

# NATIONAL Assessment Centre Services.

Just a Jan 2021

SM08-21/10000E

Date In: 11/01/2021 20:25	Job description	Date & Time Completed	Done by
Ref No: NBA/2100004784	SAS e-Milling		
Veh No: 8LP 4037S	E-mail (Sjule 2hrs, AIG 2hrs)		
D.O.A: 11/01/2021 09:50	I-Motor Claim Form	mtl1106964-001	11/01/2021 20:31
OD: TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/VLaz		

Preferred Wksp / INC Assign Wksp / OW: (	Tel:	Fax:
TP Particulars:	Veh No: SL2716B	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 Ref 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: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2100597	1) All Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2021)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Inc DA + SMRT Survey	
	8) NIUC Additional Services:	
	OR:	
	• NS: Courtesy Car / Tpl Allowance	\$3
	• NS: Repair Coordination	\$10
	• NS: Post Repair Inspection	\$25
	• NS: DV / Collat Loss Coordination	\$3
	• NI: (NIUC) YP (NS INC) against INC	\$20
	• NI: 12m Mobile	\$0
	Invoice dated	
	Invoice dated	



## 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 20:25 (SGT)
Date of Accident	11/01/2021 09:50 (SGT)
Exact Location of Accident	Middle Rd, Singapore
Additional Location Information	TURNING TO BEACH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4037S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN HOCK YONG (CHEN FURONG)
NRIC No	SXXXX804E
Email Address	tanhybiz@gmail.com
Mobile Phone No	(Phone) +65-94775271
Alternative Phone No	+65-94775271

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118276257
Cover Note Number	-

### DRIVER

Name of Driver	TAN HOCK YONG (CHEN FURONG)
NRIC No	SXXXX804E

Date Of Driving Pass	04/09/1998
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94775271
Alt. Phone Number	+65-94775271
Email Address	tanhybiz@gmail.com
Address	BLK 126C EDGEDALE PLAINS #15-300
Address complement	-
Postcode	823126
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	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	UNKNOWN
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?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL2776B
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2



## 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.

*Hylar*

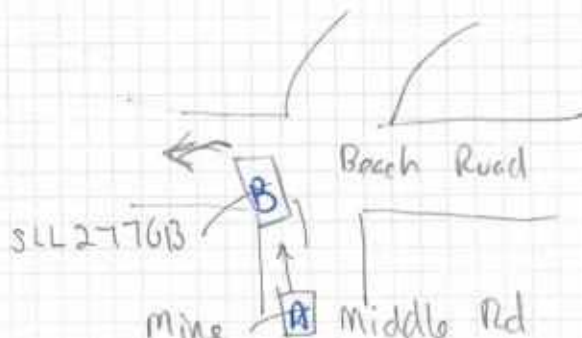
11/1/2021

Policyholder's Signature / Date & Time

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

*gm* 11/01/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan



A) SLP 4037S

B) SLL 2776B

**Describe Circumstances of the Accident**

Left turn from Middle Road to Beach Road. Car SL6 277613 in front stopped and I didn't stop in time.

**Declaration**

We declare the foregoing particulars are true in every respect.

Hylton . 11/1/2021 12:15pm  
Policyholder's Signature / Date & Time

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

11/1/2021  
Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 01 / 2021) (DD/MM/YYYY), TIME: (09 : 50) (HH:MM)

LOCATION: Middle Road Turning to Beach Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP4037S  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 3118276257  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA VIOS  
 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: TAN Hock Yung (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7420809E CONTACT: 94775271  
 c) ADDRESS: BLK 126 EGGHALL PLAINS #15-300 SINGAPORE 823126

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

No of passenger  
 (including driver)  
 (2)

- DRIVER  
 a) NAME: TAN Hock Yung (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7420809E CONTACT: 94775271  
 c) ADDRESS: BLK 126 EGGHALL PLAINS #15-300 SINGAPORE 823126

\* d) DATE OF BIRTH: (06 / 07 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 4/9/1996

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)  
 (2)

- a) VEHICLE NUMBER: 3LL 2776B MODEL: HONDA VIZEL  
 b) DRIVER'S NAME: MR LOW CONTACT: 90992750  
 c) NRIC/FIN/PASSPORT:

## 9. THIRD PARTY VEHICLE

No of passenger  
 (including driver)  
 ( )

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

email = tanhybiz @ gmail . com

VIBRO

## Claim Handling

Accident MT/1116964

Policy No.	5118276257	Vehicle No.	SLP40375	GST Registration No.
Certificate No.				
Policyholder Name	TAN HOCK YONG (CHEN FURONG)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	94775271	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## Accident Details

Report Date	11/01/2021 20:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/01/2021	Time of Accident hh:mm	09:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	MIDDLE ROAD TURNING TO BEACH ROAD			

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

## 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 126C #15-300	Address 2	EDGE DALE PLAINS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5118276257	

## OI Driver Info

Driver Name	TAN HOCK YONG (CHEN FURONG)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7420804E	Driver DOB
Register Date of Driver License	04/09/1998	Driver Age	46	Driving Experience
Contact No.(Mobile)	94775271	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 126C #15-300	Address 2	EDGE DALE 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 checked="" type="radio"/> No	Driver Vehicle No.	SLP40375	Driver Insurer Comp.

## Declaration

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

Claim 001

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Insured Liability

Preferred

Repair

Option

Fully at Fault

Preferred Workshop, Name unknown

GIA report

Received

OD-MX

Insured Name

TAN HDC

Contact No.

(Home)

6728284

OI Vehicle

Number

SLP4037

SLP40375 / SLL2776B ON 11 Jan 2021

11/01/2021 20:28

Claim

Close

Date



 Print AK letter

Save Submit

Attachment

Accident No.	NT1116964	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/01/2021 20:31

[illegible]

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**Attachment List**

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:31	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:31	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:31	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:31	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:31	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:29	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:29	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:29	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:29	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:29	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:28	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:28	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:28	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:28	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 20:28	SAS		Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name	
			<div>Display in New Window</div> <div>Scan and uploading</div>



### 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: 5118276257

Cover : drivo CLASSIC

- |  |                               |
|--|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLP40375                    |
| Chassis Number                                   | : MHFB29F3202011955           |
| 2. Name of Policyholder                          | : TAN HOCK YONG (CHEN FURONG) |
| 3. Effective Date of Insurance                   | : 22 Jul 2020                 |
| 4. Expiry Date of Insurance                      | : 21 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(c) 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\$2,000
EXCESS (SECTION 2)	S\$1,500
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	TAN HOCK YONG (CHEN FURONG)
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	HONG LEONG FINANCE 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 : INSURE LINK PTE LTD (00000614836)  
Date of Issue : 21 Jul 2020 10:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

*[Signature]*

Chief Executive

176-070-1000 THE LPA  
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 176-070-1000 THE LPA