

NATIONAL Assessment Centre Services.

Date In: 17/03/2021 10:17
Ref No: NIA21003460/Y
Veh No: 1BN 476X
D.O.A: 26/03/2021 10:46

Job description

SAS e-Milling

E-mail (to job site, A/C etc)

I-Motor Claim Form

I-Motor W/O (With/Out 00 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by PAX / Hand to Owner / Witness

Date & Time Completed

Done by

QID : TP / Reporting Only

TP Insurer:

Preferred Wkep / INC Assign Wkep / QW: (

TP Principal/s:

Veh No:

SL8 788M

INC () / Non-INC ()

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

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:

NIA2101952

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

1) All Accident Support Log (\$30)	INC (\$10)
2) DA1 Damage Assessment (\$100)	\$100
3) PFI Towing Fee	\$150
4) PFI Follow-through Survey	\$30
5) PFI Follow-through Survey (Resurvey)	\$30
6) PFI Follow-through Survey (NO Only) (w/ PFI In 700)	\$75
7) PFI Follow-through Survey (NO Only) (w/ PFI In 700)	\$160
8) PFI Follow-through Survey	\$160
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100) PFI Follow-through Survey	\$160

Fee Charged
Fee Charged

21/2

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	17/03/2021 10:17 (SGT)
Date of Accident	26/02/2021 10:40 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN4776X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN MENG CHEW
NRIC No	SXXXX148B
Email Address	dtanmc@yahoo.com
Mobile Phone No	(Phone) +65-90062714
Alternative Phone No	+65-90062714

VEHICLE PARTICULARS

Manufacturer	Sym
Model	Joyride 200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5104578953-02
Cover Note Number	-

DRIVER

Name of Driver	TAN MENG CHEW
NRIC No	SXXXX148B
Date Of Birth	03/08/1973
Occupation	Outdoor

Date Of Driving Pass	23/07/2014
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90062714
Alt. Phone Number	+65-90062714
Email Address	dtanmc@yahoo.com
Address	BLK 2 GHIM MOH ROAD #11-326
Address complement	-
Postcode	270002
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?	No
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	SLS7488M
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

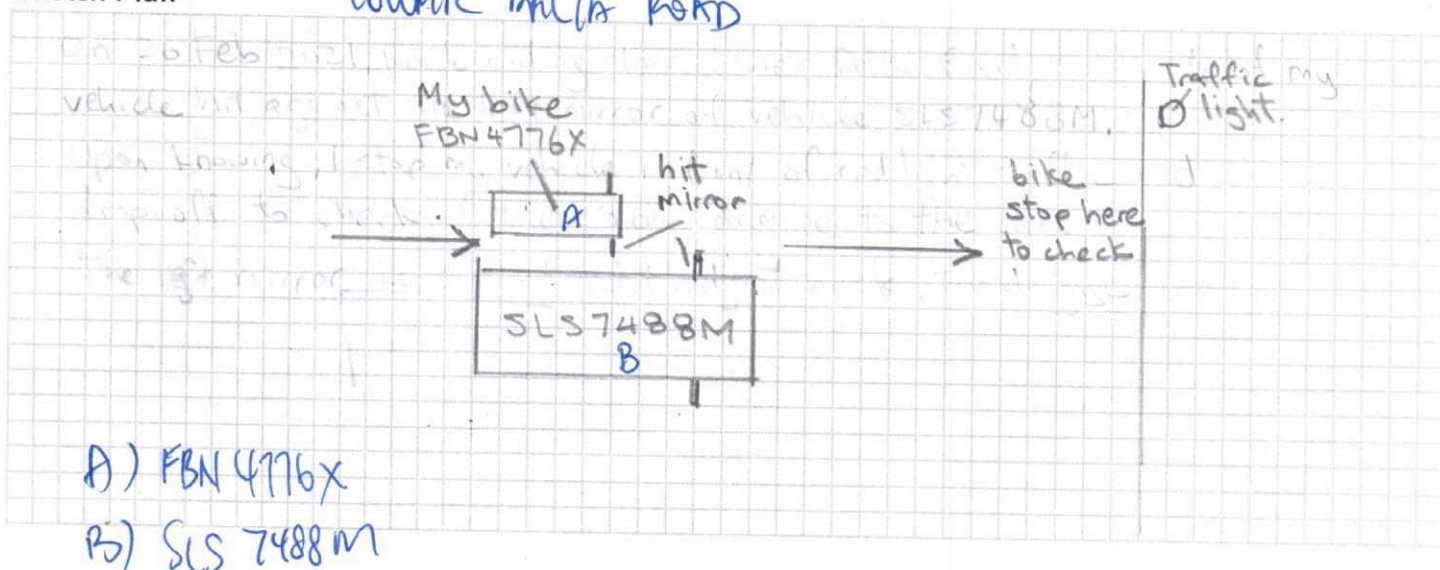
[Signature] 4:27pm
16/03/2021
Policyholder's Signature / Date &
Time

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

[Signature] 17/03/2021
Witnessed by Reporting Centre
Personnel

Sketch Plan

WONG RAILROAD ROAD



Describe Circumstances of the Accident

On 26 Feb 2021, while riding along Lower delta Road, ~~right~~ right side of my vehicle hit against the left mirror of car (SLS 7488M).

Upon knowing, I stop my bike in front of red light traffic.


I alight from my bike and check if there's any damage caused to the car.

I adjust back the slanted left mirror of the car and go off.

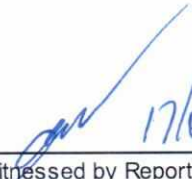
I only know the driver requested for the claims only after I receive the letter from my motor insurance company. I called up the motor insurance company to find out what happen and I was asked to come over to make an accident report.

Declaration

We declare the foregoing particulars are true in every respect.

 4:27pm
16/03/2021
Policyholder's Signature / Date & Time

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

 17/03/2021
Witnessed by Reporting Centre Personnel

Our Ref: MT/CA/TP/059/1122899-001/JLY/VU

02 Mar 2021

TAN MENG CHEW
BLK 2 #11-326
GHIM MOH ROAD
GHIM MOH GREEN
SINGAPORE 270002

Dear Policyholder

CLAIM NUMBER: MT/1122899-001
ACCIDENT INVOLVING FBN4776X / SLS7488M on 26 Feb 2021

We would like to inform you that a claim for S\$431.85 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 02 / 2021) (DD/MM/YYYY), TIME: (1040) (HH:MM)

LOCATION: Lower Delta Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN4776X
b) INSURANCE COMPANY: NUC INCOME
c) POLICY NUMBER: S104578953-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SYM Joyride
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Food delivery
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: Tan Meng Chew (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S13281488 CONTACT: 90062714
c) ADDRESS: Blk 2, Ghim Moh Road, #11-326, S(270002)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (03 / 08 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/07/2014

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

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: SLS7488M 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:

Email: dtanmc@yahoo.com

VIDEO

Claim Handling

Accident MT/1122899

Policy No.	5104578953-02	Vehicle No.	FBN4776X	GST Registration No.
Certificate No.				
Policyholder Name	TAN MENG CHEW			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	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	No	NCD Entitlement(%)	15	Private Hire

▼ Accident Details

Report Date	02/03/2021 14:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/02/2021	Time of Accident hh:mm	10:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Lower Delta Rd			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	300.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	300.00	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 2 #11-326	Address 2	GHIM MOH ROAD	Address 3
Address 4	SINGAPORE 270002	Address Type	Singapore address	Post Code
Unit No.	11-326	Related Policy Number	5104578953-02	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	TAN MENG CHEW	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	FBN4776X	TP Vehicle Number
Claim Description	FBN4776X / SLS7488M ON 26 Feb 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received
Date Registered	17/03/2021 10:20	Claim Close Date		
Report Taken By	ROSLI WAHAB			
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

Attachment

Accident No.	MT/1122899	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/03/2021 10:20
Path *		Category *	Confidential Urgen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Mar 2021 10:20	Photos		Normal	Photos 2021-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Mar 2021 10:20	Photos		Normal	Photos 2021-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Mar 2021 10:20	Photos		Normal	Photos 2021-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Mar 2021 10:20	Photos		Normal	Photos 2021-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Mar 2021 10:20	Photos		Normal	Photos 2021-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Mar 2021 10:20	Photos		Normal	Photos 2021-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Mar 2021 10:20	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Mar 2021 10:20	SAS		Normal	SAS 2021-3-17

Video List

Uploaded By/Date	Folder Date	File Name		Sou
		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 : 5104578953-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle
Chassis Number

: **FBN4776X**
: RFGLFAS01KSA02226

2. Name of Policyholder

: TAN MENG CHEW

3. Effective Date of Insurance

: 10 Oct 2020

4. Expiry Date of Insurance

: 09 Oct 2021

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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\$300
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: TAN MENG CHEW
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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 09 Sep 2020 13:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive