

NATIONAL Assessment Centre Services.

Print | Jan 06

SM09212P000G

Date In: 15/12/21 15:34	Job description	Date & Time Completed	Done by
Ref No: MA/INC 21002112/44	SAS e-filing		
Veh No: SJH 7997S	E-mail (within 2hrs, A/C 2hrs)		
DDA: 14/12/21 16:00	I-Motor Claim Form	M7/112114-001	16/12/21 09:11
(1) <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax / Hand to Owner/Wksp		

Profited Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SMA 7746B	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolier.

() 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 of Injury: ()	Location: ()

WA 2101650	Invoice Itemization
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)
Damaged Portion:	3) TF: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30
Tel. 1:	For claimline against INC Only (wef 10 Jan 2023)
2/3:	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	OD:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TE (N11): TP (Non INC) against INC \$20
	9) N12: Idas Mobile \$0
	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 15/02/2021 15:34 (SGT)
 Date of Accident 14/02/2021 16:00 (SGT)
 Exact Location of Accident Sentosa Gateway, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH7997S

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner ANG YEE VOON
 NRIC No SXXXX619J
 Email Address AYV.0702@YAHOO.COM.SG
 Mobile Phone No (Phone) +65-82289268
 Alternative Phone No +65-82289268

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 5092796163-03
 Cover Note Number -

DRIVER

Name of Driver SUWA WEE SIANG
 NRIC No SXXXX231H
 Date Of Birth 13/05/1984
 Occupation Indoor



Date Of Driving Pass	07/12/2017
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91911852
Alt. Phone Number	-
Email Address	SUWA840513@GMAIL.COM
Address	BLK 655 JLN TENAGA #11-82
Address complement	-
Postcode	410655
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Female

PASSENGER 3

Name	-
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	SMA7746B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98466516
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**.
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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

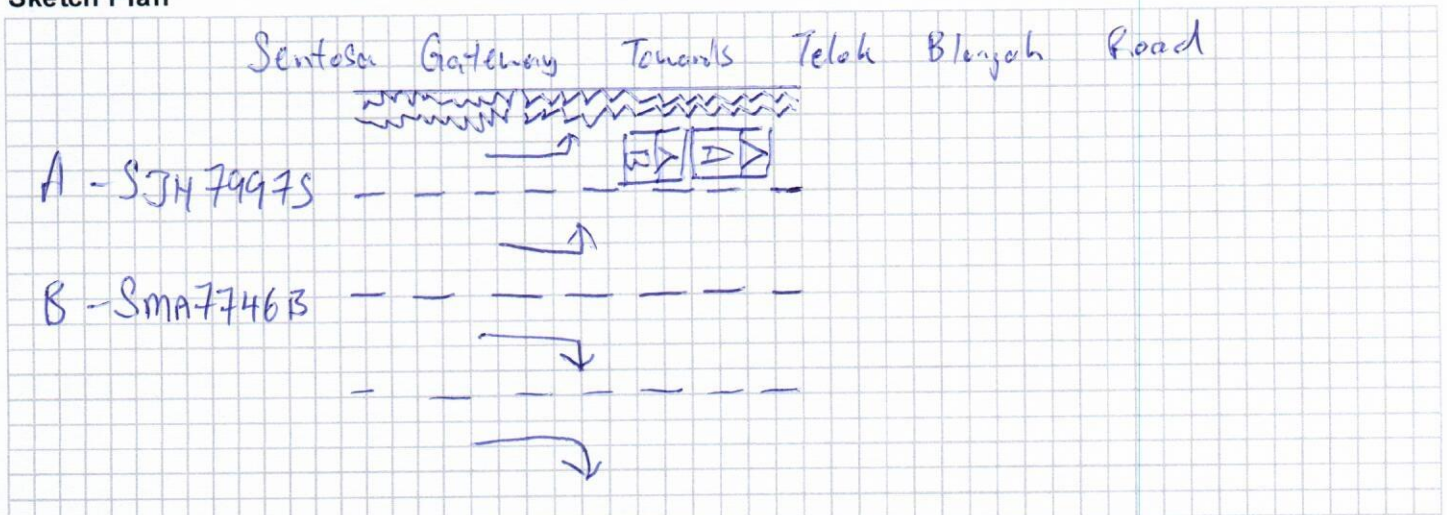
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Morne 15/2/21
Policyholder's Signature / Date & Time

Morne 15/2/21
Driver's Signature (If driver is not the policyholder) / Date & Time

A
Witnessed by Reporting Centre Personnel

Sketch Plan

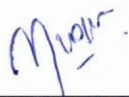


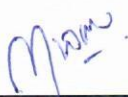
Describe Circumstances of the Accident


I was driving along Sentosa Gateway towards Telok Blangah Road on the extreme left lane. My vehicle was stationary stopped due being traffic ahead. Suddenly Vehicle B collided onto my rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
15/2/21


Driver's Signature (If driver is not the policyholder) / Date & Time
15/2/21


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: 5092796163-03

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJH7997S |
| Chassis Number | : MR053HY9305076339 |
| 2. Name of Policyholder | : ANG YEE VOON |
| 3. Effective Date of Insurance | : 26 Aug 2020 |
| 4. Expiry Date of Insurance | : 25 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.

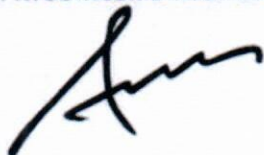
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG YEE VOON
NAMED DRIVER (1)	: SUWAWEE SIANG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : JG MOTOR AGENCY (00000613374)
 Date of Issue : 23 Jul 2020 14:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Enquire Vehicle Registration Details

Vehicle Registration Details

Vehicle No.

SJH7997S

Make/ Model

TOYOTA/VIOS E AUTO

Vehicle Scheme

-

Current Propellant

Petrol

Chassis No.

MR053HY9305076339

Vehicle Type

Passenger Motor Car

Owner's Details

Owner Name:

ANG YEE VOON

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

S8858619J

Registered Address:

APT BLK 655 JALAN TENAGA #11-82 SINGAPORE 410655

Mailing Address:

-

Birth Date:

02 Jul 1988

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

16 Jul 2014

Original Registration Date:

26 Aug 2008

Registration Date:

26 Aug 2008

No. of Transfers:

2

IU Label No.:

1122322471

Vehicle Specifications

Engine No.:

1NZX793836

Chassis No.:

MR053HY9305076339

Year of Manufacture:

2008

Primary Colour:

White

Secondary Colour:

-

Passenger Capacity:

4

Engine Capacity / Power Rating :

1497 cc / -

Maximum Power Output:

80.0 kW (107 bhp)

Max Unladen Weight:

1095 kg

Maximum Laden Weight:

1505 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$11,834.00

Additional Registration Fee Rate:

100.00 %

Actual ARF Paid:

\$11,077.00

Vehicle Lifespan Expiry Date:

No Lifespan

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$14,101.00

COE No.:

2008080101003772W

COE Expiry Date:

25 Aug 2023

COE Category:

A - Car (1600cc & below)

COE Registration Category:

A - Car (1600cc & below)

Quota Premium (QP) / Prevailing Quota Premium

\$14,101.00 / -

PQP Paid

\$17,099.00

QP (Regn Cat):

\$14,101.00

PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

The vehicle will be de-registered upon expiry of its 5-year COE on 25 Aug 2023. No further renewal will be allowed.

Print

OK →

Save as PDF

Copy as Text

VEHICLE NO: <u>SJH 7997 S</u>	MAKE & MODEL: <u>Toyota Vios J Sports</u> <u>(AUTO)</u> <u>MANUAL</u>
DATE OF ACCIDENT: <u>14/02 / 2021</u>	CC: <u>1.5</u>
TIME OF ACCIDENT: <u>1600</u> HRS	
LOCATION OF ACCIDENT: <u>Sentosa Gateway towards Telok Blangah Road</u>	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE
NAME OF OWNER:	<u>Ang Yee Voon</u>
TEL NO:	H/P: <u>8228 9268</u> OFFICE: <u>—</u> HOME: <u>—</u>
NRIC:	<u>S88586197</u>
ADDRESS:	<u>655 Jalan Tenaga #11-82 Singapore 410655</u>
EMAIL:	<u>ayv.0702@yahoo.com.sg</u>
CLAIM TYPE:	<u>OD / THIRD PARTY</u> / REPORTING ONLY
FLEET POLICY:	YES / <u>NO</u>
INSURANCE COMPANY:	<u>NTUC</u>
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO:	<u>5092796163-03</u>
NAME OF DRIVER:	AS ABOVE / IF NO: <u>Sing Lee Siang</u>
NRIC:	<u>S8465231H</u> ANY PASSENGER: <u>1 male, 2 female</u>
DATE OF BIRTH:	<u>13/05 / 1984</u> LICENCE PASSED DATE: <u>07/12/2017</u>
OCCUPATION:	<u>OUTDOOR</u> / <u>INDOOR</u>
GENDER:	<u>MALE</u> / FEMALE
CONTACT NO:	H/P: <u>89191 1852</u> OFFICE: <u>—</u> HOME: <u>—</u>
ADDRESS:	<u>655 Jalan Tenaga #11-82 Singapore 410655</u>
EMAIL:	<u>sum840513@gmail.com</u>
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> IF YES, REG NO: INSURER:
RELATIONSHIP:	<u>Spouse</u>
WEATHER CONDITION:	<u>3</u> CLEAR / RAINING / OTHERS:
ROAD SURFACE:	<u>3</u> DRY / WET / OTHER:
ANY INJURIES:	<u>3</u> NO / IF YES, WHO?
NAME & CONTACT:	
NAME & CONTACT:	
POLICE REPORT:	<u>3</u> NO / IF YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>3</u> NO / IF YES, WHO?
VEHICLE B REG NO:	<u>SMA 7746 B</u> ANY PASSENGERS: <u>N.A.</u>
NAME OF DRIVER:	<u>Ling Reng Hua</u> CONTACT NO: <u>9846 6516</u>
VEHICLE C REG NO:	ANY PASSENGERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	<u>3</u> YES / NO
WAS THERE ANY AUDIO RECORDED?	<u>3</u> YES / NO
ACCIDENT SCENE PHOTOS TAKEN?	<u>3</u> YES / NO
ACCIDENT PORTION:	<u>Rear portion</u>
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>
WORKSHOP PARTICULAR:	<u>Twin Car Automotive Pte Ltd</u>
CONTACT NO:	<u>68420051 / 67440510</u>
CONTACT PERSON:	<u>Hui Xian</u>
FAX NO:	<u>67410510</u>
WORKSHOP EMAIL:	<u>sales@n51.com.sg</u>