

NATIONAL Assessment Centre Services

(Ref 1 22000)

NA18014152

Date In: 29/01/2018 16:02	Job Description	Date & Time Completed	Done by
Ref No: NA18014152	SAS e-illing		
Veh No: SLV 484C	E-mail (within 2hrs, A/C 3hrs)		
D.O.A: 29/01/2018 08:45	I-Motor Claim Form	MT10979958	29/01/2018 17:17
OD: TP / Reporting Only	I-Motor W/O (within 2hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Yeh No: SKM 5708K	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	% (Note: BSL 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 repairer.

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

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

Removals:	INC Bill No: 6788 0016	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury: _____

Date/Time	Actions

NA1800663	Invoice Preparation Checklist
Customer/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)
Damaged Portions:	3) TP: Towing Fee (\$10/\$40)
C. Checked by (Owner-In-Charge):	4) FT: Follow-Through Survey (\$10)
	5) RT: Follow-Through Survey (Resurvey) (\$10)
	For claimant against INC Only (Wef 10 Jan 2003)
	6) TR: Re-inspection (\$15)
	7) NI: New DA + SMRT Survey (\$160)
	8) NTUC Additional Services
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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 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	29/01/2018 16:02
Date Of Accident	29/01/2018 08:45
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4484C
Insured/Policyholder	
Name Of Registered Owner	ANG FUI GAN
NRIC No	S2587871Z
Email Address	SHARONANGPC@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98225970
Alternative Phone No	OTHERS-81121347

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097047361
Cover Note Number	

Driver

Name of Driver	LAU POH CHUE
NRIC No	S1704282C
Date Of Birth	16/08/1965
Occupation	INDOOR
Date Of Driving Pass	26/11/1987
Driving Experience	30 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81121347
Fax Number	
Contact Number	OTHERS-98225970
Email Address	SHARONANGPC@YAHOO.COM

Address	BLK 552 CHOA CHU KANG STREET 52 #10-45
Postcode	680552
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM5708K
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM MIAH YANG
NRIC/Passport Number	S1791409Z
Contact Number	91073686
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

29/1/18 12:05pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/1/18 12:05pm

Reporting Centre Personnel's Signature

Name:

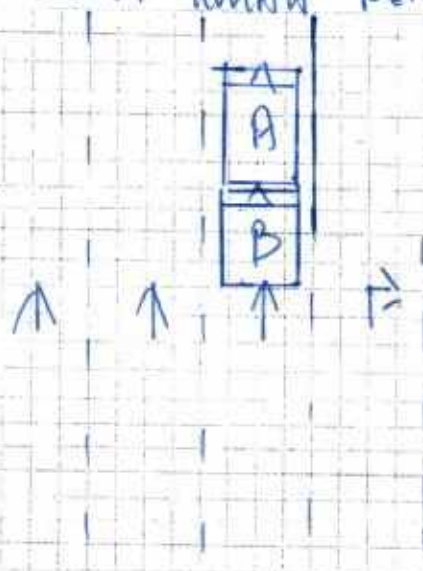
NRIC/FIN No.:

29/01/2018

Resh NARAS

SKETCH PLAN

UPPER BUKIT TIMAH ROAD



A) SLV 4484C

B) SKM 5708K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Today at about 8.45am, ~~I was stopping~~ I stopped at the red light at upper Bukit Timah Road / Old Surong Road junction, heading towards Hillview. My car ~~was~~ stopped for a while and suddenly the car behind (SKM 5708K) hit ~~me~~ my car from behind. The traffic light was red.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 29/1/18 12:10pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/1/18 12:10pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Rosdi Nattar

Claim Handling

Accident MT/0979958

Policy No.	5097047361	Vehicle No.	SLV4484C	GST Registration No.	
Policyholder Name	ANG FUI GAN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	98225970	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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	No

Accident Details

Report Date	29/01/2018 17:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	29/01/2018	Time of Accident hh:mm	08:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER RUKIT TIMAH ROAD				

Benefits

Coverage	Sum Insured		
Transport Allowance	99999999.99		

Excess

Own Damage Excess	000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 552 #10-45	Address 2	CHOA CHU KANG STREET 52	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5097047361		

OT Driver Info

Driver Name	LAU POH CHUE	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	51704282C	Driver DOB	
Register Date of Driver License	26/11/1987	Driver Age	32	Driving Experience	
Contact No.(Mobile)	81121347	Contact No.(Office)		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?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SLV4484C	Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	QD-MX	Insured Name	ANG FUI GAN	Insured NRIC		
Contact No.(Mobile)	98225970	Contact No.(Home)	67654559	Contact No.(Office)		
Email Address	fuihan@yahoo.com	OT Vehicle Number	SLV4484C	TP Vehicle Number		
Claim Description	SLV4484C / SKM5708K ON 29 Jan 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report		
Date Registered	29/01/2018 17:16	Claim Close Date		Date Received		
Report Taken By	ROSLI WAHAB					

☒ Print AK letter


Save Submit

Attachment

Accident No.	MT/0979958	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/01/2018 17:17

Path *	Category *	Confidential	Urgency
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	Normal
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:17	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:16	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:16	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 29/01/2018 (DD/MM/YYYY), TIME: 08:45 (HR:MM)

LOCATION: Upper Bukit Timah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 4484 C
 b) INSURANCE COMPANY: 9nigme
 c) POLICY NUMBER: 5071047361
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Prius
 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: Amy Fui Gan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S70878712 CONTACT: 98225970
 c) ADDRESS: B552 Choa Chu Kang St. 52 #10-45 S680552

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lau Poh Chue (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S17047821C CONTACT: 81121347
 c) ADDRESS: B552 Choa Chu Kang St. 52 #10-45 S680552

* d) DATE OF BIRTH: 16/08/1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/11/1987

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

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: SKM 5708K MODEL: Mercedes
 b) DRIVER'S NAME: Lim Miah Yang
 c) NRIC/FIN/PASSPORT: S17914092 CONTACT: 91073686

9. THIRD PARTY VEHICLE

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

Email: sharonangpc@yahoo.com

Fax:

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1704282C



LAU POH CHUE

刘宝珠

Place
CHINESE

Date of Birth: 16-08-1965 Sex: F

Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1704282C

Name: LAU POH CHUE

Birth Date: 16 Aug 1965

Issue Date: 29 Jan 2015




0023896380



1252251



NRIC No: S1704282C



Blood Group: O+ Date of issue: 05-09-1993

Address: 507 B-15 507 TOWN ONE LANE STREET #2 SINGAPORE 1296

NRIC No: S1704282C Date: 16-08-1965 No: 0201377

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE: 26 Nov 1987

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg



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, 1958 (MALAYSIA)

Certificate Number: 5097047361



Cover : drive CLASSIC

SLV4484C

NHP1707100510

ANG FUI GAN

29 Dec 2017

28 Dec 2018

1. Index mark and Registration Number of Vehicle
Chassis Number
 2. Name of Policyholder
 3. Effective Date of Insurance
 4. Expiry Date of Insurance
 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	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG FUI GAN
NAMED DRIVER (1)	: LAU POH CHUE
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 29 Dec 2017 10:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive