic
Detail Of Properties _____
Name of Driver * Mr. Sani
NRIC/Passport Number _____
Contact Number * 9068 0464
Email Address _____
Address _____
Insurance Company Name _____
Nature of Damage _____

Details of Witness

Name _____
Phone Number _____
Email Address _____

Enquire Vehicle Registration Details

Vehicle Registration Details

Vehicle No.
SLQ9745T

Make/ Model
MITSUBISHI/ATTRAGE 1.2 CVT

Vehicle Scheme
-

Current Propellant
Petrol

Chassis No.
MMBSTA13AHH005613

Vehicle Type
Passenger Motor Car

Owner's Details

Owner Name:
DILLON SOON YOUJIAN

Owner ID Type:
Singapore NRIC

NRIC/Passport/Company Cert No.:
S8940891A

Registered Address:
APT BLK 458B SENGKANG WEST ROAD #07-420 SINGAPORE 792458

Mailing Address:
-

940 kg

Maximum Laden Weight:

1335 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$13,011.00

Additional Registration Fee Rate:

First \$13,011.00 (100%)

Actual ARF Paid:

\$5,000.00

Vehicle Lifespan Expiry Date:

No Lifespan

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$42,801.00

COE No.:

2017080101000370R

COE Expiry Date:

27 Jul 2027

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Registration Category:

A - Car up to 1600cc & 97kW (130bhp)

Quota Premium (QP) / Prevailing Quota Premium

\$42,801.00 / -

Actual QP Paid