

NATIONAL Assessment Centre Services

Date In: 05/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002284/13	SAS e-filing		
Veh No: SJF9794E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 03/02/18 1120	i-Motor Claim Form	MT/0981073	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SKD1994Z	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

NA1800764	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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: 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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 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 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	05/02/2018 18:42
Date Of Accident	03/02/2018 11:20
Exact Location Of Accident	PIE TWDS CHANGI B4 THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP9794E
Insured/Policyholder	
Name Of Registered Owner	PHUA KAH HOCK
NRIC No	S0043011J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97349239
Alternative Phone No	OTHERS-97349239

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	5043037579-07
Cover Note Number	

Driver

Name of Driver	RACHAEL PAN XUELING
NRIC No	S8407448I
Date Of Birth	13/03/1984
Occupation	INDOOR
Date Of Driving Pass	04/10/2005
Driving Experience	12 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97349239
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 218B BOON LAY AVE #03-272
Postcode	642218
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	CHAIN 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?	YES
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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

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	SKD1994Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA9268K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RACHAEL PAN XUELING
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJP9794E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

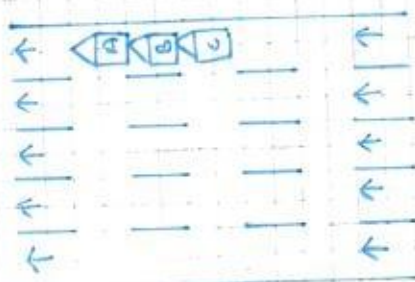

Driver's Signature

(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

PIE Toward Changi Before Thomson Exit.



A - SJP 9794 E

B - SKJ 1994 Z

C - SHA 9268 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I was driving along PIE toward Changi on the 1st lane of a 5 lanes expressway. Somewhere before Thomson exit, vehicle ahead of me slowed down & came to a stop & I also follow suit. Suddenly I felt an impact from the rear, I then alighted to check & noticed it was a chain collision involving 3 vehicles.

DECLARATION

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

x P44A Xan Hock

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 05/02/18

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

Vehicle No.	SJP 9794 E		Model / Make	Suzuki SX4.
Date of Accident	3/2/18			
Time of Accident	11-20 am	HRS	waiting for driver	
Location of Accident	P2E Towards Changi Before Thomson Exit		1 IC	
Exact purpose use during accident	Private Use.			
Name of Owner	Phua Kah Hock			
Telephone No.	H/P: 94065331	Home:	Office:	
NRIC	S 0043011 J			
Address	907, TEMPIRES AVE 4 #06-282 5520907			
Claim type	OD	<u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC			
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft	
Policy No.	5043037579-07			
Name of Driver	As Above If No, Rachel Pan Xueling.			
NRIC	S 8407448 I		Any Passengers: 1 passenger (Male)	
Date of birth	13 March 1984			
Occupation	Outdoor	/	<u>Indoor</u>	Accountant
Driving License Pass Date	4 Oct 2015			
Gender	Male / <u>Female</u>			
Contact No.	H/P: 97349239		Home:	Office:
Address	218B BOONLAY AVE #03-277 5642218			
Driver have any own vehicle	<u>No</u> , If yes, Reg No.			
Relationship	Employee, If no, state <u>Daughter</u> .			
Weather condition	<u>Clear</u> Raining Other			
Road Surface	<u>Dry</u> Wet Other			
Any Injuries	No, <u>If Yes</u> , Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	No,		If Yes, Where?	
Vehicle B No.	SKD 1994 Z		Any Passengers: 1 (Female)	
Name of Driver			Contact No.:	
Vehicle C No.	SHA 9268K		Any Passengers: 4	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name	Witness Contact:			
Accident Portion				
Camera Recorder	Yes / No			
Email Address	kino_bear@yahoo.com			

PARTICULAR WORKSHOP	Twin car Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Pmas
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg

REPUBLIC OF SINGAPORE

A black and white portrait of a young woman with dark hair and bangs, smiling slightly. She is wearing a light-colored top. The image is oriented horizontally on the page.



Authority
MINISTRY OF HOME AFFAIRS

PASGPPAN<<RACHAEL<XUELING<<<<<<<<<<<<<<<<<<<
E4130482L9SGP8403135F1904275S8407448I<<<<<<92

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S84074481**

Name: **RACHAEL PAN XUELING**

Birth Date: **13 Mar 1984**

Issue Date: **11 Jan 2018**

002762723C





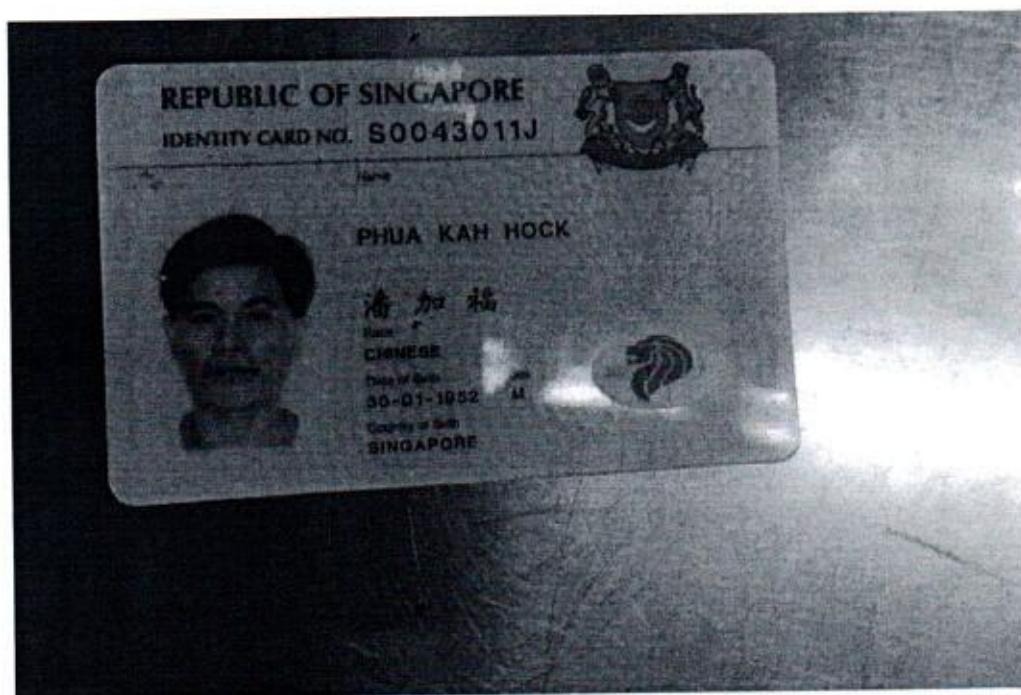
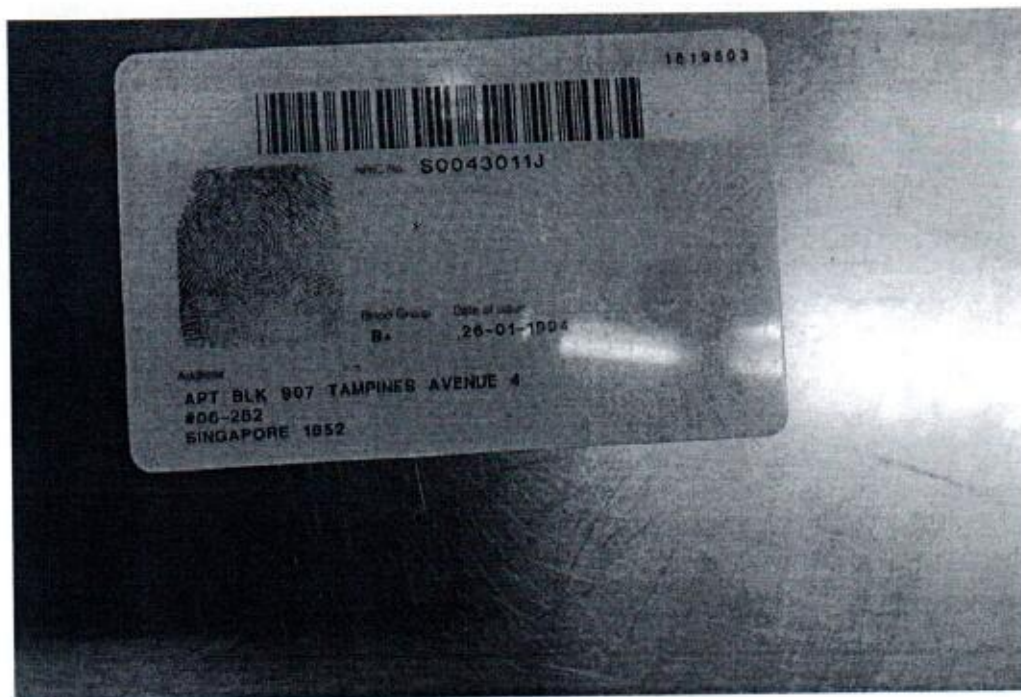
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	04 Oct 2005

NP 428A



OWNER



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: 5043037579-07

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJP9794E**
Chassis Number : JSAGYC21500203720
2. Name of Policyholder : PHUA KAH HOCK
3. Effective Date of Insurance : 21 Apr 2017
4. Expiry Date of Insurance : 20 Apr 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
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	: YES
PRIMARY DRIVER	: PHUA KAH HOCK
NAMED DRIVER (1)	: PHUA PHIEK MOY
NAMED DRIVER (2)	: RACHEAL PHUA XUELING
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 : INCOME - TAMPINES BRANCH (00000600507)
Date of Issue : 13 Apr 2017 15:32 hrs
Reprint : 13 Apr 2017 15:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0981073

Policy No.	5043037579-07	Vehicle No.	SJP9794E	GST Registration No.	
Policyholder Name	PHUA KAH HOCK			Policyholder NRIC	500
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97349239	Contact No.(Office)	0	Contact No.(Home)	0
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	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	05/02/2018 19:35	Accident Report Within 24 hrs	Yes	Accident Type	Choi
Date of Accident	03/02/2018	Time of Accident hh:mm	11:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI B4 THOMSON EXIT				
▼ Benefits					
Coverage	Sum Insured				
Excess Waiver	999999999.99				
Transport Allowance	999999999.99				
▼ 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 907 #06-282	Address 2	TAMPINES AVENUE 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520
Unit No.		Related Policy Number	5043037579-07		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	RACHAEL PAN XUELING	Driver NRIC	S84074481	Driver DOB	13/C
Register Date of Driver License	04/10/2005	Driver Age	33	Driving Experience	12
Contact No.(Mobile)	97349239	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 218B	Address 2	BOON LAY AVENUE	Address 3	BOON LAY
Address 4	SINGAPORE 642218	Address Type	Singapore address	Post Code	642
Unit No.	#03-272				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	PHUA KAH HOCK	Insured NRIC	500	
Contact No.(Mobile)	81250578	Contact No.(Home)	67821695	Contact No.(Office)		
Email Address		OI Vehicle Number	SJP9794E	TP Vehicle Number	SKD	
Claim Description	SJP9794E / SKD1994Z ON 3 Feb 2018				Name of Preferred Workshop	TWI
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Rec	
Date Registered	05/02/2018 19:43	Claim Close Date		Date Received	05/C	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired		

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0981073	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/02/2018 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:42	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:42	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:42	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:42	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:42	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:42	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:42	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:42	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:42	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:42	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading