

# NATIONAL Assessment Centre Services.

Ref: 1 Jan 2021. 21/08/2021/10001

Date In: 07/01/2021 12:07	Job description	Date & Time Completed	Done by
Ref No: N/A/2100028914	SAS e-filing		
Veh No: 863 2216m	E-mail (Vehicle Hire, A/C Hire)		
D.O.A: 06/01/2021 07:33	I-Motor Claims Form	21/11/2020	01/01/2021
OT: TP: Reporting Only	I-Motor W/O (W/ldat: OD 2hrs, TP 4hrs)		12/1/21
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vikar		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBA 2782J	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 repair.

( ) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2100559	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee	\$40/45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$20
	For claiming against INC Only, over 10 Jan 2021	
	6) TI: Re-inspection	\$75
	7) NI: Ido DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	OR:	
	* NS: Courtesy Car / Tpl Allowance	\$3
	* NG: Repair Coordination	\$10
	* NT: Post Repair Inspection	\$23
	* NO: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (NS) INC against INC	\$20
	9) NI: Ido Mobile	
	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	07/01/2021 12:07 (SGT)
Date of Accident	06/01/2021 07:33 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	TOWARDS TPE B/F PUNGGOL FLYOVER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB2216M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO KENG LIANG, WILLIAM
NRIC No	SXXXX310C
Email Address	phobosyeo@gmail.com
Mobile Phone No	(Phone) +65-98536963
Alternative Phone No	+65-98536963

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touran
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	5114446780-01
Cover Note Number	-

#### DRIVER

Name of Driver	YEO KENG LIANG, WILLIAM
NRIC No	SXXXX310C

Date Of Driving Pass	21/05/1992
Driving experience	28 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98536963
Alt. Phone Number	+65-98536963
Email Address	phobosyeo@gmail.com
Address	BLK 116 EDGEFIELD PLAINS #06-346
Address complement	-
Postcode	820116
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	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)	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

PLEASE REFER TO SKETCH PLAN

#### 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	GBA2782J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LOW POH HUAT (LIU BAOFU)
NRIC No	SXXXX090D
Contact Number	-
Address	-
Address complement	-

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.
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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.
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:

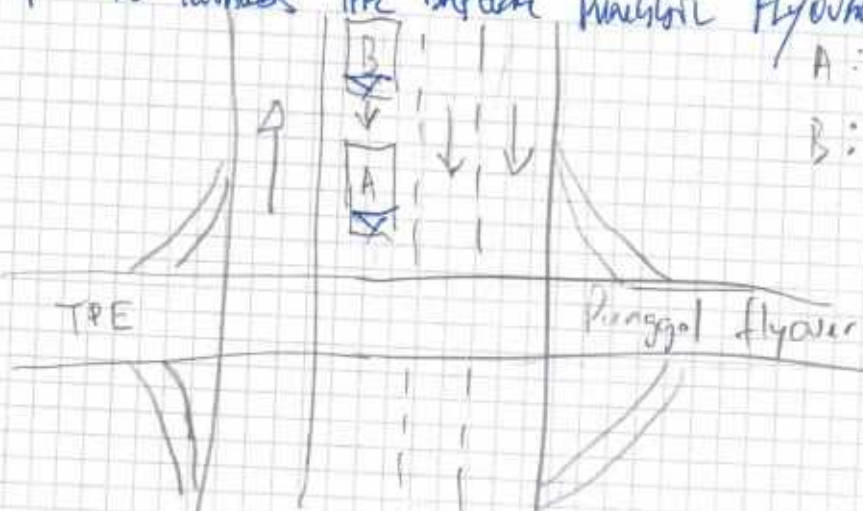
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.

*[Signature]* 7/1/21 11:35 AM  
Policyholder's Signature / Date & Time

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

*[Signature]* 07/01/2021  
Witnessed by Reporting Centre Personnel

Sketch Plan *Punggol Rd towards The Arcade Punggol Flyover*



A: SGB2216M

B: GBA 2782J

### Describe Circumstances of the Accident


The accident happened on 7 Jan 2021 at 7:33AM. I was travelling towards TPE/SLB on Punggol Road before Punggol Flyover. The traffic light was red and I stopped while awaiting for the green light before proceeding to cross Punggol Flyover.

