

NATIONAL Assessment Centre Services

Date In: 04/03/01	Job description	Date & Time Completed	Done by
Ref No: NA/INC/003792/13	SAS e-filing		
Veh No: 51K60194	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 02/03/01 1030	i-Motor Claim Form 24/03/01 MT/1123526-001		
OD / TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 9BA9417T	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%; F: 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA/003792/13	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	24/03/2021 14:23 (SGT)
Date of Accident	23/03/2021 12:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH SEVEN MILE FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6019G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ORANGE CARS
Company Reg No	5XXXX768M
Email Address	KIM@FRESHCARS.SG
Mobile Phone No	(Phone) +65-99999999
Alternative Phone No	+65-97833482

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5118948150
Cover Note Number	-

DRIVER

Name of Driver	CHU SZE YEE,SEBASTIAN(ZHOU SHIYI)
NRIC No	SXXXX472H

Date Of Birth	05/04/1988
Occupation	Indoor
Date Of Driving Pass	15/02/2019
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97833482
Alt. Phone Number	-
Email Address	SEBCHU@GMAIL.COM
Address	BLK 201 PETIR ROAD
Address complement	#13-691
Postcode	670201
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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

PLS REFER TO THE ATTACHED 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	GBA9417T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAY TECK LYE JOHN BAPTIST
Contact Number	(Phone) +65-90023338
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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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

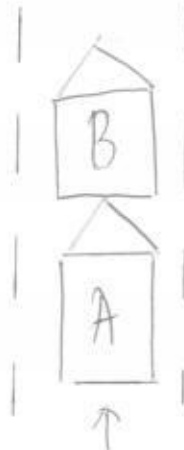

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Pusat Tinjau Seven Mile

Hydrex



Ⓐ : SJK 6019G

Ⓑ : GBA 941XT

Describe Circumstances of the Accident

I was travelling along Bukit Timah Seven Mile Flyover.
When vehicle B stop, I could not manage to stop in time.
I accidentally hit onto the rear portion of vehicle B-

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature of the driver.

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

2/4/21 54/03/21

Witnessed by Reporting Centre Personnel

ACKNOWLEDGMENT

I, CHU SZE YEE, SEBASTIAN holding NRIC /Passport No* S88114744
(*delete which is not applicable)

of vehicle No. SJK6069G acknowledge the following :

1. I have been given Income's practice leaflet.
2. The counter-staff has explained Income's practice leaflet to me accordingly.
3. I am clear about the information disseminated by the counter-staff during my accident reporting.
4. My accident reporting is for
(please circle the appropriate one)
 - a) reporting purpose only
 - b) claiming own damage
 - c) claiming third party
5. I came - a) with my workshop]
b) without my workshop] (please circle the appropriate one)
6. My workshop who came with me is A-Teo Automotive P/L
(please provide the name)
7. My preferred workshop who did not come with me is
..... and not recommended
(please provide the name) by the staff.

Signature : 

Date : 24/3/21

Date of Accident : 23/3/21 Accident Time: 12:18 hrs (24-HR-FORMAT)
Accident Place : Bukit Timah Seven Mile flyover
Vehicle Reg. No (Car plate No.) : SJK 6019G Vehicle Make/Model: Tata Nano
Insurance Company : NTUC Policy No. 5118948150
Name of Registered Owner : Company / Individual ORANGE CARS
ID of Registered Owner : Co Reg No 533147681M Owner's NRIC No: -
: Co Contact No: - Owner's Contact No: -
DRIVER'S Name : CHU SEE YEE, SEBASTIAN DRIVER'S NRIC No: S8811472H
DRIVER'S Date of Birth : 05/4/1988 DRIVER'S License Pass Date: 15 Feb 2019
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : 177 Mile 201 Petir Road #13-691 CS 1670201
DRIVER'S Contact No./ Alt No. : 1) 9783 3482 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : kim@freshcars.sg
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): 1 driver only
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera? YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: (B) GBA 9417T Vehicle Reg No: _____
Vehicle Make/Model: _____ Vehicle Make Model: _____
Name DRIVER: Tay Teck Lye John Baptist Name DRIVER: _____
IC No. DRIVER: _____ IC No. DRIVER: _____
DRIVER'S Contact & add: 90623338 DRIVER'S Contact & add: _____

Sebachu@gmail.com

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: 5118948150

Cover : Third Party

- | | |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle | : SJK6019G |
| Chassis Number | : NZE1416091119 |
| 2. Name of Policyholder | : ORANGE CARS |
| 3. Effective Date of Insurance | : 07 Sep 2020 |
| 4. Expiry Date of Insurance | : 06 Sep 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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)	: S\$1,500
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	: N/A
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 : AA INTERNATIONAL INSURANCE AGENCY (00000572347)
Date of Issue : 07 Sep 2020 11:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

The premium on this policy has not been collected.
Accident MT/1125526

Policyholder Mailing Address					
Address 1	105 KAKI BUKIT AVENUE 1	Address 2	#03-03 SHUN LI INDUSTRIAL F	Address 3	SINGAPORE 415987
Address 4		Address Type	Singapore address	Post Code	415987
Unit No.	02-03	Related Policy Number	5118949415		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHU SZE YEE,SEBASTIAN(ZHOI	Driver NRIC	S8811472H	Driver DOB	05/04/1988
Register Date of Driver License	15/02/2019	Driver Age	32	Driving Experience	2
Contact No.(Mobile)	97833482	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 201	Address 2	PETIR ROAD	Address 3	SINGAPORE 670201
Address 4		Address Type	Singapore address	Post Code	670201
Unit No.	#13-691				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	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 OD-MX

Never

Claim Type *	OO-MX	Insured Name	ORANGE CARS	Insured NRIC	53314768M
Contact No.(Mobile)	91707910	Contact No.(Home)		Contact No.(Office)	+
Email Address		Ol Vehicle Number	SJK6019G	TP Vehicle Number	GBA9417T
Claim Description	SJK6019G / GBA9417T ON 23 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	24/03/2021 00:00
Date Registered	24/03/2021 14:42	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROS/LINDA	Workshop Repairer			
<input type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1125526	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/03/2021 00:00

Path *

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 Reply

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 14:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 14:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 14:42	SAS		Normal	SAS 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 14:42	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 14:42	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 14:41	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 14:41	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 14:41	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 14:41	Photos		Normal	Photos 2021-3-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 14:41	Photos		Normal	Photos 2021-3-24	

Video List

Uploaded By/Date	Folder Date	File Name		Source
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