

NATIONAL Assessment Centre Services.

[Part 1 Jan 2021]

540921210001

Date Inc: 01/02/2021 9:07	Job description	Date & Time Completed	Done by
Ref No NA/INC21001447/h4	SAS e-filing		
Veh No SLZ 5921 E	E-install (within 2hrs, AIC 2hrs)		
IPFA: 29/01/2021 10:47	I-Motor Claim Form	MT/119389-001	01/02/2021 9:20
OD: 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 Assgn Wksp / QW: (

Tel: (

Fax: (

TP Particulars:

Veh No: XE 2659B

INC () / Non-INC ()

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 repolar.

() 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/Time	Case/Incident	Remarks

NA 2101260

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Tel: (

Fax: (

Item	Description	Amount	Remarks
1) AR: Accident Reporting	(\$30)		
2) DA: Damage Assessment	(\$100)		INC (\$30)
3) TP: Towing Fee		\$40/\$45	
4) PT: Follow-Through Survey		\$120	
5) PT: Follow-Through Survey (Resurvey)		\$30	
6) TR: Re-inspection		\$75	For claiming against INC Only (w/c 10 Jan 2021)
7) NI: Idao DA + SMRT Survey		\$160	
8) NTUC Additional Services:			
QD:			
*NS: Courtesy Car / Tpl Allowance		\$5	
*NG: Repair Co-ordination		\$10	
*NI: Post Repair Inspection		\$25	
*NI: DV / Collect Excess Coordination		\$5	
*NI: DV / Collect Excess Coordination		\$20	
TP (NI1): TP (Non INC) against INC		\$0	
9) NI2: Idao Mobile			
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	01/02/2021 09:07 (SGT)
Date of Accident	29/01/2021 10:47 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ5921E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAY SWEE HENG
NRIC No	SXXXX998G
Email Address	NEVTBY@GMAIL.COM
Mobile Phone No	(Phone) +65-96570980
Alternative Phone No	+65-96570980

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5100364855-02
Cover Note Number	-

DRIVER

Name of Driver	LAY SWEE HENG
NRIC No	SXXXX998G
Date Of Birth	23/09/1965
Occupation	Outdoor

Date Of Driving Pass	07/01/1985
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-96570980
Alt. Phone Number	+65-96570980
Email Address	NEVTBY@GMAIL.COM
Address	BLK 286A TOH GUAN ROAD #13-40
Address complement	-
Postcode	601286
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 - Change/cross lane
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)	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

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	XE2659B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MATHI YALAGAN SURESH
Work Permit No	GXXXX049X

Contact Number	(Phone) +65-98145602
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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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

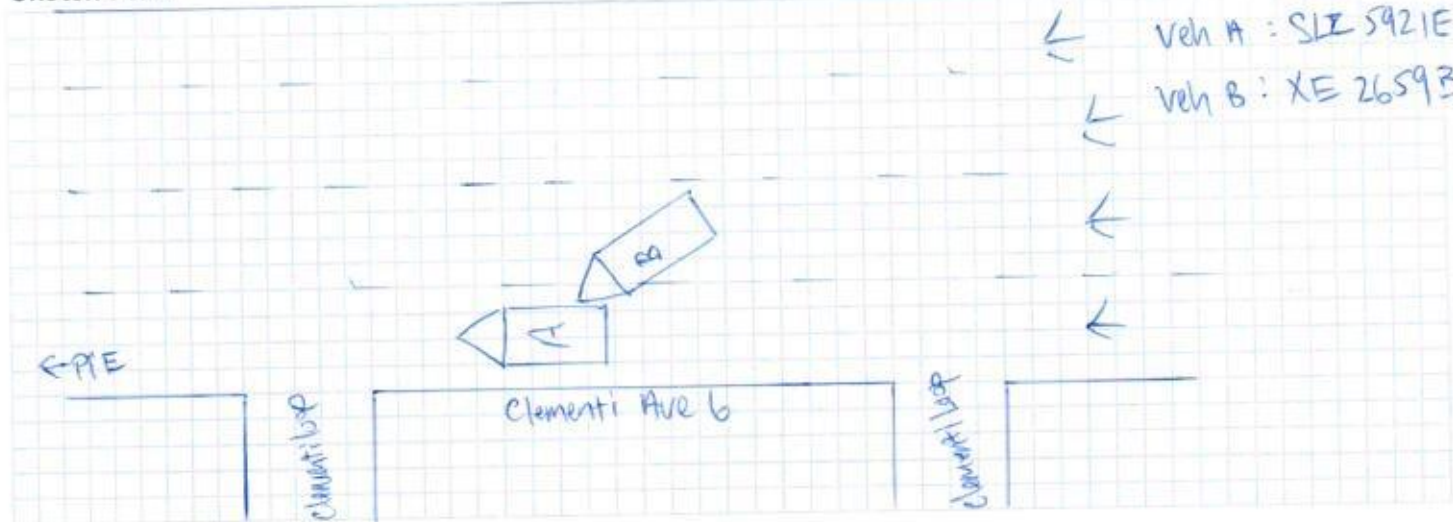
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 28/1/21
Policyholder's Signature / Date & Time

 28/1/21
Driver's Signature (If driver is not the policyholder) / Date & Time

 28/1/21
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

On 29 January 2021 at 10.50 am I was driving Veh A (SLZ592IE) on Clementi Avenue 6 towards PIE. I was on the 4th lane driving straight. After the traffic light of Clementi loop junction, suddenly Veh B (XE 2659B) ~~swam~~ swerved from the 3rd lane and hit the right side of my car.

Declaration

We declare the foregoing particulars are true in every respect.

 29/1/21
Policyholder's Signature / Date & Time

 29/1/21
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: 5100364855-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLZ5921E**
Chassis Number : **MR2B23F3901122249**
2. Name of Policyholder : **LAY SWEE HENG**
3. Effective Date of Insurance : **10 May 2020**
4. Expiry Date of Insurance : **09 May 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	: LAY SWEE HENG
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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 06 Apr 2020 14:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Date of Accident : 29/1/21 Accident Time: 10 47 am (24-HR-Format)
 Accident Place : Clementi Avenue 6 towards PIE
 Vehicle No. (Car Plate No.) : SLZ 5921E Make/Model: Toyota Vios
 Insurance Company : NTUC Policy No: _____
 Owner or Company Name /IC No. : Lay Suresh Heng
 Owner or Company Contact No. : 96570980 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : _____
 DRIVER'S Date Of Birth : 23/09/65 DRIVER'S License Pass Date 07/1/85
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : Blk 286A Toh Guan Rd #13-40 S(601286)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : nevby@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): 2
 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>XE 2659B</u>	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: <u>MATHIYALAGAN SURESH</u>	Name Driver: _____
IC No. Driver/Contact: <u>G80800491</u> <u>98145602</u>	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**