

NATIONAL Assessment Centre Services

(wef 10 Jan 2005)

Date In: 06/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18004266/13	SAS e-filing		
Veh No: SJ287734	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 05/03/18 1500	i-Motor Claim Form	MT/0984905	
OD (TP) Reporting 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: (N-51 Tel: Fax:)

TP Particulars: Veh No: GBF48645 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

NA1801438	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
-----------	-------------------------------	-------------------	-------------------

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
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:-		
Q1)*		
*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		
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	06/03/2018 11:56
Date Of Accident	05/03/2018 15:00
Exact Location Of Accident	WEST COAST WAY TWDS WEST COAST RD INFRT CARABELLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8773U
Insured/Policyholder	
Name Of Registered Owner	THIAN CHAI HOCK
NRIC No	S8381581G
Email Address	SKYTHIAN1983@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97725417
Alternative Phone No	OTHERS-97725417

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	5079331637-01
Cover Note Number	

Driver

Name of Driver	THIAN CHAI HOCK
NRIC No	S8381581G
Date Of Birth	14/06/1983
Occupation	INDOOR
Date Of Driving Pass	25/08/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97725417
Fax Number	
Contact Number	OTHERS-97725417
Email Address	SKYTHIAN1983@GMAIL.COM

Address	BLK 261B SENGKANG EAST WAY #06-404
Postcode	542261
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	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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : JIMMG NG 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

I WAS DRIVING ALONG WEST COAST WAY TWDS WEST COAST RD ON A SINGLE LANE, TWO WAY RD. SOMEWHERE INFRT CARABELLE CONDO VEH AHEAD OF ME STOPPED AS TO MAKE TURN INTO THE SAID CONDO. AS SUCH I APPLIED BRAKE AND STOPPED ACCORDINGLY. OUT OF THE SUDDEN VEH B CAME FROM REAR AND COLLIDED DIRECTLY INTO THE REAR PORTION OF MY VEH.

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	GBF4864S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HUO ZONG YI
NRIC/Passport Number	
Contact Number	94351596
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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:

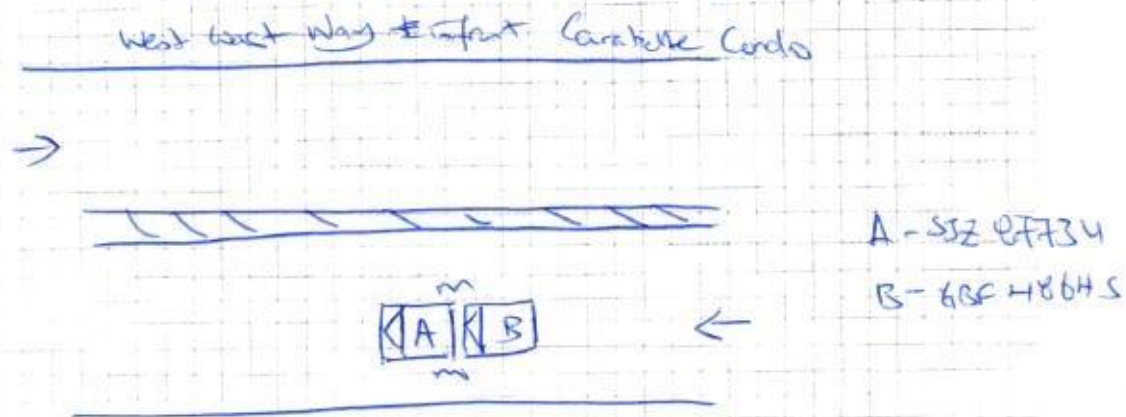
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

I was driving along West Coast Way towards West Coast Rd on a single lane, a two-way road. Somewhere in front Carabene Condo, vehicles ahead of me stopped as to make turn into the road condo. As such, I applied brake and stopped accordingly. Out of the sudden, veh (B) came from the rear and collided directly into the rear portion of my vehicle.

A - SJZ 87734
B - GRF 48645

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: 06/03/18
NRIC/FIN No.:


Vehicle No.	SJZ 873U	Model / Make	Vauxhall Vectra
Date of Accident	5/2/18		
Time of Accident	3.00pm	HRS	
Location of Accident	West Coast Way towards West Coast Rd	Infant	Carabelle Camelo
Exact purpose use during accident	on way		
Name of Owner	Tran Van Hock		
Telephone No.	H/P : 96253518	Home :	Office : 97725417
NRIC	S9381581G		
Address	Box 2618, Serangoon East Way, #06-404, S(542261)		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	NTMC		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No,		
NRIC		Any Passengers :	01 (Jimmy Ng, Male)
Date of birth	14/6/1983		
Occupation	Outdoor /	(Indoor)	
Driving License Pass Date			
Gender	Male /	Female	
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	(Clear)	Raining Other	
Road Surface	(Dry)	Wet Other	
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	G8F 4864S	Any Passengers :	Nil
Name of Driver	Huo Zongyi	Contact No. :	94551596
Vehicle C No.		Any Passengers :	
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	rear portion		
Camera Recorder	Yes / (No)		
Email Address	skythian1983@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING /			
OFFERING ACCIDENT CLAIMS ASSISTANCE? Yes / (No)			
PARTICULAR WORKSHOP	NSI Automotive Pte		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Kevin		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@nsi.com.sg		


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8381581G**

Name
THIAN CHAI HOCK

Birth Date: **14 Jun 1983**
Issue Date: **10 Jun 2011**

 001972194D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8381581G**

Name
THIAN CHAI HOCK

田 財 富


Race
CHINESE

Date of birth
14-06-1983

Country of birth
MALAYSIA

Sex
M





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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **25 Aug 2006**

Licence No: S8381581G



NP 428A



NRIC No: S8381581G



Nationality
MALAYSIAN

Date of issue
25-11-2008

Address
**APT BLK 261B SENGKANG EAST WAY
#06-404
SINGAPORE 542261**



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: S079331637-01

Cover : drivo CLASSIC

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SJ28773U |
| Chassis Number | : WVVWZZZ13ZBV016392 |
| 2. Name of Policyholder | : THIAN CHAI HOCK |
| 3. Effective Date of Insurance | : 01 Jul 2017 |
| 4. Expiry Date of Insurance | : 30 Jun 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)	: 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: THIAN CHAI HOCK
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : YETTA INSURANCE AGENCY PTE. LTD. (00000573346)
Date of Issue : 22 Jun 2017 12:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0984905

Policy No.	5079331637-01	Vehicle No.	SJZ8773U	GST Registration No.	
Policyholder Name	THIAN CHAI HOCK			Policyholder NRIC	S8381581G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97725412	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	06/03/2018 13:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/03/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WEST COAST WAY TWDS WEST COAST RD INFRT CARABELLE				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
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 261B #06-404	Address 2	SENGKANG EAST WAY	Address 3	SINGAPORE 542261
Address 4		Address Type	Singapore address	Post Code	542261
Unit No.	06-404	Related Policy Number	5079331637-01		
01 Driver Info					
Driver Name	THIAN CHAI HOCK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8381581G	Driver DOB	14/06/1983
Register Date of Driver License	25/08/2006	Driver Age	34	Driving Experience	11
Contact No.(Mobile)	97725417	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 261B	Address 2	SENGKANG EAST WAY	Address 3	SINGAPORE 542261
Address 4		Address Type	Singapore address	Post Code	542261
Unit No.	#06-404				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	THIAN CHAI HOCK	Insured NRIC	S8381581G
Contact No.(Mobile)	96253518	Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SJZ8773U	TP Vehicle Number	GBF4864S
Claim Description	SJZ8773U / GBF4864S ON 5 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	N51
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	06/03/2018 13:10	Claim Close Date		Date Received	06/03/2018 00:00
Report Taken By	RQSUNDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0984905	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	06/03/2018 00:00		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

3/6/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select ▼	NO ▼	Normal ▼	
Clear	Please Select ▼	NO ▼	Normal ▼	
Clear	Please Select ▼	NO ▼	Normal ▼	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:10	SAS	Normal	SAS 2018-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:10	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:10	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:10	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:10	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:10	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:10	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 13:10	Photos	Normal	Photos 2018-3-6

Video List

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