

NATIONAL Assessment Centre Services.

(part 1 Jan 2021)

SN09211T000F

Date In: 29/01/2021 17:08

Job description

Date & Time Completed

Done by

Ref No NA/INC21001419/14

SAS e-illing

Veh No SKK 77022

E-mail (within 3hrs, AIC 2hrs)

DDA 28/01/2021 18:31

I-Motor Claim Form

MT/1119268-001

29/01/2021 17:18

I-Motor W/O (within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

DD: TP: Reporting Only

TP Insurer:

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

INC () / Non-INC ()

TP Particulars:

Veh No: FBF 96176

Tel:

Owner / Driver: (

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: ()

4) TP: Towing Fee \$120

5) FT: Follow-Through Survey \$30

6) TR: Re-inspection \$73

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services: 30

9) N12: Idao Mobile

10) N12: Idao Mobile

11) N12: Idao Mobile

12) N12: Idao Mobile

13) N12: Idao Mobile

14) N12: Idao Mobile

15) N12: Idao Mobile

16) N12: Idao Mobile

NA2101211

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Witness's Commitment:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

1) All: Accident Reporting (\$30);	INC (\$30)	30
2) DA: Damage Assessment (\$100);	\$40/\$45	
3) TP: Towing Fee	\$120	
4) FT: Follow-Through Survey	\$30	
5) FT: Follow-Through Survey (Resurvey)	\$73	
6) TR: Re-inspection	\$160	
7) N1: Idao DA + SMRT Survey		
8) NTUC Additional Services:		
9) N12: Idao Mobile		
10) N12: Idao Mobile		
11) N12: Idao Mobile		
12) N12: Idao Mobile		
13) N12: Idao Mobile		
14) N12: Idao Mobile		
15) N12: Idao Mobile		
16) N12: Idao Mobile		
17) N12: Idao Mobile		
18) N12: Idao Mobile		
19) N12: Idao Mobile		
20) N12: Idao Mobile		
21) N12: Idao Mobile		
22) N12: Idao Mobile		
23) N12: Idao Mobile		
24) N12: Idao Mobile		
25) N12: Idao Mobile		
26) N12: Idao Mobile		
27) N12: Idao Mobile		
28) N12: Idao Mobile		
29) N12: Idao Mobile		
30) N12: Idao Mobile		

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	29/01/2021 17:08 (SGT)
Date of Accident	28/01/2021 18:11 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK7702Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAU WEI HOE
NRIC No	SXXXX866C
Email Address	FABI3NTJH@GMAIL.COM
Mobile Phone No	(Phone) +65-91449733
Alternative Phone No	+65-91449733

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	5112194774-01
Cover Note Number	-

DRIVER

Name of Driver	LAU WEI HOE
NRIC No	SXXXX866C
Date Of Birth	07/06/1984
Occupation	Indoor

Date Of Driving Pass	30/07/2008
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91449733
Alt. Phone Number	+65-91449733
Email Address	FABI3NTJH@GMAIL.COM
Address	BLK 148 SILAT AVENUE #08-12
Address complement	-
Postcode	160148
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	Side Swipe
Weather Conditions	AFTER RAIN
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

REFER TO STATEMENT

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	FBF9617G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	PALANIKKANNU MAHENDRAN
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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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:

