

# NATIONAL Assessment Centre Services

(ver 1.2/2000)

MAIA18014373

Date In: 29/01/2018 17:52	Job Description	Date & Time Completed	Done by
Ref No: X/BA/MCI/80017664	SAS e-illing		
Veh No: 88K 9066K	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 18/10/2017 12:50	1-Motor Claim Form	M/109/8871-00	29/01/2018 18:25
OD / TP & Reporting Only	1-Motor W/O (within 20 hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Box / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Veh No:	INC ( ) / Non-INC ( )
Owner / Drivers:	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 reporter.

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

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

Remarks:	INC/Policy: 6788 6016	Date & Time Completed:	Done by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Recovery Photo (Repair Cost > \$3000) ( )			

Injury:

Date/Time:	Accident:

MA1800668	Invoice Preparation Checklist
Customer's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)
Contact No:	3) TP: Towing Fee \$40/\$12
Damaged Portion:	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Recovery) \$20
	6) TR: Re-inspection \$75
	7) NI: NI DA + SMRT Survey \$160
	8) NTUC Additional Services
C. Checked by (Eng-in-Charge):	9) NI: NI DA + SMRT Survey \$160
	10) NI: NI DA + SMRT Survey \$160
	11) NI: NI DA + SMRT Survey \$160
	12) NI: NI DA + SMRT Survey \$160
	13) NI: NI DA + SMRT Survey \$160
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	18) NI: NI DA + SMRT Survey \$160
	19) NI: NI DA + SMRT Survey \$160
	20) NI: NI DA + SMRT Survey \$160



## 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 17:52
Date Of Accident	18/10/2017 12:50
Exact Location Of Accident	ALONG LOYANG AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK9066K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHER HAN MENG
NRIC No	S1434547G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97376868
Alternative Phone No	OTHERS-97376868

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC-2.0 (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	5082156531-01
Cover Note Number	

### Driver

Name of Driver	CHER HAN MENG
NRIC No	S1434547G
Date Of Birth	08/10/1960
Occupation	INDOOR
Date Of Driving Pass	29/10/1984
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97376868
Fax Number	
Contact Number	OTHERS-97376868
Email Address	NOEMAIL

Address	BLK 1F CANTONMENT ROAD #21-61
Postcode	085601
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

## 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:

29/01/18

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



Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

Res/1 WAFAB



unknown

ON 25/01/2018 I RECEIVED A LETTER FROM  
MINE THAT SOMEONE CLAIMS AGAINST ME THAT I  
DID NOT NOTICE OF ANY INCIDENT? THAT ALL.

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

HEARST CORPORATION

Driver's Signature  
(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Our Ref: MT/CA/TP/059/0978821-001/JT/VU

22 Jan 2018

CHER HAN MENG  
BLK 1F #21-61  
CANTONMENT ROAD  
THE PINNACLE@DUXTON  
SINGAPORE 085601

Dear Policyholder

**CLAIM NUMBER: MT/0978821-001**

**ACCIDENT INVOLVING SGK9066K / WAHID BIN WACHI on 18 Oct 2017**

We would like to inform you that a claim for S\$226.67 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](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance

## Claim Handling

Accident MT/0978821

Policy No.	5082156531-01	Vehicle No.	SGK9066K	GST Registration No.	
Policyholder Name	CHER HAN MENG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
MPK	<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	Not available

**Accident Details**

Report Date	22/01/2018 14:41	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	18/10/2017	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG AVE				

**Benefits**

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 1F #21-01	Address 2	CANTONMENT ROAD	Address 3	
Address 4	SINGAPORE 085601	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5082156531-01		

**01 Driver Info**

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		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?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	CHER HAN MENG	Insured NRIC	
Contact No.(Mobile)	97376558	Contact No.(Home)	67355133	Contact No.(Office)	
Email Address		DI Vehicle Number	SGK9066K	TP Vehicle Number	
Claim Description	SGK9066K / - DN 18 Oct 2017			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 18:23	Claim Close Date		Date Received	
Report Taken By	ROSLI WAMAB				

☐ Print AK letter

**Save** **Submit**

## Attachment

✕





















Accident No.	MT/0978821	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/01/2018 18:25

Path \*

<b>Category *</b>	<b>Confidential</b>	<b>Urgency</b>
<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	Normal

Please Select ▼ NO ▼ Normal

Please Select ▼ NO ▼ Normal

Attachment	Uploaded By/Date	Category	?	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 18:25	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 18:24	NRIC/ Driving License		Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 18:24	NRIC/ Driving License		Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 18:24	NRIC/ Driving License		Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 18:24	Photos		Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 18:23	Photos		Normal	Photo

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: 18/10/2014 (DD/MM/YYYY) TIME: 12:50 (HH:MM)

LOCATION: LOYALTY AVENUE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGK 9066K  
 b) INSURANCE COMPANY: MMK  
 c) POLICY NUMBER: 5082156531-01  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: \_\_\_\_\_  
 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: CHER HAN MING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 814345479 CONTACT: 91376868  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: \_\_\_\_\_

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: \_\_\_\_\_ 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 =

fax =

V1060

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1434547G



Name

CHÉR HAN MENG

徐 漢 珉

Race

CHINESE

Date of birth

08-10-1960

Sex

M

Country of birth

SINGAPORE



4078318



NRIC No S1434547G

Date of issue

11-02-2011

Address

APT BLK 1F CANTONMENT ROAD  
#21-61  
SINGAPORE 085601

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S1434547G**

Name

**CHER HAN MENG**

Birth Date **08 Oct 1960**

Issue Date **13 Oct 2006**



001450462K



E LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

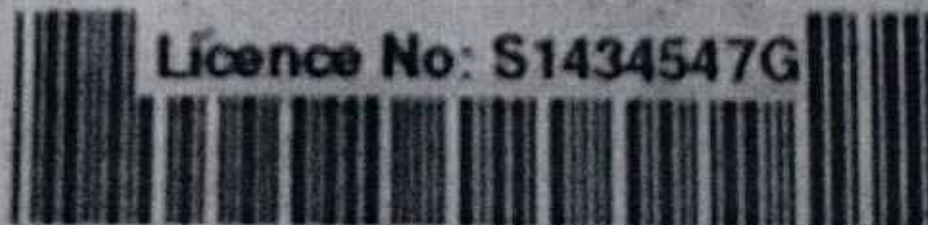
PASS DATE

Motorcycles  $\leq$  200 cc

30 Oct 1984

Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive  
of the driver; and other motor vehicles  $\leq$  2500kg

29 Oct 1984



eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>						
Vehicle No. (For Motor)	<input type="text" value="SGK9066K"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5082156531-01	CHER HAN MENG	S1434547G	GPC	Third Party, Fire & Theft	SGK9066K	SGK9066K	01/09/2017	31/08/2018
				<input type="button" value="Continue"/>					