

NATIONAL Assessment Centre Services

(part 1 Jan 2021)

SN0821300001

Date In: 12/03/2021 13:49	Job description	Date & Time Completed	Done by
Ref No: NBA/INC21003266/Y	SAS e-Milling		
Veh No: SKV 3152Y	E-mail (by date time, A/C time)		
D.O.A: 11/03/2021 18:00	I-Motor Claim Form	mt/1124/19-001	12/03/2021 13:49
OID: TP: Reporting Only	I-Motor W/O (Within: 00 hrs, TP 4 hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / VLSN		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Print/Full/Part:	Veh No: SH 7012C	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 ()	
Breast: (\$)	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Refor 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 > \$3,000] ()

Injury: ()

()

()

()

N/A 2101896

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Sub 1:

2/2

1) All Accident Supporting (500)	INC ()
2) DA: Damage Assessment (\$100)	INC ()
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TP: Towing Fee (NG Only) (over 10 Jan 2021)	\$75
7) TP: Re-inspection	\$160
8) N/A: DA + SMRT Survey	
9) NTUC Additional Services	
ON:	
1) NG: Courtesy Car / Tpl Allowance	\$3
2) NG: Repair Coordination	\$10
3) NG: Post Repair Inspection	\$25
4) NG: DV / Collect License Coordination	\$3
5) TP (N/A) / TP (NG/INC) / Post Loss LNC	\$30
6) N/A: 2101896 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	12/03/2021 13:49 (SGT)
Date of Accident	11/03/2021 18:00 (SGT)
Exact Location of Accident	Ulu Pandan Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV3752Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH CHEONG KEE
NRIC No	SXXXX525G
Email Address	cheongkeeloh88@gmail.com
Mobile Phone No	(Phone) +65-98475175
Alternative Phone No	+65-98475175

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	Comprehensive
Fleet Policy	No
Policy Number	5109050165-01
Cover Note Number	-

DRIVER

Name of Driver	LOH CHEONG KEE
NRIC No	SXXXX525G
Date Of Birth	06/12/1952
Occupation	Indoor

Date Of Driving Pass	08/07/1975
Driving experience	45 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98475175
Alt. Phone Number	+65-98475175
Email Address	cheongkeeloh88@gmail.com
Address	BLK 352 CLEMENTI AVENUE 2 #03-119
Address complement	-
Postcode	120352
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?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
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	SH7012C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

SKETCH PLAN

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. 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.

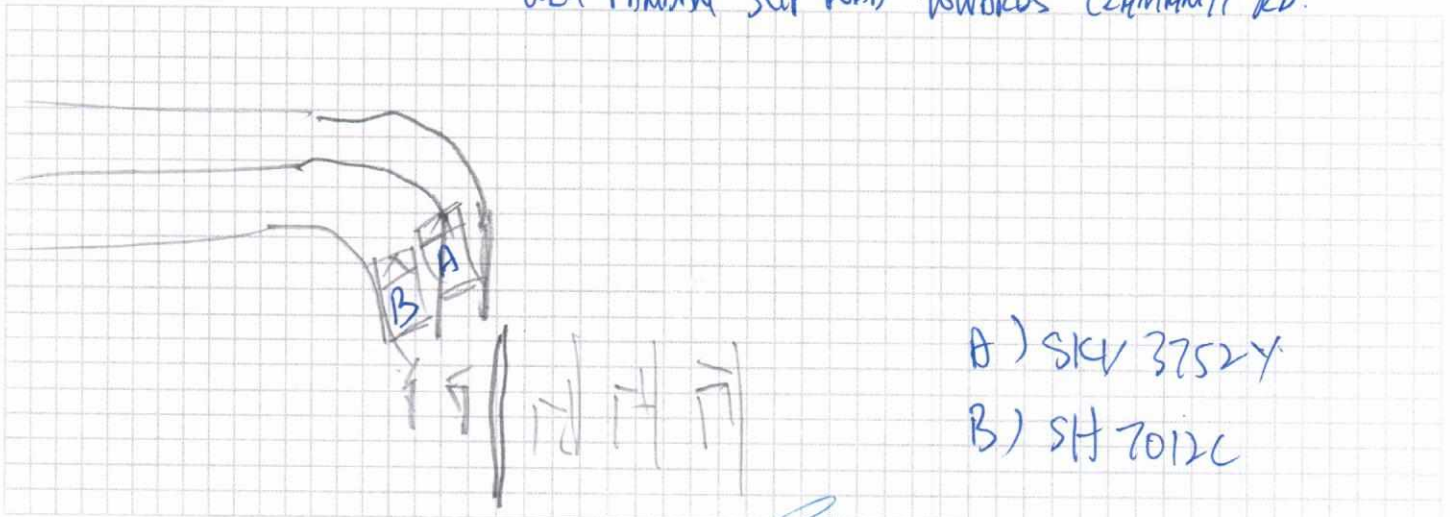
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ULU PANDAN SUP HAD TOWARDS CLEMENTI RD.



Describe Circumstances of the Accident

ON 11/03/2021 AT ABOUT 18:00HRS I WAS AT ULU KADIAN AND
WANTED TO TURN LEFT TOWARDS CLARKIN/71 ROAD. ON THE 2ND
TURNING LANE A TAXI WHICH DROVE FAST & DID NOT GIVEWAY
BRUSH AGAINST MY FRONT LEFT SIDE OF MY CAR. HE DID NOT
GIVE ME HIS PARTICULAR HE TOOK PHOTO & DROVE OFF.


Declaration

We declare the foregoing particulars are true in every respect.

 12/3/21

Policyholder's Signature / Date &
Time

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

 12/03/2021

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 03 / 2021) (DD/MM/YYYY), TIME: (18 : 00) (HH:MM)

LOCATION: Ulu Pandan Towards CLK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 3752Y
 b) INSURANCE COMPANY: NULU
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WREKA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: Lee Chuan Lee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 98475175
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: AS. ARVIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUTRICK

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: CHANAYI

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 7012C MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

No of passengers
 (including driver)
 ()

No of passengers
 (including driver)
 ()

No of passengers
 (including driver)
 ()

Email: CHEONG KEE LOH 88 @ G MAIL.COM
 VIDEO

Confidential

Annex E

NOTICE OF REPORTING

This is to confirm that Loh Cheong Kee NRIC S0123525G has reported to the Police a non-injury traffic accident report.

Accident which occurred at slip road of Ulu Pandan road turning into Clementi road.

On 11/03/2021 about 1800hrs, involving the following vehicle:

SKV3752Y (Complainant's vehicle)

SH7012C (Other party)

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 Mohd Nasir

Date: 11/03/2021 Time: 2030hrs

S/D Ref: 19

Police Post/Unit: Clementi NPC

Original - To be issued to informant
Duplicate- To be submitted to Traffic Police

Confidential

Claim Handling

Accident MT/1124119

Policy No.	5109050165-01	Vehicle No.	SKV3752Y	GST Registration No.
Certificate No.				
Policyholder Name	LOH CHEONG KEE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	98475175	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	12/03/2021 13:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/03/2021	Time of Accident hh:mm	18:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ULU PANDAN ROAD SLIP ROAD TOWARDS CLEMENTI ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	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 352 #03-119	Address 2	CLEMENTI AVENUE 2	Address 3
Address 4	SINGAPORE 120352	Address Type	Singapore address	Post Code
Unit No.	03-119	Related Policy Number	5109050165-01	

▼ OI Driver Info

Driver Name	LOH CHEONG KEE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0123525G	Driver DOB
Register Date of Driver License	08/07/1975	Driver Age	45	Driving Experience
Contact No.(Mobile)	98475175	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 352 #03-119	Address 2	CLEMENTI AVENUE 2	Address 3
Address 4	SINGAPORE 120352	Address Type	Singapore address	Post Code
Unit No.	03-119			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKV3752Y	Driver Insurer Company

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	LOH CHEONG KEE	Insured NRIC
Contact No.(Mobile)	91809091	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SKV3752Y	TP Vehicle Number
Claim Description	SKV3752Y / SH7012C ON 11 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	12/03/2021 13:53	Claim Close Date		Date Received
Report Taken By	ROS LI WAHAB			

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1124119

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

12/03/2021 13:54

Path *

Category *

Confidential

Urgen

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2021 13:54	Photos	Normal	Photos 2021-3-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2021 13:54	Photos	Normal	Photos 2021-3-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2021 13:54	Photos	Normal	Photos 2021-3-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2021 13:53	Photos	Normal	Photos 2021-3-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2021 13:53	Photos	Normal	Photos 2021-3-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2021 13:53	Photos	Normal	Photos 2021-3-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2021 13:53	Photos	Normal	Photos 2021-3-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2021 13:53	NRIC/ Driving License	Y	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2021 13:53	SAS	Normal	SAS 2021-3-12

▼ Video List

Uploaded By/Date	Folder Date	File Name	Sou
<div> <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> </div>			

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: S109050165-01 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SHV3752Y
Chassis Number : MPR0532EE106147048
2. Name of Policyholder : LOH CHEONG KEE
3. Effective Date of Insurance : 10 Jun 2020
4. Expiry Date of Insurance : 09 Jun 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	: LOH CHEONG KEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: PANG'S MOTOR TRADING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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 : I INSURANCE AGENCY (00000572538)
Date of Issue : 06 May 2020 10:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

SJF 9888