

NATIONAL Assessment Centre Services. part 1 Jan 05

SN 0921320008

Date In: 2/3/21 15:09	Job description	Date & Time Completed	Done by
Ref No: MAJ IMC21092792/h4	SAS e-filing		
Veh No: SLA 3451 P	E-mail (within 2hrs, A/C 2hrs)		
ICIA: 113/21 10:30	I-Motor Claim Form	MT/1123089 ⁰¹	3/3/21 17:16
(D) (P) 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		

Profund Wksp / INC Assign Wksp / QW: () Tel: Fax: ()

TP Particulars: Veh No: SLN 4626 C 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 ()

General Remarks:

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

() 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	Location	Done by

NA210/867	1) AR: Accident Reporting (\$30)	30
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engn-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	6) TR: Re-inspection \$75	
Est. 1:	7) NI: Idno DA + EMRT Survey \$160	
Est. 2:	8) NTUC Additional Services:-	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	*TP (Nil): TP (S:n INC) against INC \$20	
	9) NI2: Idno Mobile \$0	
	Invoice dated Fee Charged	
	Invoice dated 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	02/03/2021 15:09 (SGT)
Date of Accident	01/03/2021 10:30 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3451P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO SHER HOW
NRIC No	SXXXX090F
Email Address	YEOSHERHOW@HOTMAIL.COM
Mobile Phone No	(Phone) +65-85004501
Alternative Phone No	+65-85004501

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	5119511657
Cover Note Number	-

DRIVER

Name of Driver	YEO SHER HOW
NRIC No	SXXXX090F
Date Of Birth	13/08/1995
Occupation	Indoor

Date Of Driving Pass	28/12/2015
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85004501
Alt. Phone Number	+65-85004501
Email Address	YEOSHERHOW@HOTMAIL.COM
Address	BLK 630 YISHUN ST 61 #10-43
Address complement	-
Postcode	760630
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	CHONG WEI ZHI
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN4626C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHONG WEI ZHI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SLA3451P
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person YEO SHER HOW
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SLA3451P
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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

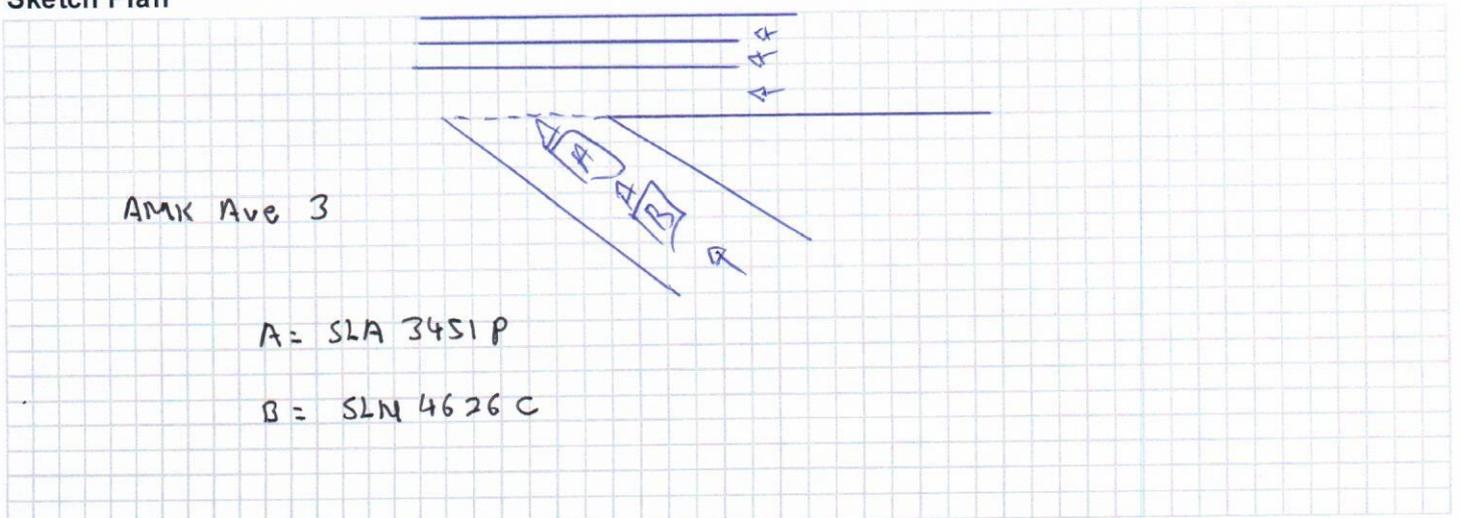


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 01/03/2021, 1030hrs. I was on AMK AVE 3 EXIT SLIP ROAD from SLE twds CTE, as I was stationary in my lane waiting for the traffic to move on, suddenly I felt an impact from the rear of my vehicle and realize vehicle B had collided into the rear 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: 5119511657

Cover : drivo CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SLA3451P |
| Chassis Number | : ACR507126872 |
| 2. Name of Policyholder | : YEO SHER HOW |
| 3. Effective Date of Insurance | : 17 Oct 2020 |
| 4. Expiry Date of Insurance | : 16 Oct 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.

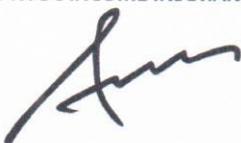
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
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	: YEO SHER HOW
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI HUAT CREDIT PTE 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 : INSURANCE MARKET PTE. LTD. (00000691183)
 Date of Issue : 16 Oct 2020 23:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



 Chief Executive

Date of Accident : 01/03/21 Accident Time: 1030 (24-HR-Format)
 Accident Place : ANG MO KIO AVES ^{CTE SLIP ROAD} ~~SEE~~ ~~ROADS~~ ⁸ EXIT
 Vehicle No. (Car Plate No.) : SLA3451P Make/Model: TOYOTA ESTIMA
 Insurance Company : N7LC Policy No: 5119511657
 Owner or Company Name /IC No. : YEO SHEA HOW / 194529090F
 Owner or Company Contact No. : 8500 4501 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : - CAB -
 DRIVER'S Date Of Birth : 13/08/1995 DRIVER'S License Pass Date 28/12/15
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: OWNER
 DRIVER'S Address : BLK 630 YISHUN STREET 61 #10-43 (S) 700630
 DRIVER'S Contact No./ Alt No. : 1) 8500 4501 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : YEOSHEAHOW@HOTMAIL.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): Driver, passengers

Other Party Driver's Particular (if any)

Vehicle. No: <u>SLN 4626C</u>	Vehicle. No: _____
Vehicle Make \Model: <u>TOYOTA</u>	Vehicle Make \Model: _____
Name Driver: <u>ANG LIM FENG</u>	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

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

passenger - f
 chong wei zhi