

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MNA118034150**

Date In: 12/3/18-15:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC8004618/24	SAS e-filing		
Veh No: SBV3507X	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 10/3/18-12:45	i-Motor Claim Form	MT/0985734	12/3/18 18:49
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **unknown** 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%. 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: ()

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

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
Cat 1:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat 2 / 3:	QJ)*			
	*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 willful 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	12/03/2018 15:36
Date Of Accident	10/03/2018 12:45
Exact Location Of Accident	ENGINEERING DR 1 INSIDE NUS OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBV3507X
Insured/Policyholder	
Name Of Registered Owner	HONG SIEW HUAT
NRIC No	S2569767G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90618519
Alternative Phone No	OFFICE-90618519

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC VTI 3M
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	5083007493-01
Cover Note Number	

Driver

Name of Driver	TENG DING CHAO
NRIC No	S9423306B
Date Of Birth	08/06/1994
Occupation	INDOOR
Date Of Driving Pass	22/02/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90013262
Fax Number	
Contact Number	OFFICE-90013262
Email Address	NOEMAIL

Address	58 ST. PATRICK'S ROAD #03-14
Postcode	424218
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	WET

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?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180310/2092.

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	UNKNOWN
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)

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:

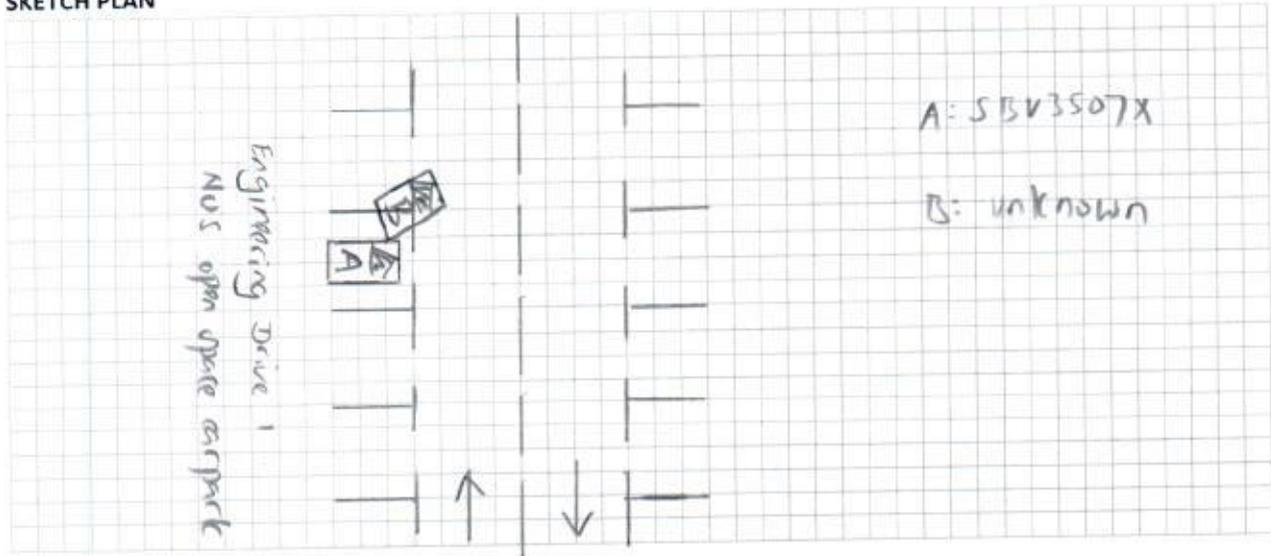


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180310/2092.

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/20180310/2092

1 of 3

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20180310/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2018 14:22	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars			
Name of Informant: TENG DING CHAO		Address: 58 ST. PATRICK'S ROAD #03-14 SINGAPORE 424218	
ID Type / ID No.: NRIC NO / S9423306B		Contact No.: Home/Office:	Mobile: 90013262
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 08/06/1994	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name: National University of Singapore
Occupation: Student		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/03/2018 12:45	Type of Location: Car Park
Location: Along Road 1 ENGINEERING DRIVE 1 Carpark 2A				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBV3507X	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180310/2092

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

2 of 3

Report No. T/20180310/2092

CONTINUATION OF REPORT

Brief Details.

On the 10/03/2018 at about 0940hrs I had parked my vehicle SBV3507X along engineering drive 1 open space carpark 2A lot number 64 I noticed that there were no vehicles parked beside my left and right lots, everything was in order I then left for class.

At about 1245hrs I came back to my vehicle and noticed that my vehicle had some damages such as the front left bumper was dislodged, there were paint chips and also some scratches to it. I went to the campus security and they had advised me to lodge a police report regarding this matter. I was also given an incident report no vide IR/KRC/18/03/10.

I also noticed that there was a CCTV operating at the vicinity of the carpark but unsure if it is facing the direction of where I was parked. The campus security informed me that they would assist in viewing the CCTV footage at the said location and would get back to me in three to five working days. I wish to state there was no in car camera in my vehicle. I am lodging this report to aid in my insurance claims as well. That is all



**SINGAPORE
POLICE FORCE**



T/20180310/2092

3 of 3

Report No. T/20180310/2092

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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: E / Sgt 2 MUHAMMAD KHAIRUDIN BIN KASSIM
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902

Signature Of Informant:
Date/Time: 10/03/2018 14:22
Classification Of Case: SN 069

Authentication Stamp
NP168

	SINGAPORE POLICE FORCE
 SIGNATURE	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9423306B**
 Name: **TENG DING CHAO**

Birth Date: **08 Jun 1994**
 Issue Date: **22 Feb 2013**

002154198D




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S9423306B**

Name: **TENG DING CHAO**

陳鼎超
 Race: **CHINESE**

Date of birth: **08-06-1994** Sex: **M**

Country of birth: **SINGAPORE**






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

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

EFFECTIVE DATE: **22 Feb 2013**

NP 478A

Licence No: **S9423306B**



4420753

NRIC No. **S9423306B**

Date of issue: **23-06-2009**

58 ST. PATRICK'S ROAD #03-14
 SINGAPORE 424218

NRIC No. **S9423306B** Date: **07/07/2016**




Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083007493-01	HONG SIEW HUAT	S2569767G	GPC	Third Party	SBV3507X	SBV3507X	01/09/2017	31/08/2018

Continue

▼ Policy Information

Policy No.	5083007493-01	Policyholder Name	HONG SIEW HUAT	Policyholder NRIC	S2569767G
Address	58 ST. PATRICK'S ROAD #03-14 ST. PATRICK'S RESIDENCES SINGAPORE 424218				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/08/2017	Effective Date	01/09/2017 00:00	Expiry Date	31/08/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	SIX PHASE E & T	Agent Tel.	65523600	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	58 ST. PATRICK'S ROAD	Address 2	#03-14 ST. PATRICK'S RESIDEN	Address 3	SINGAPORE 424218
Address 4		Address Type	Singapore address	Post Code	424218
Unit No.	04-85	Related Policy Number	5083007493-01		

▶ Insured Object: SBV3507X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Exit

Accident MT/0985734

Policy No.	5083007493-01	Vehicle No.	8BV3507X	GST Registration No.	
Policyholder Name	HONG SEW HUAT	Cover Type	Third Party	Policyholder NRIC	S2569767G
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90618519	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N/A"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	12/03/2018 18:47	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	10/03/2018	Time of Accident (h:mm)	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ENGINEERING DR 1 INSIDE NUS OPEN SPACE CARPARK				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess	3,500.00	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	58 ST. PATRICK'S ROAD	Address 2	#03-14 ST. PATRICK'S RESIDEN	Address 3	SINGAPORE 424218
Address 4		Address Type	Singapore address	Post Code	424218
Unit No.	04-85	Related Policy Number	5083007493-01		

Of Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/05/1994
Unnamed driver Name	TENG DING CHAO	Driver NRIC	S94233068	Driving Experience	5
Register Date of Driver License	22/02/2013	Driver Age	23	Contact No. (Home)	0
Contact No. (Mobile)	90013262	Contact No. (Office)	0	Address 3	SINGAPORE 424218
Address 1	58 ST. PATRICK'S ROAD	Address 2	ST. PATRICK'S RESIDENCES	Post Code	424218
Address 4		Address Type	Singapore address		
Unit No.	03-14			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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 *	<input type="text" value="OD-MX"/>	Insured Name	HONG SEW HUAT	Insured NRIC	S2569767G
Contact No. (Mobile)	98150977	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		DI Vehicle Number	8BV3507X	TP Vehicle Number	UNKNOWN
Claim Description	8BV3507X / UNKNOWN ON 10 Mar 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	Received
Date Registered	12/03/2018 18:49	Claim Close Date		Date Received	12/03/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0985734	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/03/2018 18:50

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text" value="Browse..."/> <input type="text" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text"/>	<input type="text" value="Browse..."/> <input type="text" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text"/>	<input type="text" value="Browse..."/> <input type="text" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text"/>	<input type="text" value="Browse..."/> <input type="text" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text"/>	<input type="text" value="Browse..."/> <input type="text" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text"/>	<input type="text" value="Browse..."/> <input type="text" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Ser# (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:50	SAS	Normal	SAS 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:50	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:50	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:49	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:49	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:49	PHOTOS	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:49	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:49	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 18:49	Photoe	Normal	Photos 2018-3-12		Edit

[Video List](#)

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