

NATIONAL Assessment Centre Services. (ver 1.1/2006) NA47166949

Date In: 19/12/2017 17:59
 Ref No: NBA/INC/20240604
 Veh No: SGJ 5815Y
 D.O.A: 19/12/2017 10:40
 OD / TP Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (withins 2hrs, AIC 3hrs)		
I-Motor Claim Form	19/12/2017 18:32	
I-Motor WFO (within: OD 2hrs, TP 3hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/ Hand to Owner/Wksp		

TP Insured:

Preferred Wksp / INC Assign Wksp / OW: ()
 TP Particulars: Yeh No: SFU 32894 INC () / Non-INC ()
 Owner / Driver: () Tel: () Fax: ()
 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 repeller.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury:

Date/Time	Actions

NA1707864

Human's Particulars:
 Driver/Owner:
 Contact No:
 Damaged Portion:
 Checked by (Engr-In-Charge):

Invoice Preparation Checklist	Amount	Amount
1) AR: Accident Reporting (330)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) RT: Follow-Through Survey (Resurvey)	\$30	
For claim against INC Only (ver 10 Jan 2010)		
6) TR: Re-inspection	\$75	
7) NT: Ideal DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
Q11:		
*N1: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DY / Collect Excess Coordination	\$5	
TP (N11): TP (Non-INC) against INC	\$20	
*N12: Inc Mobile	\$0	
Invoice dated	File Charged	
Invoice dated	File Charged	

Comments:
 L1:
 L2/3:

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 ability.
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 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 Report	19/12/2017 17:59
Date Of Accident	19/12/2017 10:40
Exact Location Of Accident	ALONG JALAN BUKIT MERAH NEAR BLK 115
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ5815Y
Insured/Policyholder	
Name Of Registered Owner	CHEUNG SHUI KWAN
NRIC No	S2193841F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97398006
Alternative Phone No	OTHERS-97398006

Vehicle Particulars

Manufacturer	TOYOTA
Model	YARIS E AUTO-1.5 (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082020303-01
Cover Note Number	

Driver

Name of Driver	CHEUNG SHUI KWAN
NRIC No	S2193841F
Date Of Birth	27/12/1946
Occupation	INDOOR
Date Of Driving Pass	07/11/1980
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97398006
Fax Number	
Contact Number	OTHERS-97398006
Email Address	NOEMAIL

Address	BLK 119 BUKIT MERAH VIEW #16-65
Postcode	152119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SFU3289H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

Details of Witness

Name	
Phone Number	
Email Address	

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



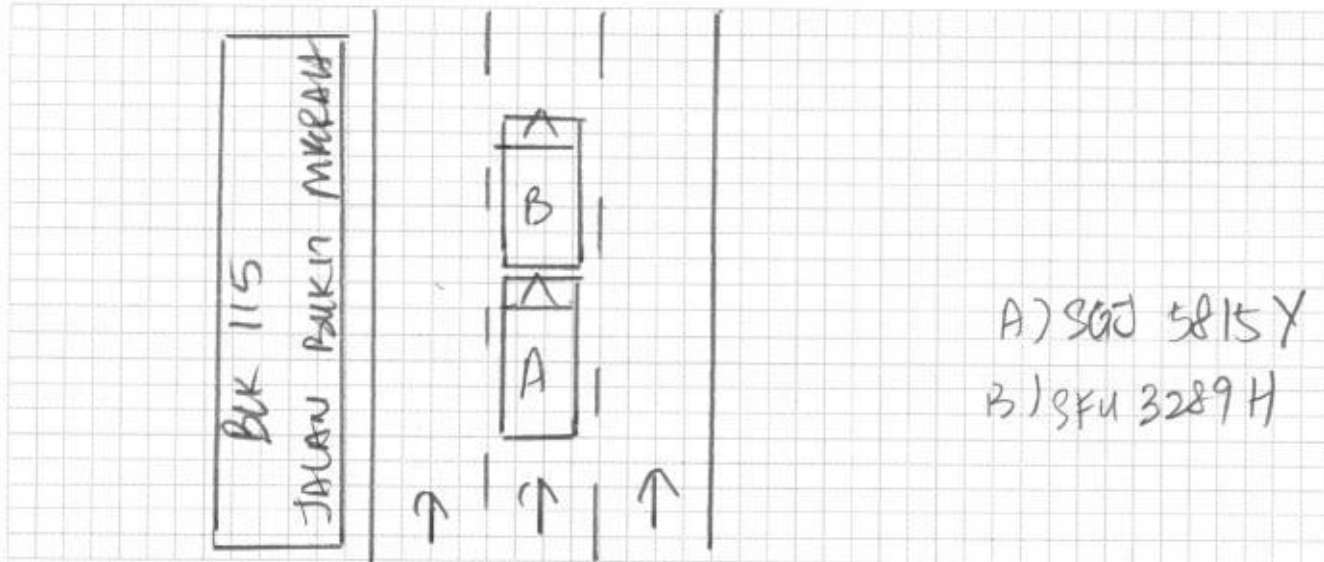
Policyholder's Signature
Date & Time:

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



19/12/2017
Reporting Centre Personnel's Signature
Name: ROSLI WATJAB
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19/12/2017 AT ABOUT 1040HRS I WAS TRAVELLING ALONG
 JALAN BUKIT MERAH TOWARDS CITY AT THE TRAFFIC LIGHT
 WAS RED EVERY CAR STOP BUT MY CAR WAS MUMB &
 RELEASE A LITTLE OF MY BRAKE & MY CAR MOVE FORWARD
 & HIT THE CAR SFU 3289H. THAT ALL.

DECLARATION

I/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:


 Reporting Centre Personnel's Signature
 Name: Resli KAHAB
 NRIC/FIN No.:
 19/12/2017

Claim Handling

Accident MT/0974422

Policy No.	5082020303-01	Vehicle No.	SGJ5815Y	GST Registration No.	
Policyholder Name	CHEUNG SHUI KWAN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	97398006	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(%)	40	Private Hire	No

Report Date

19/12/2017 18:28

Date of Accident

19/12/2017

Reporting Centre

Accident Location

ALONG JALAN BUKIT MERAH NEAR BLK 115

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

10:40

Orange Force

Accident Type

Collision - Head

Country of Accident

Singapore

ICM No.

Own damage Excess

0.00

Unnamed Driver Excess

0.00

Third Party Excess

0.00

Additional Excess

Outside Singapore OD Excess

0.00

Outside Singapore TP Excess

0.00

Windscreen Excess

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

Address 1

BLK 119 #16-65

Address 4

SINGAPORE 152119

Unit No.

16-65

Address 2

BUKIT MERAH VIEW

Address Type

Singapore address

Related Policy Number

5082020303-01

Address 3

Post Code

Driver Name

CHEUNG SHUI KWAN

Unnamed driver Name

Register Date of Driver License

07/11/1980

Contact No.(Mobile)

97398006

Address 1

BLK 119 #16-65

Address 4

SINGAPORE 152119

Unit No.

16-65

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Type

Main Driver

Driver NRIC

S2193841F

Driver Age

70

Contact No.(Office)

Address 2

BUKIT MERAH VIEW

Address Type

Singapore address

Address 3

Post Code

Driver Vehicle No.

SGJ5815Y

Driver Insurer Company

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☒ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHEUNG SHUI KWAN	Insured NRIC	
Contact No.(Mobile)	97557331	Contact No.(Home)	63349100	Contact No.(Office)	
Email Address		OI Vehicle Number	SGJ5815Y	TP Vehicle Number	
Claim Description	SGJ5815Y / SFU3289H ON 19 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	19/12/2017 18:30	Claim Close Date			
Report Taken By	ROSJI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0974422	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2017 18:32
Path *	Category *		
	Browse	Clear	Please Select
	Confidential	Urgency	
	NO	Normal	

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:32	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:32	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:32	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:31	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:31	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:31	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:31	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:31	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:31	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:31	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:30	SAS	Normal	SAS :
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:30	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (19/12/17) (DD/MM/YYYY), TIME: (10.40) (HH:MM)

LOCATION: BLK 115 Jalan Bukit Merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGJ 5815 Y
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 508202303-01 T
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA PAJERO
 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: CHANNY SHAI KWAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2193841F CONTACT: 97398006
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (27/12/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 07/11/1980

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 AFTER RAIN)

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: SFU 3289H MODEL: TOYOTA ALTIS

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 =

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2193841F



Name

CHEUNG SHUI KWAN

張瑞坤

Race

CHINESE

Date of Birth

27-12-1946

Sex

M

Country of Birth

MACAO



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2193841F

Name

CHEUNG SHUI KWAN

Birth Date: 27 Dec 1946

Issue Date: 26 Jan 2004



001096757A

1768160



NRIC No: S2193841F



Blood Group: Date of issue

AB+

07-03-1994

APT BLK 119 BUKIT MERAH VIEW #16-65
SINGAPORE 152119

NRIC No: S2193841F

Date: 30-04-2006

No: 5361243

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

07 Nov 1980

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms



Licence No: S2193841F

NP 428A

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5082020303-01

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGJ5815Y |
| Chassis Number | : MR054HY9104001669 |
| 2. Name of Policyholder | : CHEUNG SHUI KWAN |
| 3. Effective Date of Insurance | : 14 Jul 2017 |
| 4. Expiry Date of Insurance | : 13 Jul 2018 |
| 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: CHEUNG SHUI KWAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) 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 : FAR EASTERN INSURANCE AGENCY (00000613315)
Date of Issue : 05 Jun 2017 16:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive