

# NATIONAL Assessment Centre Services

(wef 1 Jan 2015)

MNA118044205

Date In: 3/4/18 10:38	Job description	Date & Time Completed	Done by
Ref No: MA1 INC180060351h4	SAS e-filing		
Veh No: SGL 5264B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2/4/18 17:30	i-Motor Claim Form	MT/0988785	3/4/18 15:26
OD: (IP) 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: (	Tel: (	Fax: (
TP Particulars:	Veh No: SLA 1702D	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

MA1802062	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	30.00	
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:-	For claiming against INC Only (wef 10 Jan 2015)		
	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 (N-on INC) against INC \$20		
	9) N12: Idac 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	03/04/2018 10:38
Date Of Accident	02/04/2018 17:30
Exact Location Of Accident	NEW UPP CHANGI RD TWDS EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL5264B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG LI HOON
NRIC No	S7613615G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91715034
Alternative Phone No	OFFICE-91715034

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	5031371244-09
Cover Note Number	-

### Driver

Name of Driver	NG LI HOON
NRIC No	S7613615G
Date Of Birth	10/05/1976
Occupation	INDOOR
Date Of Driving Pass	05/10/1998
Driving Experience	19 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91715034
Fax Number	
Contact Number	OFFICE-91715034
Email Address	NOEMAIL

Address	BLK 167A SIMEI LANE #04-10
Postcode	521167
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	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?	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)	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 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	SLA1702D
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	XD3743P
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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.

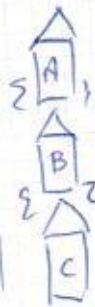
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

New  
Upper  
Changi  
Rd



DOA: 2/4/18

A: SGL 5264 B

B: SLA 1702 D

C: XD 3743 P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stopped stationary due to the traffic light  
was red, suddenly my car rear portion  
being collided by veh B. Later I  
realised there was veh C involved.

## 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.:

## Personal Particulars

Date of Accident: 2/4/18 Time of Accident: 5.30 pm  
Exact Location of Accident: New Upper Changi Rd towards Eunos  
Owner's Name: Ng Li Hoon NRIC No: S76136156 HP No: 91715034  
Driver's Name: \_\_\_\_\_ NRIC No: 4 HP No: 4  
Date of Birth: 10/5/1976 Driving Licence Passing Date: 5/10/1998 Occupation: Indoor / Outdoor  
Address: 167A Simei Lane # 04-10 (521167)  
Relationship of Driver with Insured: Owner Email Address: \_\_\_\_\_  
Vehicle No: SLA 5264B Make & Model: Toyota Carry  
Insurance Co: NTUC Coverage: \_\_\_\_\_ Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☒ Own Damage Claim / 3rd Party Claim / Not Claiming, just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / Work

\*Weather Condition? ☒ Clear / Raining / Others: \_\_\_\_\_ Wet / Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+1 C: 1+0 D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (☒ Yes / No)

## Third Party Driver's Particulars

Vehicle B No: SLA 1702D Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: 96710930  
Vehicle C No: XD 3743P Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7613615G



Name  
**NG LI HOON**  
**(HUANG LI FEN)**  
Race  
**黄 丽 芬**  
**CHINESE**  
Date of Birth  
**10-05-1976** Sex  
**F**  
Country of Birth  
**SINGAPORE**

5' 7.13 (174.5cm)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of NG LI HOON

License Number **S7613615G**

Birth Date: **10 May 1976**  
Issue Date: **29 Sep 2003**

Barcode: 000871637D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

05 Oct 1998



NRIC No. S7613615G



3 8 8 0 7 1 0

Date of Issue  
**19-05-2006**

APT BLK 167A SIMEL LANE #04-10  
SINGAPORE 521167  
NRIC No: S7613615G

Date: 20/05/2012

No: 6599383

NP 428A



License No. S7613615G

## 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:** 5031371244-09

**Cover :** drive PREMIUM

1. Index mark and Registration Number of Vehicle : SGL52648  
 Chassis Number : MROS3BK4107001867
2. Name of Policyholder : NG LI HOON
3. Effective Date of Insurance : 20 Sep 2017
4. Expiry Date of Insurance : 19 Sep 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NG LI HOON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG KONG & SHANGHAI BANKING CORPORATION LIMITED
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)

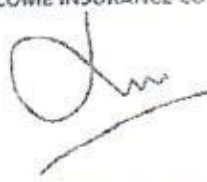
Agency : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)  
 Date of Issue : 08 Sep 2017 16:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

# Claim Handling

Accident MT/0988785

Policy No.	5031371244-09	Vehicle No.	SGL5264B	GST Registration No.	
Policyholder Name	NG LI HOON	Cover Type	drive PREMIUM	Policyholder NRIC	S7613615G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91715034	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>Accident Details</b>					
Report Date	03/04/2018 15:23	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	02/04/2018	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEW UPP CHANGI RD TWDS EUNOS				
<b>Benefits</b>					
<b>Excess</b>					
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		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 413 #05-76	Address 2	EUNOS ROAD 5	Address 3	SINGAPORE 400413
Address 4		Address Type	Singapore address	Post Code	400413
Unit No.		Related Policy Number	5031371244-09		
<b>OI Driver Info</b>					
Driver Name	NG LI HOON	Driver Type	Main Driver	Driver DOB	10/05/1976
Unnamed driver Name		Driver NRIC	S7613615G	Driving Experience	16
Register Date of Driver License	01/01/2002	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	91715034	Contact No.(Office)		Address 3	SINGAPORE 400413
Address 1	BLK 413 #05-76	Address 2	EUNOS ROAD 5	Post Code	400413
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NG LI HOON	Insured NRIC	S7613615G
Contact No.(Mobile)	91715034	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	huanglifan76@hotmail.com	OI Vehicle Number	SGL5264B	TP Vehicle Number	SLA1702D
Claim Description	SGL5264B / SLA1702D ON 2 Apr 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/04/2018 15:25	Claim Close Date		Date Received	03/04/2018 00:00
Report Taken By	LIJEW SHAN HUI				
<input type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

## Attachment

Accident No.	MT/0988785	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/04/2018 15:26		
Path *		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

Choose File No file chosen

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Message Read

Clear

Please Select

NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:26	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:26	SAS	Normal	SAS 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:26	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:26	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:26	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:25	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:25	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:25	Photos	Normal	Photos 2018-4-3
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:25	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:25	Photos	Normal	Photos 2018-4-3

Video List

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