

NATIONAL Assessment Centre Services (wef 1 Jan 05) MNA 118016860

Date In: 3/12/18 10:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18002159144	SAS e-filing		
Veh No: STP 67342	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/2/18 23:35	i-Motor Claim Form	M710980832	3/2/18 16:59.
OD / TP / Repairing 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: Pedestrian	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

NA1800780		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				Est Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			32.00	
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				
	5) FT: Follow-Through Survey (Resurvey) \$30				
	For claiming against INC Only (wef 10 Jan 2005)				
	6) TR: Re-inspection \$75				
	7) N1: Idas DA + SMRT Survey \$160				
	8) NTUC Additional Services:-				
QC Checked by (Engr-In-Charge):	Q1:				
	*N5: Courtesy Car / Tpl Allowance		\$5		
	*N6: Repair Co-ordination		\$10		
	*N7: Post Repair Inspection		\$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination		\$5		
Dat. 1:	TP (N11): TP (Non-INC) against INC		\$20		
Dat. 2 / 3:	9) N12: Idas Mobile		\$0		
	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 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	03/02/2018 10:53
Date Of Accident	02/02/2018 23:35
Exact Location Of Accident	TRAFFIC JUNC OF HOUGANG AVE 10 & HOUGANG AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6734Z
Insured/Policyholder	
Name Of Registered Owner	CHEW LAP MENG
NRIC No	S1106866I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98376594
Alternative Phone No	OFFICE-98376594

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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
Fleet Policy	NO
Policy Number	5097769291
Cover Note Number	-

Driver

Name of Driver	CHEW JUN YANG MARCUS
NRIC No	S8739832C
Date Of Birth	06/12/1987
Occupation	INDOOR
Date Of Driving Pass	20/08/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92225235
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 416 HOUGANG AVE 10 #05-1302
Postcode	530416
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 INJURED PERSON 1

Name	PEDESTRIAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

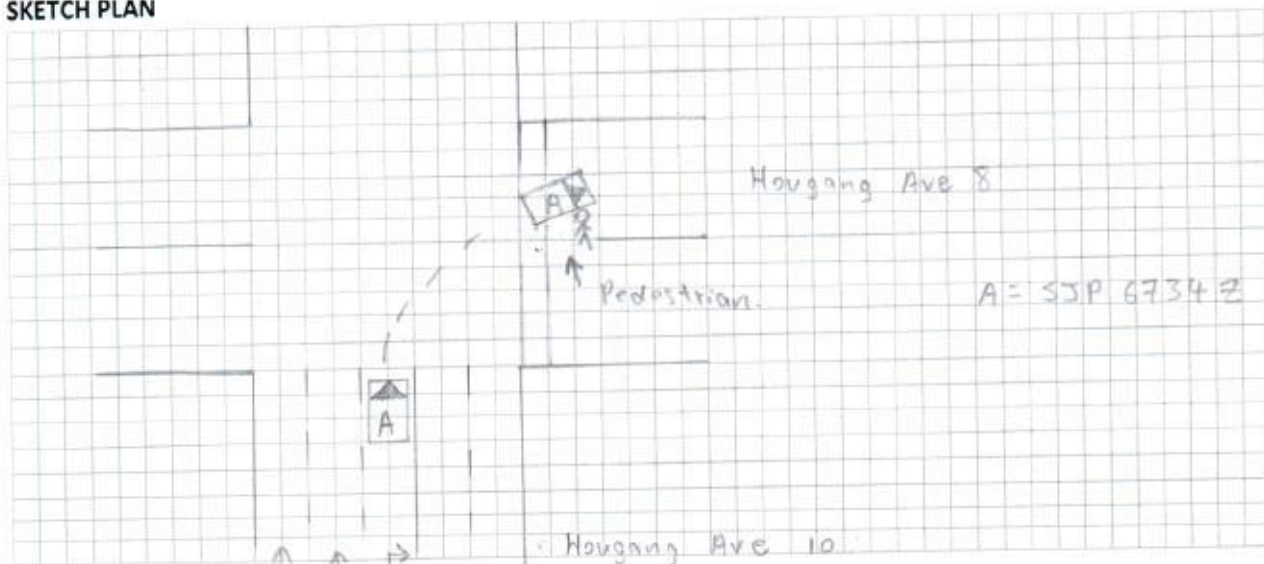
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180203/2012

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180203/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2018 01:00		Vide Report No.: F/20180202/0325		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: CHEW JUN YANG, MARCUS			Address: APT BLK 416 HOUGANG AVENUE 10 #05-1302 SINGAPORE 530416		
ID Type / ID No.: NRIC NO / S8739832C			Contact No.: Home/Office: Mobile: 92225235		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 06/12/1987	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: ENTERPRENEUR		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 02/02/2018 23:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 HOUGANG AVENUE 10 HOUGANG AVENUE 8 Traffic Junction				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP6734Z	Car					0



**SINGAPORE
POLICE FORCE**



T/20180203/2012

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180203/2012

CONTINUATION OF REPORT

Brief Details.

On 02/02/2018 at about 2325hrs, I was driving my Grey Audi vehicle bearing registration number SJP6734Z along Hougang Avenue 10 on the most right lane and nothing was amiss.

On the same day at about 2330hrs, upon reaching a traffic junction of Hougang Avenue 8, I make a stopped as I wanted to make a right turn. I then make a check to ensure that the opposite oncoming vehicle were cleared. Soon as the traffic light was indicating green, I then turned right into Hougang Avenue 8. To my amiss, there was a Chinese couple in their early 40's was crossing the road and I soon my vehicle collided into them as I did not able to stop on time.

I then quickly proceed to make a check on them and noticed that the female subject were injured. Soon, an ambulance came as I believed that a passer-by had activated them. Not long after, the female subject were conveyed and the male subject were seen to suffer several minor injuries.

TP were also at scene (Vide: F/20180202/0325) and I was the requested to proceed down to TP HQ on the 5th Feb 2018. Once the subject were conveyed I then left scene. I wish to state that my front windscreen were cracked but however still able to move off.

This is the first time such incident happened. There is no in-built CCTV installed in my vehicle and I am not sure if there is any CCTV at the said location.

As such I am lodging this report for Traffic Police assistance.



SINGAPORE
POLICE FORCE



T/20180203/2012

3 of 3

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20180203/2012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 SYED NAFIS BIN SYED HUSSAIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476904

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

03/02/2018 01:00

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8739832C



Name
CHEW JUN YANG, MARCUS

趙俊揚

Race
CHINESE

Date of birth
06-12-1987

Sex
M

Country of birth
SINGAPORE

S8739832C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8739832C

Name
CHEW JUN YANG, MARCUS

Birth Date: 06 Dec 1987

Issue Date: 20 Aug 2007



001523486H

3773060




NRIC No. S8739832C

Date of issue
07-09-2005

APT BLK 416 HOUGANG AVENUE 10 #05-1302
SINGAPORE 530416

NRIC No: S8739832C Date: 26/12/2011 No: 6985879


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

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 20 Aug 2007

NP 428A

Licence No: S8739832C



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. 5097769291

Date of Accident 02/02/2018 10:41

Vehicle No.(For Motor) SJP6734Z

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097769291	CHEW LAP MENG	S1106866I	GPC	Third Party	SJP6734Z	SJP6734Z	01/02/2018	30/03/2019

Claim Handling

Accident MT/0980832

Policy No.	5097769291	Vehicle No.	SJP6734Z	GST Registration No.	
Policyholder Name	CHEW LAP MENG			Policyholder NRIC	S111
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98376594	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	20	Private Hire	No

▼ Accident Details

Report Date	03/02/2018 16:53	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	02/02/2018	Time of Accident hh:mm	23:35	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TRAFFIC JUNC OF HOUGANG AVE 10 & HOUGANG AVE 8				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	500.00	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 416 #05-1302	Address 2	HOUGANG AVENUE 10	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	530
Unit No.		Related Policy Number	5097769291		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/3
Unnamed driver Name	CHEW JUN YANG MARCUS	Driver NRIC	S8739832C	Driving Experience	10
Register Date of Driver License	20/08/2007	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	92225235	Contact No.(Office)		Address 3	SIN
Address 1	BLK 416 #05-1302	Address 2	HOUGANG AVENUE 10	Post Code	530
Address 4		Address Type	Singapore address		
Unit No.	05-1302				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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

New

Claim Type *	OD-MX	Insured Name	CHEW LAP MENG	Insured NRIC	S111
Contact No.(Mobile)	98376594	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJP6734Z	TP Vehicle Number	PED
Claim Description	SJP6734Z / PEDESTRIAN ON 2 Feb 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	03/02/2018 16:58	Claim Close Date		Date Received	03/0
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

2/3/2018

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0980832

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

03/02/2018 16:59

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 Read

Category *		Confidential	Urgency *
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:59	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:59	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:59	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:59	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:59	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:59	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:59	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 16:58	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading