

NATIONAL Assessment Centre Services. part 1 Jan 03 **2109212M003**

Date In: 22/03/2021 14:37	Job description	Date & Time Completed	Done by
Ref No: NBA/2109212M003/66014	SAS e-illing		
Veh No: SDH 7336B	E-mail (by job sheet, A/C sheet)		
D.O.A: 21/03/2021 12:00	I-Motor Claims Form	22/03/2021 14:37	
OID: TP: Reporting Only	I-Motor W/O (with/without OD sheet, TP sheet)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / W/insr		

Preferred Wksp / INC Assign Wksp / OW: () Tel: Fax: ()

TP Risk Category: () Veh No: **SDH 6363Z** 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 Cost ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

()

()

()

Driver/Owner:	1) All Accident Reporting (30)	
Contact No:	2) DA / Survey Assessment (\$100)	INC ()
Damage Portion:	3) P/T Towing Fee	\$150
QC Checked by (Engr-In-Charge):	4) P/T Follow-Through Survey	\$30
	5) P/T Follow-Through Survey (Resurvey)	\$30
	6) P/T Resurvey (with INC Only) (over 10km/h)	\$75
	7) P/T Resurvey	\$160
	8) NTUC Additional Services	
	9) NTUC Courtesy Car / Tpt Allowance	\$3
	10) NTUC Repair Coordination	\$25
	11) NTUC Post Repair Inspection	\$3
	12) NTUC DV / Collect License Coordination	\$25
	13) NTUC TP (with INC) or Post INC	\$3
	14) NTUC Mobile	\$3

Invoice dated: () Fee Charged: ()

Invoice dated: () Fee Charged: ()

NA2109212M003

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	22/03/2021 14:37 (SGT)
Date of Accident	21/03/2021 12:00 (SGT)
Exact Location of Accident	721 Clementi West Street 2, Singapore 120721
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7336B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH THIAN CHOON
NRIC No	SXXXX963I
Email Address	kstbell@yahoo.com
Mobile Phone No	(Phone) +65-96634266
Alternative Phone No	(Office) +65-62731091

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cr-v
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
Transmission	Auto
CC	2354

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5104771098-02
Cover Note Number	-

DRIVER

Name of Driver	KOH SWEE THENG
NRIC No	SXXXX843H

Date Of Birth	29/01/1971
Occupation	Indoor
Date Of Driving Pass	24/03/1980
Driving experience	41 YEARS
Gender	Female
Mobile Number	(Phone) +65-96634266
Alt. Phone Number	-
Email Address	kstbell@yahoo.com
Address	BLK 165 BUKIT MERAH CENTRAL #01-3675
Address complement	-
Postcode	150165
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	No Collision
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 (TYPE OF COLLISION IS INSURED REVERSE AND HIT TP)

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	SDH6363Z
Vehicle Manufacturer	BMW
Vehicle Model	640i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97598121
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.**
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.

RM 22/3/20 11:50

[Signature] 22/03/2021

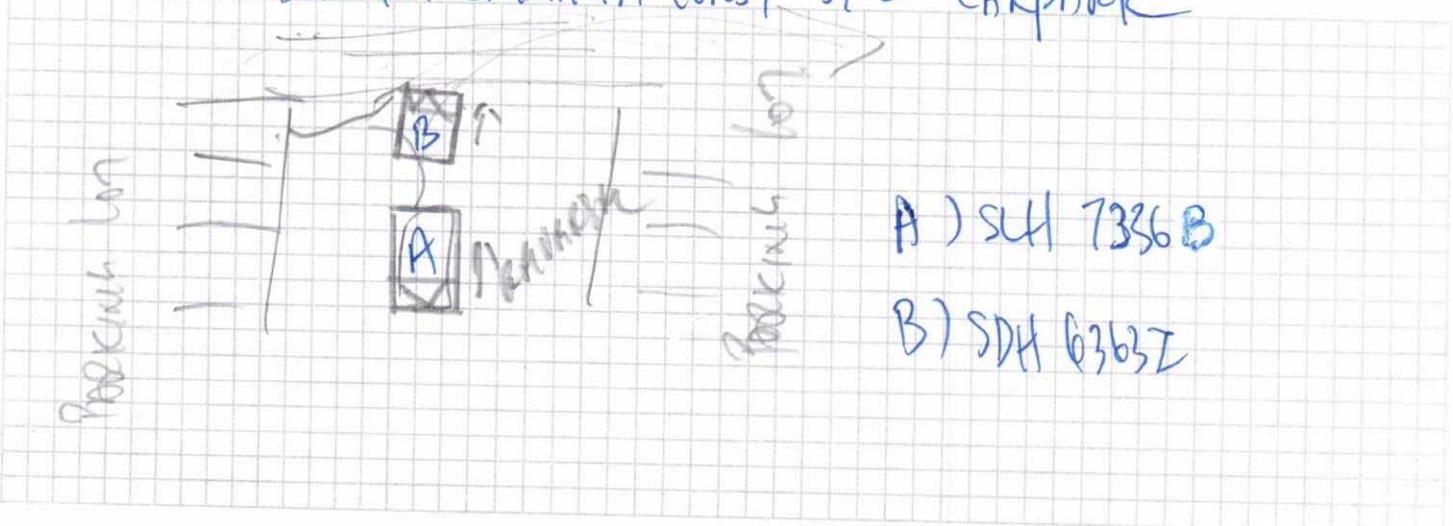
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 72 CLAMATI WKS7 S72 CARPARK



Describe Circumstances of the Accident

I was suppose to reverse into the car park lot which the car has make signal they are leaving. So I reserve without realising they are only half way out of the lot ready to exist and accidentally bump into the back of the car (only side (right side). which causes only 2 mark of small scratches and ~~small~~ tiny chip of side light cover came off.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature] 22/3/20 ~~20~~ 11.50am.

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

[Signature] 22/03/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 03 / 2020) (DD/MM/YYYY), TIME: (12:00) (HH:MM)

LOCATION: ^{BLK} 701 Clementi West Street 2 S(120720)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH 7336B
- b) INSURANCE COMPANY: Income
- c) POLICY NUMBER: 5104771098-02
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA CRV
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: pte 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: KOH Thian Choon (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S07829631 CONTACT: 62731091
- c) ADDRESS: BLK 165 Bukit Meran Central
#01-3675 S(150165)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ko h Swee. Theng (MALE / FEMALE) 96634266
- b) NRIC/FIN/PASSPORT: S7104843H CONTACT: 96634266
- c) ADDRESS: BLK 165 Bt Meran Central
#01-3675 S(150165)

* No of passengers
(including driver)
(1)

- * d) DATE OF BIRTH: (29 / 01 / 1971) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 24 / 3 / 1980

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter
- 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: SDH 6363Z MODEL: BMW 640I
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT: 97598121

* No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

email = kstbell@yahoo.com

VIDEO

I, KOH THIAN CHOON (S 0782963 I) authorized KOH SWEE
THENG

(S7104843 H) to make a report to the reporting centre for
SLH7336 B for accident happened on 21/3/2021.


KOH THIAN CHOON

Claim Handling

Accident MT/1125189

Policy No.	5104771098-02	Vehicle No.	SLH7336B	GST Registration No.
Certificate No.				
Policyholder Name	KOH THIAN CHOON			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96634266	Contact No.(Office)	62731091	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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	22/03/2021 14:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/03/2021	Time of Accident hh:mm	12:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 721 CLEMENTI WEST STREET 2 CARPARK			

▼ 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 165 #01-3675	Address 2	BUKIT MERAH CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-209	Related Policy Number	5104800709-02	

▼ OI Driver Info

Driver Name	KOH SWEE THENG	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7104843H	Driver DOB
Register Date of Driver License	24/03/1995	Driver Age	50	Driving Experience
Contact No.(Mobile)	96634266	Contact No.(Office)	62731091	Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLH7336B	Driver Insurer Company

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KOH THIAN CHOON	Insured NRIC
Contact No.(Mobile)	98245650	Contact No.(Home)	62731091	Contact No.(Office)
Email Address		OI Vehicle Number	SLH7336B	TP Vehicle Number
Claim Description	SLH7336B / SDH6363Z ON 21 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	22/03/2021 14:45	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			

Print AK letter

Save Submit

Attachment

Accident No.

MT/1125189

Claim No.

001

Last Doc. Received

Yes No

Upload Date

22/03/2021 14:48

Path *

- No file chosen
-

Category *		Confidential	Urgen
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="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 22 Mar 2021 14:48	Photos		Normal	Photos 2021-3-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2021 14:48	Photos		Normal	Photos 2021-3-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2021 14:48	Photos		Normal	Photos 2021-3-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2021 14:48	Photos		Normal	Photos 2021-3-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2021 14:48	Photos		Normal	Photos 2021-3-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2021 14:46	Photos		Normal	Photos 2021-3-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2021 14:46	Photos		Normal	Photos 2021-3-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2021 14:46	Photos		Normal	Photos 2021-3-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2021 14:46	Photos		Normal	Photos 2021-3-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2021 14:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2021 14:46	SAS		Normal	SAS 2021-3-22

Video List

Uploaded By/Date	Folder Date	File Name		Sou
<input type="button" value="Display in New Window"/> <input type="button" value="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: 5104771098-02 **Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLH7336B**
- Chassis Number : MRHRM3850HP000110
2. Name of Policyholder : KOH THIAN CHOON
3. Effective Date of Insurance : 16 Nov 2020
4. Expiry Date of Insurance : 15 Nov 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 (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KOH THIAN CHOON
NAMED DRIVER (1)	: KOH SWEE MEE
NAMED DRIVER (2)	: KOH SWEE THENG
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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)
 Date of Issue : 16 Oct 2020 15:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive