

NATIONAL Assessment Centre Services

Form 10-10-21

Date In: 30/01/2021 18:48	Job description	Date & Time Completed	Done by
Ref No: X/A/INC2100144614	SAS e-filing		
Veh No: SMC 4387	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/01/2021 18:00	I-Motor Claim Form	M7/119314-001	30/01/2021 18:53
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SCD 9125

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%; F: 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. ()

Remarks:

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

NA2100929

Invoice Preparation Checklist

Unit (\$)

Unit (\$)

Int. Bill

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Lat. 1:

Lat. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

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

8) NTUC Additional Services:-

on*

*N5: Courtesy Car / Tp Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11); TP (N11) against INC \$20

9) N12: Idao Mobile 30

Invoice dated

Invoice dated

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	30/01/2021 18:48 (SGT)
Date of Accident	29/01/2021 18:00 (SGT)
Exact Location of Accident	290 Orchard Rd, Singapore 238859
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4138Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIAN ENG SIONG
NRIC No	SXXXX942J
Email Address	simonlian66@gmail.com
Mobile Phone No	(Phone) +65-86132661
Alternative Phone No	+65-86132661

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	5112902776-01
Cover Note Number	-

DRIVER

Name of Driver	LIAN ENG SIONG
NRIC No	SXXXX942J
Date Of Birth	12/07/1966
Occupation	Outdoor

Date Of Driving Pass	14/04/1984
Driving experience	36 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86132661
Alt. Phone Number	+65-86132661
Email Address	simonlian66@gmail.com
Address	BLK 730 JURONG WEST STREET 72 #07-39
Address complement	-
Postcode	640730
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	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD912S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BENNY CHEONG YEW HON
NRIC No	SXXXX620I
Contact Number	(Phone) +65-96565642
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.
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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

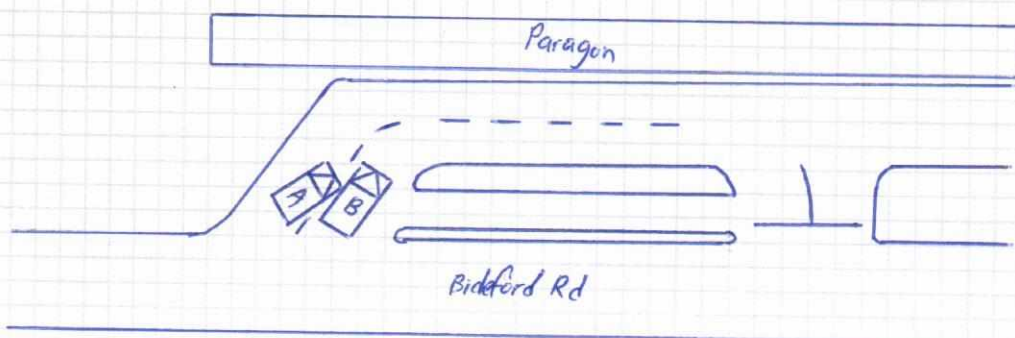
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

My car was at stationary position near the entrance of Paragon. As the vehicle in front of me was not moving, so I decided to take the right lane. After giving appropriate signal and the traffic was cleared, I started to inch out slowly. Suddenly, I felt an impact on the right of my car. On alighting, I discovered that Yeh B (SKD9125) had collided onto the front right portion of my car.

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

VEHICLE NO : 21MP4138Y		MAKE/MODEL : TOYOTA PRIUS ALPHA		CC : 1800	
Date of Accident	29/01/2021	Time: 16:11	Foreign Veh Involved YES / <u>NO</u>		
Location of Accident	Paragon	Foreign Veh No			
Transmission	Auto / Manual				
Usage Purpose	Private / Employment / <u>Private Hire</u>	No. of Veh Involved : 2			
Claim Type	OD / TP / <u>REPORTING</u>		Was There Any Witness YES / <u>NO</u>		
INSURANCE CO	NTUC INCOME		Name of Witness :		
Coverage	Comprehensive/TPFT/Third Party Only		Contact No :		
Policy No	5112902776-01				
Fleet Policy	YES / <u>NO</u>				
OWNER / CO. NAME			OTHER VEHICLES		
LSAN ENG SIONG			VEHICLE B : SKD9125		
NRIC / Co's Reg No.	S1741942J		Category :		
Address	APT BLK 730 JURONG WEST STREET		Driver's Name : BEWNY CHEONG YEW HAN		
	72 #07-39 5(640730)		NRIC No : S8011620J		
Contact / Mobile No	8613 2661		Contact No : 9656 5642		
Email Address	simonlian66@gmail.com		No. of Passenger : -		
Date of Birth	12/07/1966				
Gender	M / F		VEHICLE C :		
DRIVER'S NAME	AS ABOVE		Category :		
NRIC No			Driver's Name :		
Address			NRIC No :		
			Contact No :		
Contact / Mobile No			No. of Passenger :		
Email Address					
Date of Birth			VEHICLE D		
Gender	M / F		Category :		
LICENSE PASSED DATE	14/04/1984		Driver's Name :		
			NRIC No :		
Occupation	Indoor / <u>Outdoor</u>		Contact No :		
Relation with Owner	OWNER		No. of Passenger :		
Does Driver Own Any Other Veh ? YES / <u>NO</u>					
Vehicle Reg No					
Insurance Co					
Weather Condition	<u>Clear</u> / Raining / Others		Video Captured : Yes / <u>NO</u>		
Road Surface	<u>Dry</u> / Wet / Others				
INJURED : YES / <u>NO</u>					
Name of Injured :			Police Report : YES / <u>NO</u>		
Convey To Hospital by Ambulance : YES / NO			If YES, Where :		
NO. OF PASSENGERS : -					
Name of Passenger :			M / F	INJURED?	YES/NO
Name of Passenger :			M / F	INJURED?	YES/NO
Name of Passenger :			M / F	INJURED?	YES/NO
Name of Passenger :			M / F	INJURED?	YES/NO
REMARKS :					
Name of Workshop :			Contact No :		
Address :			Email :		

1/30/2021

Claim Handling(accident reporting Claim Task)

Claim Handling

Accident MT/1119374

Policy No.	5112902776-01	Vehicle No.	SMP4138Y	GST Registration No.	
Certificate No.					
Policyholder Name	LIAN ENG SIONG	Cover Type	drive CLASSIC	Policyholder NRIC	S1741942J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	86132661	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	30/01/2021 18:48	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/01/2021	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PARAGON ORCHARD				
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?	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 450 #03-64	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640450
Address 4		Address Type	Singapore address	Post Code	640450
Unit No.	03-64	Related Policy Number	5112902776-01		
OI Driver Info					
Driver Name	LIAN ENG SIONG	Driver Type	Main Driver	Driver DOB	12/07/1966
Unnamed driver Name		Driver NRIC	S1741942J	Driving Experience	36
Register Date of Driver License	14/04/1984	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	86132661	Contact No.(Office)		Address 3	SINGAPORE 640450
Address 1	BLK 450 #03-64	Address 2	JURONG WEST STREET 42	Post Code	640450
Address 4		Address Type	Singapore address		
Unit No.	03-64				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMP4138Y	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIAN ENG SIONG	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SMP4138Y	TP Vehicle Number	
Claim Description	SMP4138Y / SKD912S ON 29 Jan 2021				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Contact No. Finalisation	<input checked="" type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	30/01/2021 18:52
Report Taken By					ROS LI WAHAB
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1119374	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/01/2021 18:53

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

Category *

Confidential

Urgency *

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Please Select

NO

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NO

Normal

Clear

Please Select

NO

Normal

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 18:53	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 18:53	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 18:53	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 18:53	Photos		Normal	Photos 2021-1-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 18:53	Photos		Normal	Photos 2021-1-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 18:52	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 18:52	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 18:52	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 18:52	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 18:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 18:52	SAS		Normal	SAS 2021-1-30

Video List

Uploaded By/Date	Folder Date	File Name		Source
		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: 5112902776-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMP4138Y**
Chassis Number : ZVW400032262
2. Name of Policyholder : LIAN ENG SIONG
3. Effective Date of Insurance : 25 Sep 2020
4. Expiry Date of Insurance : 24 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 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	: LIAN ENG SIONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) 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 : ZEAL INSURANCE AGENCY (00000614483)
Date of Issue : 15 Sep 2020 15:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive