

NATIONAL Assessment Centre Services.

(with 1 Jan 2021)

8/10/21/2 F0005

Date In: 15/02/2021 16:22	Job description	Date & Time Completed	Done by
Ref No: NBA/MC21002122/Y	SAS e-Milling		
Veh No: EV 1188 K	E-mail (by date time, A/C time)		
D.O.A: 12/02/2021 08:50	I-Motor Claim Form	MT/1121065-001	15/02/2021 16:32
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/VKSR		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Registration: (	Veh No: SA261Y	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 ()	

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

() 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: _____

NA210165

Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) PF: Follow-Through Survey (Resurvey) - For all minor repairs only (over \$100 in 2 hrs)	\$75
	7) TR: Re-inspection	\$180
	8) NTUC Additional Services	
	9) NTUC: Courtesy Car / Tpl Allowance	\$3
	10) NTUC: Repair Coordination	\$10
	11) NTUC: Post Repair Inspection	\$25
	12) NTUC: DV / Collect Excess Coordination	\$3
	13) TP (NTUC) / TP (Non-INC) at least 2 hrs	\$30
	14) NTUC: 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	15/02/2021 16:22 (SGT)
Date of Accident	12/02/2021 08:50 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	TOWARDS TIONG BAHRU ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EV1188K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG SENG HEE
NRIC No	SXXXX670Z
Email Address	qualityautohub@yahoo.com.sg
Mobile Phone No	(Phone) +65-97387757
Alternative Phone No	+65-96791796

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5109214230-01
Cover Note Number	-

DRIVER

Name of Driver	LIM HUI ENG, DOROTHY
NRIC No	SXXXX677A

Date Of Driving Pass	15/06/1981
Driving experience	39 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96791796
Alt. Phone Number	-
Email Address	qualityautohub@yahoo.com.sg
Address	BLK 164 JALAN BUKIT MERAH #02-3633
Address complement	-
Postcode	150164
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Cross Junction
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?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
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	SLN261Y
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY JAYFER

Contact Number	(Phone) +65-96347688
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 15/02/2021
12.47 PM

Policyholder's Signature / Date & Time

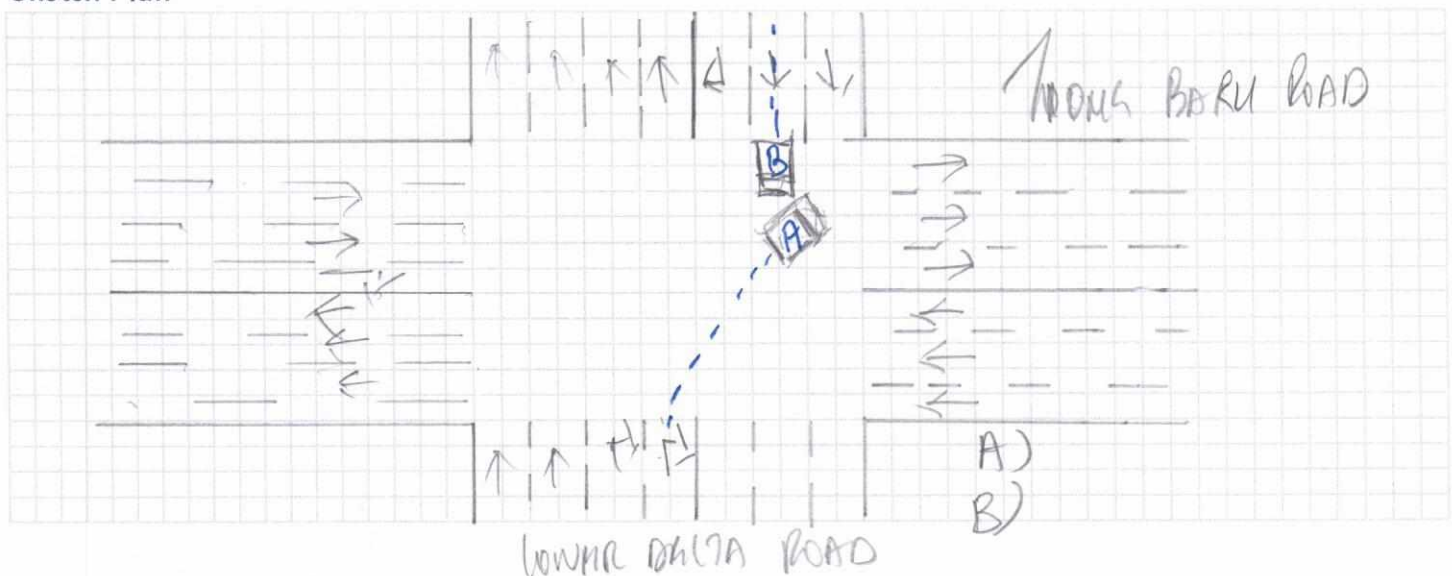
[Signature] 15/02/21 (1247 HRS)

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

[Signature] 15/02/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 12/02/2021 AT 0850 HRS I DRIVE FROM LOWER DELTA RD TURNING
RIGHT TO TIONG BAHRU RD. HALFWAY THRU VEHICLE 'B' COMING STRAIGHT
FROM LOWER DELTA RD BANG ONTO FRONT LEFT PORTION OF MY CAR (A)

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

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 02 / 2021) (DD/MM/YYYY), TIME: (08 : 50) (HH:MM)

LOCATION: LOWER DELTA RD TOWARDS TIONG BAHRU RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EV 1188K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5109214230-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA COROLLA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING BACK HOME
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: NG SENG HEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S16006707 CONTACT: 97387757
 c) ADDRESS: BK 25, TERAN GARDENS ROAD
#04-173 S600025

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: LIM HUI ENG DOROTHY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1518677A CONTACT: 9691796
 c) ADDRESS: BK 164 BUKIT MERAH CENTRAL
#02-3633 S'PORE 150164

* d) DATE OF BIRTH: (20 / 09 / 1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15 JUN 1981

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN 261Y MODEL: MERCEDES
 b) DRIVER'S NAME: TAY JAVIER
 c) NRIC/FIN/PASSPORT: S8701707A CONTACT: 96347688

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email: QUALITYAUTOHUB@YAHOO.COM.SG
 VIDEO

NOTICE OF REPORTING

This is to confirm that Lim Hui Eng NRIC/FIN
S1518677A, has reported to the Police a non-injury traffic accident
which occurred at Junction of Lower Delta Road towards Alexandra Rd
on 12/02/2021 at 0850hrs involving the following vehicles:

EV1188K
SLN261Y

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt T09378 Jasfah

Date: 12/02/2021 Time: 1550hrs

S/D Ref: 5

Police Post/Unit : BUKIT MERAH WEST NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police



A large, stylized handwritten signature in black ink, consisting of a large loop at the top and a long, sweeping underline.

Claim Handling

Accident MT/1121065

Policy No.	5109214230-01	Vehicle No.	EV1188K	GST Registration No.
Certificate No.				
Policyholder Name	NG SENG HEE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97387757	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	15/02/2021 16:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/02/2021	Time of Accident hh:mm	08:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LOWER DELTA ROAD TOWARDS TIONG BAHRU ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ 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 25 #04-173	Address 2	TEBAN GARDENS ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-173	Related Policy Number	5118005767	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM HUI ENG, DOROTHY	Driver NRIC	S1518677A	Driver DOB
Register Date of Driver License	15/06/1981	Driver Age	120	Driving Experience
Contact No.(Mobile)	96791796	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 164 #02-3633	Address 2	BUKIT MERAH CENTRAL	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	02-3633			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	EV1188K	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	NG SENG
Contact No.(Mobile)	97387757	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	EV1188K
Claim Description	EV1188K / SLN261Y ON 12 Feb 2021		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			15/02/2021 16:30
			Claim Close Date

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1121065 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 15/02/2021 16:32

Path *

Choose File No file chosen

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Message Read

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Category *

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Confidential

NO

NO

















NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:32	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:32	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:32	Photos		Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:30	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 15 Feb 2021 16:30

SAS

Normal

SAS 20

 Video List

Uploaded By/Date

Folder Date

File Name



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: 5109214230-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **EV1188K**
 Chassis Number : JTD8T23EX03048686
2. Name of Policyholder : NG SENG HEE
3. Effective Date of Insurance : 01 May 2020
4. Expiry Date of Insurance : 30 Apr 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: NG SENG HEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : 01 Feb 2021 14:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive