

NATIONAL Assessment Centre Services. last 1 Jan 2021 SN: 0821/130004

Date In: 11/01/2021 12:25	Job description	Date & Time Completed	Done by
Ref No: X/BB/NA210004334	SAS e-Milling		
Veh No: 884-889B	E-mail (E-mail this, A/C this)		
D.O.A: 01/01/2021 12:00	I-Motor Claim Form	MT/11/01/2021-001	11/01/2021 13:08
OD: TP Reporting Only	I-Motor W/O (With: OD this, TP this)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wkep / INC Assign Wkep / OW: (Tels	Fact
TP Particulars: Vch No: SU2070 G	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: _____

NA2100592	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$10/43	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (see F10 Jan 2019)	
	6) TR: Re-inspection \$73	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	ON:	
	• NS: Courtesy Car / Tpt Allowance \$3	
	• NS: Repair Coordination \$10	
	• NS: Post Repair Inspection \$25	
	• NS: DV / Collect Excess Coordination \$3	
	• TP (NI) / TP (W/INC) against INC \$20	
	9) NI: Idea 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	11/01/2021 12:25 (SGT)
Date of Accident	09/01/2021 12:00 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBY7889B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIN WAI CHEE
NRIC No	SXXXX407A
Email Address	support@uoa.com.sg
Mobile Phone No	(Phone) +65-96363850
Alternative Phone No	(Office) +65-64691986

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216d
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	5115385740
Cover Note Number	-

DRIVER

Name of Driver	LIM KHOON ANN SEBASTIAN
NRIC No	SXXXX940C

Date Of Driving Pass	23/05/1984
Driving experience	36 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96363850
Alt. Phone Number	-
Email Address	sebnexus@yahoo.com.sg
Address	20 VICTORIA PARK ROAD
Address complement	-
Postcode	266499
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	DRIZZLING
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
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

PLEASE REFER TO SKETCH PLAN

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	SLL3007G
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Contact Number	(Phone) +65-91529113
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

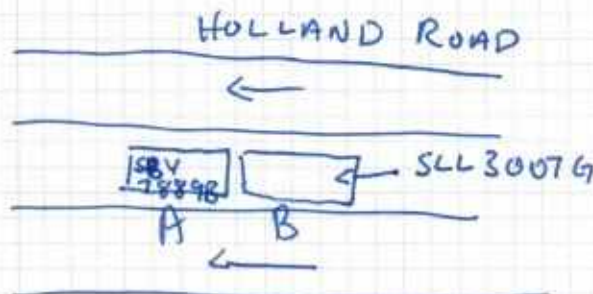
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

On 9/01/2021 at about 12pm Along Holland Road
towards Farrer Road, my BMW SBY 7889 B came to
a stop due to traffic in front. A Grey Mercedes SL 30076
came from behind and knocked onto the back.
Bumper and rear door and licence plate was damaged.

No body was injured. Light drizzle at that time.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 01 / 2021) (DD/MM/YYYY), TIME: (12:00) (HH:MM)

LOCATION: HOLLAND ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5B47889B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5115385740
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 2 series
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: Lim Khoo Ann Sebastian (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 516914406 CONTACT: 96363850
 c) ADDRESS: 20 Victoria Park Road S(266499)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHIN WAICHER (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 50305407A CONTACT: 64691986
 c) ADDRESS: 20 Victoria Park Road

*d) DATE OF BIRTH: (26 / 07 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Retired

f) DATE OF DRIVING PASS: 28/5/1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON-IN-LAW
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRIZZLING
 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: SLL 3007G MODEL: MERCEDES
 b) DRIVER'S NAME: TJIA TJANDINEGARA
 c) NRIC/FIN/PASSPORT: S2704519G CONTACT: 91529113

9. THIRD PARTY VEHICLE

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

support@uoa.com.sg
 email = sebnexus@yahoo.com.sg
 VIDEO

Claim Handling

Accident MT/1116803

Policy No.	5115385740	Vehicle No.	SBY7889B	GST Registration No.
Certificate No.				
Policyholder Name	CHIN WAI CHEE			
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Policyholder NRIC
Contact No.(Mobile)	95363860	Contact No.(Office)	64691986	Loading
Email Address		Special Remark		Contact No.(Home)
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason
				Private Hire

▼ Accident Details

Report Date	11/01/2021 12:54	Accident Report Within 24 hrs.	Yes	Accident Type
Date of Accident	09/01/2021	Time of Accident hh:mm	12:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	HOLLAND ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	1100.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage		Sum Insured	
Transport Allowance		99999999.99	

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	20 VICTORIA PARK ROAD	Address 2	VICTORIA PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100613111-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM KHOO ANN SEBASTIAN	Driver NRIC	S1691940C	Driver DOB
Register Date of Driver License	23/05/1984	Driver Age	55	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	20 VICTORIA PARK ROAD	Address 2	# VICTORIA PARK	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SBY7889B	Driver Insurer Comp.

Declaration

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

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	CHIN WA
Contact No.(Mobile)		Contact No. (Home)	6469198
Email Address		OI Vehicle Number	SBY7889
Claim Description	SBY7889B / SLL3070G ON 9 Jan 2021		
Preferred Workshop	Yes	Insured Liability	Preferred Repair
Preferred Workshop	Preferred Workshop, Name unknown	GIA report	Pending

1/11/2021

Claim Handling(accident reporting Claim Task)

Date Registered

Option

11/01/2021 13:06

Claim
Close
Date

Report Taken By

ROSLI WAHAB

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1116603

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

11/01/2021 13:08

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Category *

Please Select

Confidential

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment

Uploaded By/Date

Category



Urgency

Descr



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:08

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:07

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:07

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:07

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:07

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:07

NRIC/ Driving License

Y

Normal

NRIC/ Driving Li



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 13:07

SAS

Normal

SAS 20

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: 5115385740

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SBY7889B |
| Chassis Number | : WBA2E32090P836712 |
| 2. Name of Policyholder | : CHIN WAI CHEE |
| 3. Effective Date of Insurance | : 29 Jan 2020 |
| 4. Expiry Date of Insurance | : 28 Jan 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)	SS600
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	SS100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	YES
INSURE WITH COE	YES
NCD PROTECTION	YES
TRANSPORT ALLOWANCE	YES
EXCESS WAIVER	NO
PRIMARY DRIVER	CHIN WAI CHEE
NAMED DRIVER (1)	KONG MAY CHEE
NAMED DRIVER (2)	MOHAMED SANUSI BIN SALLEH
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 : SIME DARBY INSURANCE BROKERS (SINGAPORE) PTE LTD (00000690067)
Date of Issue : 14 Jan 2020 16:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive