NATIONAL Assessment Centre Services. Mrwb4/180048767

Date In: 11/04/2018 12:45	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/18006664/Y	SAS e-billing		
Veh No: SGX 5124J	E-mail (white bkg, Alcohol)		
D.O.A: 04/04/2018 13:30	I-Motor Claim Form	M/18/89929	11/04/2018 14:36
OD / TP / Reporting Only	I-Motor W/O		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SKF2722A , INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note-BSL 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 (NG hotline: 6788 0016)	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 / Action

N4(R02308

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Whilst Comments

Invoice Preparation (Check)	Bill	Bill
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100) INC ($40)		
3) TF : Towing Fee		
4) FT : Follow Through Survey $110		
5) FT : Follow Through Survey (Resurvey) $30		
For claims assigned INC Only (w.e.f. 10 Jan 2000)		
6) TR: Re-Inspection $35		
7) NI : Idea DA + SMRT Survey $160		
8) NTUC Additional Services		
OIII		
NI: Courtesy Car / Tpt Allowance $5		
NI: Repair Co-ordination $10		
NI: Post Repair Inspection $15		
NI: DV / Collect Vessel Coordination		
TP (NI) : TP (Via INC) against INC $10		
9) NI : Idea Mobile		
Invoice dated	Not Charged	
Invoice dated	Not Charged	

(1)

(2 / 3)

MNA418048167 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 11/04/2018 12:45
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 11/04/2018 12:59

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	11/04/2018 12:45
Date Of Accident	04/04/2018 13:30
Exact Location Of Accident	ALONG CORONATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX5124J
Insured/Policyholder	
Name Of Registered Owner	ANG KIAT TECK
NRIC No	S0304820I
Email Address	FLORENCEANGLH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97931516
Alternative Phone No	OTHERS-90931262
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	FETCH CHILDREN FROM SCHOOL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071535213-02
Cover Note Number	
Driver	
Name of Driver	NG LAI HUNG
NRIC No	S0379209I
Date Of Birth	13/11/1940
Occupation	INDOOR
Date Of Driving Pass	18/02/1961
Driving Experience	57 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97931516
Fax Number	
Contact Number	OTHERS-90931262
EMail Address	FLORENCEANGLH@GMAIL.COM

Address	BLK 26 GHIM MOH LINK #22-244
Postcode	270026
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	3
Passenger 1	NAME: : GRAND DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : HELPER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ALEXANDRA NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 46-2 COMMONWEALTH DR , **POSTCODE:** 140462 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4739999 - **FAX NO**: 64713569
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SKF2722A
Vehicle Make/Model/Colour	TOYOTA
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.

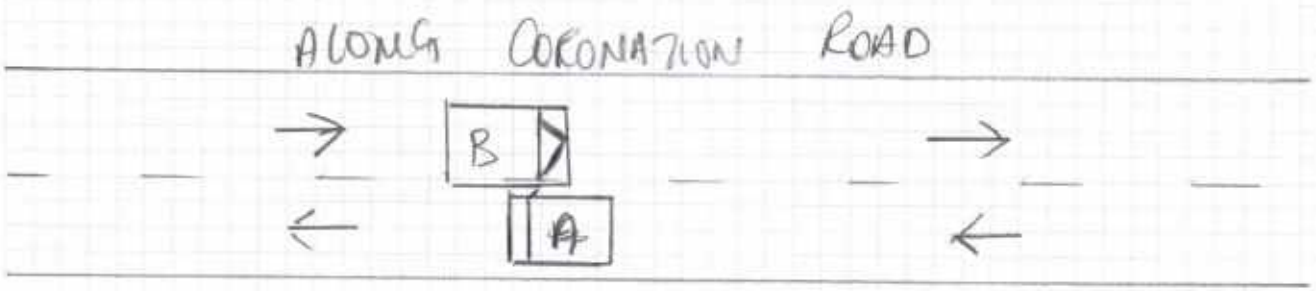
   (e) the information so collected under (d) above may be shared / disclosed:

   (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



A) SGX 5124J
B) SKF 2722A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 4th April @ 1.30pm I was driving Coronation Road, a car from the opposit direct ~~but~~ drove to my lane. as close to my car & both mirror kissing each other. My mirror was spoilt but no enjury to me & my passeng. I observe the other car's mirror was also damage but the driver was not injured

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

11/04/2018

Annex D

NOTICE OF REPORTING

This is to confirm that **Mdm Ng Lai Hung, S0379209I**

reported to the Police a non-injury traffic accident which occurred at

Coronation Road towards Nanyang Primary School junction

Kingmeads Road involving the following vehicles:

SGX 5124J and SKF 2722A

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: **S/S/SGT 1783 Lim Kim Huat**

Date: **05/04/2018** Time: **1310 hrs**

S/D Ref: 16

Police Post/Unit : **Alexandra NPP**

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Claim Handling

› Task Transfer › Exit

TOC SAL SUB

Accident MT/0989929

Policy No.	5071535213-02	Vehicle No.	SGX5124J	GST Registration No.	
Policyholder Name	ANG KIAT TECK			Policyholder NRIC	S0304820I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97931516	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	11/04/2018 14:22	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	04/04/2018	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	ALONG CORONATION ROAD				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
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 28 #22-244	Address 2	CHOA MOH LINK	Address 3	CHOA MOH VALLEY
Address 4	SINGAPORE 270026	Address Type	Singapore address	Post Code	270026
Unit No.		Related Policy Number	5071535213-02		

OI Driver Info

Driver Name	NG LAI HUNG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S0379209I	Driver DOB	13/11/1940
Register Date of Driver License	18/02/1961	Driver Age	77	Driving Experience	57
Contact No.(Mobile)	90931262	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGX5124J	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Investigation

Claim 001 OD-MX New

EDN SAL SUB

Claim Case Officer

Claim Type	OD-MX	Insured Name	ANG KIAT TECK	Insured NRIC	S0304820I
Contact No.(Mobile)	97931516	Contact No.(Home)	62561868	Contact No.(Office)	
Email Address	lawrenceteang@hotmail.com	OI Vehicle Number	SGX5124J	TP Vehicle Number	SKP2722A
Claim Description	SGX5124J / SKP2722A On 4 Apr 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	11/04/2018 14:26	Claim Close Date		Date Received	11/04/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason

Remarks

Attachment

Accident No.	MT/0989929	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/04/2018 00:00

	Path *	Category *	Confidential	Urgency *	Description *
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		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	

Message Read

Send Message Upload

Attachment List

	Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:26	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:26	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:26	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:26	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:26	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:25	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:25	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:25	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:25	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:25	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:25	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:25	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:25	Photos		Normal	Photos 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:25	SAS		Normal	SAS 2018-4-11		Edit
		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2018 14:25	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-11		Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (04/04/2018) (DD/MM/YYYY), TIME: (1:30 pm) (HH:MM)

LOCATION: Coronation Road

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SGX 5124 J
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5071355213-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Volkswagon
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: fetch children from school
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (~~YES~~/NO)
      IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
   GRAND DAUGHTER F
   HELPER (F)
   a) NAME: ANG KIAT TECK (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S3306~~8~~207 CONTACT: 97931516
   c) ADDRESS: BK 26 #22-244 Ghim Moh Link

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

   ✱ No of passenger (including driver) (3)

3. DRIVER
   a) NAME: NG LAI HUNG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S0379209I CONTACT: 96931262
   c) ADDRESS: BK 26 #22-244 Ghim Moh Link
   *d) DATE OF BIRTH: (13/10/1960) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 18/01/196[illegible]

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Wife
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: Alexandra NPP
8. THIRD PARTY VEHICLE
   ✱ No of passenger (including driver) (__)
   a) VEHICLE NUMBER: SKF 2722A MODEL: Toyota
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE
   ✱ No of passenger (including driver) (__)
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = florenceanglh@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0379209I

Name

NG LAI HUNG

吳麗娴

Race

CHINESE

Date of Birth

13-11-1940

Sex

F

Country of Birth

PERAK

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0379209I

Name

NG LAI HUNG

Birth Date: 13 Nov 1940

Issue Date: 19 Mar 2004

001168501J

0733779

NRIC No: S0379209I

Blood Group: AB+

Date of issue: 15-01-1993

APT BLK 26 GHIM MOH LINK #22-244
SINGAPORE 270026

NRIC No: S0379209I Date: 08/01/2018

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Feb 1961

NP 428A

Licence No: S0379209I

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SGX5124J

Date of Accident 04/04/2018 12:44

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5071535213-02	ANG KIAT TECK	S0304820I	GPC	drivo CLASSIC	SGX5124J	SGX5124J	28/08/2017	27/08/2018

Continue