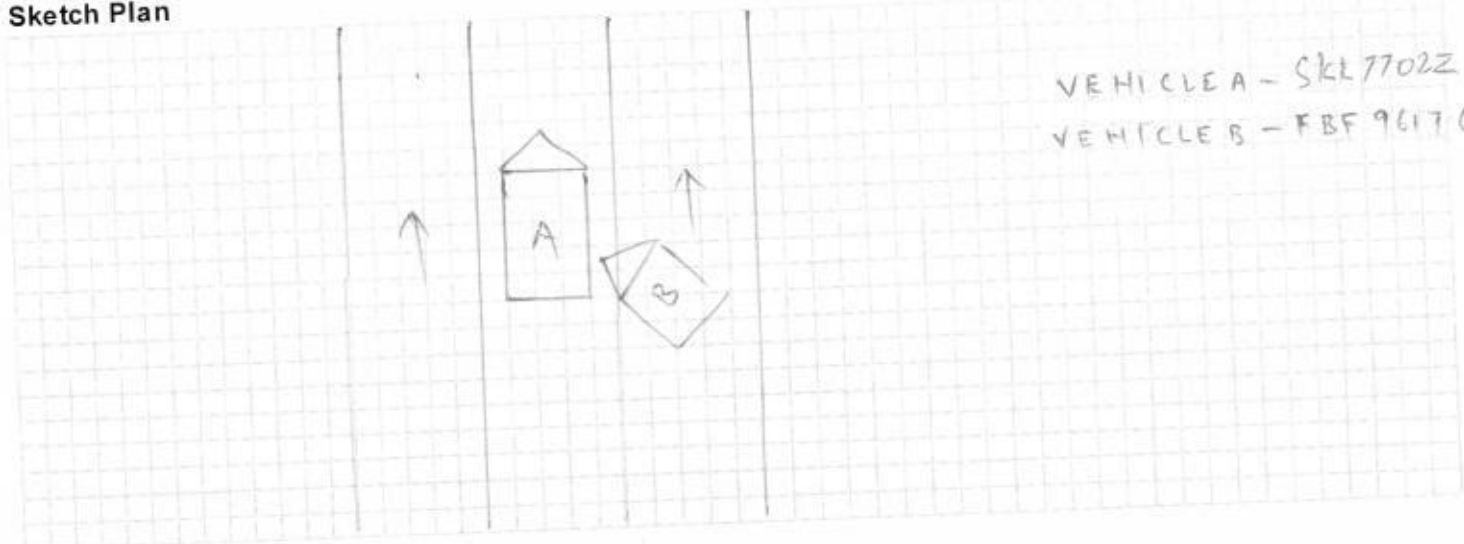
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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


I WAS TRAVELLING ^{STRAIGHT} ALONG AYE TOWARDS CTG WHILE SUDDENLY
I FELT A IMPACT ON THE REAR SIDE PORTION OF MY VEHICLE.
I CAME OUT TO CHECK VEHICLE B HAD COLLIDED ON TO THE
RIGHT SIDE OF MY VEHICLE.

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

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: 5112194774-01

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKK7702Z |
| Chassis Number | : VVWZZZAUZEW030167 |
| 2. Name of Policyholder | : LAU WEI HOE |
| 3. Effective Date of Insurance | : 01 Sep 2020 |
| 4. Expiry Date of Insurance | : 31 Aug 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	: LAU WEI HOE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC 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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 25 Aug 2020 12:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Date of Accident : 28 JAN 2021 Accident Time: 1811 (24-HR-Format)
 Accident Place : AYG / CIB
 Vehicle No. (Car Plate No.) : SKK7702Z Make/Model: GOLF 1.4
 Insurance Company : NTUC Policy No: _____
 Owner or Company Name / IC No. : _____
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LAM WEI HOE
 DRIVER'S Date Of Birth : 07/06/1984 DRIVER'S License Pass Date 03/08/2013
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : APT BLK 148 SILAT AVENUE #06-12
 DRIVER'S Contact No. / Alt No. : 1) 9144 9733 2) _____
 DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (e.g. working inside or outside office)
 Email Address : Fabi3ntjh@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): _____

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>FBF 96174</u>	Vehicle. No: _____
Vehicle Make \ Model: _____	Vehicle Make \ Model: _____
Name Driver: <u>PALANIKKANNU MAHENDRAN</u>	Name Driver: _____
IC No. Driver/Contact: <u>035903763</u>	IC No. Driver/Contact: _____

* NEW – Passenger's name & gender: