

NATIONAL Assessment Centre Services.

SN09211R0003

Date In: 27/01/2021 11:06	Job description	Date & Time Completed	Done by
Ref No NA/INC21001273/114	SAS e-filing		
Veh No SLV 9048X	E-mail (within 2hrs, AIC 2hrs)		
DDA 26/01/2021 17:10	I-Motor Claim Form	MT/111 8906-001	27/01/2021 12:50
(1) TP: 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: X0 19944 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 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: _____

Damage: _____

NA2101136

1) AR: Accident Reporting (\$30)	30
2) DA: Damage Assessment (\$100); INC (\$40)	
3) TP: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
For claimant's use only (wef 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) NI: Idas DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
OD*	
*NS: Courtesy Car / Tpt Allowance \$5	
*NG: Repair Co-ordination \$10	
*NJ: Post Repair Inspection \$25	
*NB: DV / Collect Excess Coordination \$5	
TP (N11): TP (Non-INC) against INC \$20	
9) N12: Idas Mobile \$0	
Invoice dated	Fee Charged
Invoice dated	Fee Charged

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Bugr-In-Charge): _____

Workshop Comments: _____

Tel: _____

2/3

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 27/01/2021 11:06 (SGT)
Date of Accident 26/01/2021 17:10 (SGT)
Exact Location of Accident Sungei Kadut Street 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV9048X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HO ENG HSIEN
NRIC No SXXXX418B
Email Address THOMSAHO3275@GMAIL.COM
Mobile Phone No (Phone) +65-97568333
Alternative Phone No +65-97568333

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 5119081378
Cover Note Number -

DRIVER

Name of Driver HO ENG HSIEN
NRIC No SXXXX418B
Date Of Birth 15/06/1975
Occupation Indoor

Date Of Driving Pass	22/09/2017
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97568333
Alt. Phone Number	+65-97568333
Email Address	THOMSAHO3275@GMAIL.COM
Address	BLK 28 MARSILING DRIVE #03-275
Address complement	-
Postcode	730028
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD1994U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHANMUGAM
Work Permit No	GXXXX457R
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

SKETCH PLAN

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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.
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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

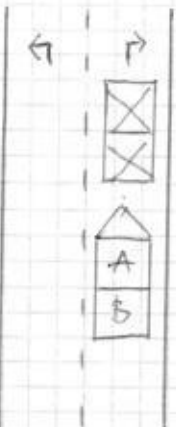


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: SLV 9048X
Vehicle B: XD1994U


SUNGEI KADUT STREET 1

Describe Circumstances of the Accident


On 26/1/2021 at about 1710 hrs I was travelling along Sungei Kadut street 1 before Sungei Kadut drive. I was stationary waiting to turn right when suddenly I felt a huge impact on my rear. I alight and realise that vehicle XD1994U has collided onto my rear causing severe damage to my vehicle. We took photos and exchange particulars and proceed to file for claim.

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 418B

Vehicle Details

Vehicle No.: SLV9048X
Vehicle to be Exported: No
Intended Deregistration Date: 26 Jan 2021
Vehicle Make: TOYOTA
Vehicle Model: VIOSE AUTO
Primary Colour: Silver
Manufacturing Year: 2009
Engine No.: 1NZY035950
Chassis No.: MR053HY9305151062
Maximum Power Output: 80.0 kW (107 bhp)
Open Market Value: \$12,717.00
Original Registration Date: 12 Jan 2010
First Registration Date: 12 Jan 2010
Transfer Count: 2
Actual ARF Paid: \$12,717.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 11 Jan 2025
COE Category: A - Car (1600cc & below)
COE Period(Years): 5
PQP Paid: \$16,184.00
COE Rebate Amount: \$12,816.00
Total Rebate Amount: \$12,816.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 26 Jan 2021.

OK

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: 5119081378

Cover : drivo CLASSIC

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLV9048X |
| Chassis Number | : MR053HY9305151062 |
| 2. Name of Policyholder | : HO ENG HSIEN (HE YONGXIAN) |
| 3. Effective Date of Insurance | : 16 Sep 2020 |
| 4. Expiry Date of Insurance | : 15 Sep 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	: HO ENG HSIEN (HE YONGXIAN)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GV CREDIT PTE 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 : KHC HOLDINGS PTE LTD (00000613934)
Date of Issue : 16 Sep 2020 16:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

KHC HOLDINGS PTE LTD
308A CALLENDAR STREET SINGAPORE 030123
TEL: 6733 1111

Date of Accident : 26/1/2021 Accident Time: 1710 (24-HR-Format)
 Accident Place : Sungei Kadut street 1
 Vehicle No. (Car Plate No.) : SLV 9048 X Make/Model: TOYOTA VIOS
 Insurance Company : NTUC Policy No: _____
 Owner or Company Name /IC No. : HU ENG HSIEN S7518418B
 Owner or Company Contact No. : 9756 8333 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : HU ENG HSIEN S7518418B
 DRIVER'S Date Of Birth : 15/6/1975 DRIVER'S License Pass Date 22/9/2017
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: _____
 DRIVER'S Address : 28 MARSILING DRIVE #03-275 S(730028)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : x ~~Thomscho@gmail~~ Thomscho3275@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No: <u>XD 1994 U</u>	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: <u>SHANMUGAM</u>	Name Driver: _____
IC No. Driver/Contact: <u>G6530457R</u>	IC No. Driver/Contact: _____

* NEW – Passenger's name & gender: