

# NATIONAL Assessment Centre Services.

Jan 1 Jan 001

SN0821170003

Date In: 07/01/2021 15:47	Job description	Date & Time Completed	Done by
Ref No: NAB/ACC2100030117	SAS e-illing		
Veh No: SFC 2128 R	E-mail (Vehicle Reg, A/C 2hrs)		
D.O.A. 07/01/2021 08:36	I-Motor Claims Form	md/1116468-001	07/01/2021 15:54
OD TP Reporting Only	I-Motor W/O (Willes: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkup / INC Assign Wkup / QW: (	Tel:	Fax:
TP Participant:	Veh No: 913F 2710	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 repairer.
( ) 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: \_\_\_\_\_


NAB2100558

Driver/Owner:	1) All Accident Reporting (30)	
Contact No:	2) DA: Damage Assessment (\$100) (NG \$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$20	
	For claim against INC Only (over 10 Jan 2021)	
	6) TR: TR-Jumpstart \$75	
	7) NI: NI-DA + EMRT Survey \$160	
	8) NIUC: Additional Services	
	ON:	
	*NI: Courtesy Car / Tpl Allowance \$3	
	*NI: Repair Co-ordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	TE (NIUC) / TP (NG INC) against INC \$20	
	NIUC: NIUC Mobile \$30	
	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	07/01/2021 15:47 (SGT)
Date of Accident	07/01/2021 08:36 (SGT)
Exact Location of Accident	Commonwealth Ave W, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC2128R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEONG MUN SING
NRIC No	SXXXX997A
Email Address	cheongauto@yahoo.com.sg
Mobile Phone No	(Phone) +65-96645669
Alternative Phone No	+65-96645669

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	530i
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	5118429945
Cover Note Number	-

### DRIVER

Name of Driver	CHEONG MUN SING
NRIC No	SXXXX997A

Date Of Driving Pass	04/09/1986
Driving experience	34 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96645669
Alt. Phone Number	+65-96645669
Email Address	cheongauto@yahoo.com.sg
Address	BLK 23 GHIM MOH LINK #35-226
Address complement	-
Postcode	271023
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

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	GBF271D
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HAQUE HAMIDUL
Passport No/FIN	GXXXX964T
Contact Number	(Phone) +65-83456273
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.
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

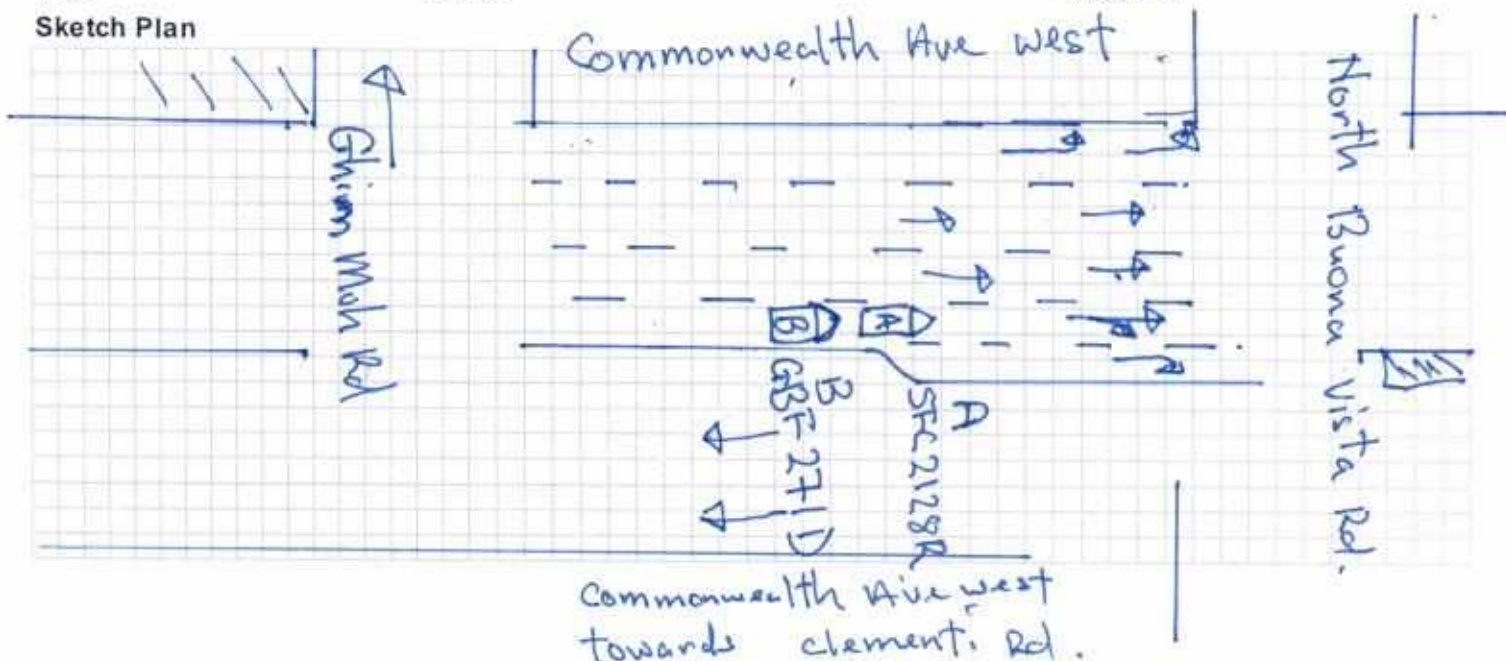
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident

time 08.35 . 7/1/21

I was driving along commonwealth Ave west towards Mei Ling Rd. traffic was quite heavy then and as the light turned red, I came to a full stop. Suddenly I heard a loud bang from the rear and felt my car being pushed forward forcefully. When my car had stopped moving, I came out from my car and saw this lorry, GBF 271D number had banged into the rear of my car. The driver admitted that he had failed to stop in time because of brake issue and proceeded to give me his personal particulars and phone contact 83456273. I will be making a insurance claim against this vehicle insurance.

### Declaration

We declare the foregoing particulars are true in every respect.

 7/1/21

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: ( 7 / 1 / 21 ) (DD/MM/YYYY), TIME: ( 8:36 ) (HH:MM)

LOCATION: Commonwealth Ave West

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFC 2128 R  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: 5118429945  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW 520i  
 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: Chong Mui Sing (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6806977A CONTACT: 96645669  
 c) ADDRESS: 23 Ghim Moh Link #35-226 Spore 271023

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

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

- DRIVER  
 d) NAME: As above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( 23 / 2 / 68 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 04.09.1986

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

\* No of passenger  
 (Including driver)  
( )

- a) VEHICLE NUMBER: GBF 271D MODEL: Toyota Dyna  
 b) DRIVER'S NAME: Haque Hamidul  
 c) NRIC/FIN/PASSPORT: K2231393 CONTACT: 83456273

## 9. THIRD PARTY VEHICLE

\* No of passenger  
 (Including driver)  
( )

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

email =  
 VIDEO

## Claim Handling

Accident MT/1116468

Policy No.	5118429945	Vehicle No.	SFC2128R	GST Registration No.
Certificate No.				
Policyholder Name	CHEONG MUN SING			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	96645669	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 15:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/01/2021	Time of Accident hh:mm	08:36	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	COMMONWEALTH AVENUE WEST			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

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

## ▼ Policyholder Mailing Address

Address 1	BLK 23 #35-226	Address 2	GHIM MOH LINK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5118429945	

## ▼ OI Driver Info

Driver Name	CHEONG MUN SING	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S6806997A	Driving Experience
Register Date of Driver License	04/09/1986	Driver Age	52	Contact No.(Home)
Contact No.(Mobile)	96645669	Contact No.(Office)		Address 3
Address 1	BLK 23 #35-226	Address 2	GHIM MOH LINK	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SFC2128R	Driver Insurer Comp.

## 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 \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text"/>	GIA report	Received
Benefit No. Finalisation	<input type="text"/>	Preferred Repair Option	<input type="text"/>		
Date Registered	<input type="text"/>	Preferred Workshop, Name unknown	<input type="text"/>		

OD-MX	Insured Name	CHEONG
96645669	Contact No.	NIL
	DI Vehicle Number	SFC2128
SFC2128R / GBF271D ON 7 Jan 2021		

07/01/2021 15:52	Claim Close Date	
------------------	------------------	--



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: 5118429945

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SFC2128R**  
Chassis Number : **WBAJR32000BJ16387**
2. Name of Policyholder : **CHEONG MUN SING**
3. Effective Date of Insurance : **30 Jul 2020**
4. Expiry Date of Insurance : **25 Nov 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	: CHEONG MUN SING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK 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 : LIAN HONG PTE LTD (00000611606)  
Date of Issue : 30 Jul 2020 10:18 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 : SV0821170003 Vehicle Registration No: SFC 718 R  
Name (as shown in NRIC) : CHONGYI MAN SING NRIC/FIN/Passport No : SXXXX997A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 9664 5669  
Email Address : \_\_\_\_\_  
Date of Accident : 07/01/2021 Time of Accident : 08:36  
Place of Accident : COMMONWEALTH AVE W4871  
Insurance Company: MTC

**(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:

MAKE & MODEL SHOULD BE BMW 530i

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rosa Hartono