As the light turn green, I proceed to move forward. The car in front slow down and was stopping. Hence, I gently pressed the brake to slow down. The next moment, I feel a tremendous impact from the back of my car. I stopped the car and turn on the hazard light to check on the damage. (Please refer to Accident video footage for details).

A blue colour van (GBA 2782J) has make direct impact at the back of my car bumper.

### Declaration

We declare the foregoing particulars are true in every respect.

 7/1/21 11:35AM

Policyholder's Signature / Date & Time

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

 07/01/2021

Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (07/01/2021) (DD/MM/YYYY), TIME: (07:33) (HH:MM)

LOCATION: Punggol Road towards TIE before Punggol Hyover

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGB 2216M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5114446780-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VW Tiguan  
 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: William Yeo (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7307310C CONTACT: 9853 6563  
 c) ADDRESS: Blk 116 Edgefield Plain #06-346  
51820116

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

## DRIVER

- a) NAME: DR. ABRAHAM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (01/03/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21 May 1992

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: GBA 2782J MODEL: Van  
 b) DRIVER'S NAME: LOW POH HUAT (Liu Baofu)  
 c) NRIC/FIN/PASSPORT: S7436090D CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
(1)

\* No of passenger  
 (Including driver)  
(1)

\* No of passenger  
 (Including driver)  
( )

email = phobosyeo@gmail.com

VIDEO

## Claim Handling

Accident MT/1116408

Policy No.	5114446780-01	Vehicle No.	SGB2216M	GST Registration No.
Certificate No.				
Policyholder Name	YEO KENG LIANG, WILLIAM			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Driver Type	driver PREMIUM	Loading
Contact No.(Mobile)	98536963	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	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	07/01/2021 12:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/01/2021	Time of Accident hh:mm	07:33	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PUNGGOL RD TOWARDS TPE B/F PUNGGOL FLYOVER			

## ▼ 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 Covered?
Additional Excess	0.00			
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 116 #06-346	Address 2	EDGEFIELD PLAINS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114446780-01	

## ▼ OI Driver Info

Driver Name	YEO KENG LIANG WILLIAM	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7307310C	Driver DOB
Register Date of Driver License	27/11/1992	Driver Age	47	Driving Experience
Contact No.(Mobile)	98536963	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 116 #06-346	Address 2	EDGEFIELD PLAINS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SGB2216M	Driver Insurer Code

## 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 OD-MX

New

Claim Type \*

OD-MX Insured Name YEO KE

Contact No.(Mobile)

98536963 Contact No. (Home) NIL

Email Address

william\_yeo@nea.gov.sg OI Vehicle Number SGB22

Claim Description

SGB2216M / GBA2782J ON 6 Jan 2021

Preferred Workshop

Contact No. Finalisation

Date Registered

Yes Preferred Repair Option

Insured Liability

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

07/01/2021 12:17 Claim Close Date



☐ Print AK letter

## Attachment

Save Submit

Accident No.

MT/1116408

Last Doc. Received

☒ Yes ☐ No

Claim No.

001

Upload Date

07/01/2021 12:19

Path \*

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Category \*

Confidential

Please Select

NO

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NO

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## Attachment List

Attachment

Uploaded By/Date

Category



Urgency

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Uploaded By/Date

Folder Date

File 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:** 5114446780-01

**Cover :** drive PREMIUM

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SGB2216M                |
| Chassis Number  | : WVGZZZ5NZGW074633       |
| 2. Name of Policyholder   | : YEO KENG LIANG, WILLIAM |
| 3. Effective Date of Insurance  | : 27 Dec 2020             |
| 4. Expiry Date of Insurance   | : 26 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 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YEO KENG LIANG WILLIAM
NAMED DRIVER (1)	: LIM EE PING
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : META AGENCY PTE. LTD. (00000573430)  
Date of Issue : 01 Dec 2020 14:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive