

NATIONAL Assessment Centre Services

Date In: 11/05/18	Job description	Date & Time Completed:	Done by:
Ref No: NA/INC18008639/13	SAS e-filing		
Veh No: 5GM58300	E-mail (within 8hrs, AD 2hrs)		
D.O.A: 10/05/18 1750	i-Motor Claim Form	MT/0993933 - 001	
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: SKA4543M	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

NA/802988	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
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) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2/3:	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	11/05/2018 10:32
Date Of Accident	10/05/2018 17:50
Exact Location Of Accident	BARTLEY RD TWDS CTE OUTSIDE BARTLEY MRT STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM5850D
Insured/Policyholder	
Name Of Registered Owner	LYDIA HO JYH YUN
NRIC No	S1520083I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93673196
Alternative Phone No	OTHERS-97679301

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5067694334-03
Cover Note Number	

Driver

Name of Driver	NG KIAN CHIN JIMMY
NRIC No	S1355921Z
Date Of Birth	01/12/1959
Occupation	INDOOR
Date Of Driving Pass	12/10/1983
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97679301
Fax Number	
Contact Number	
Email Address	NGJIMMY.KC@GMAIL.COM

Address	BLK 4 GHIM MOH RD #06-272
Postcode	270004
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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)	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

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	SKA4543M
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 INJURED PERSON 1

Name	NG KIAN CHIN JIMMY
------	--------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

NECK

SGM5850D

YES

NO

SKETCH PLAN

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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:

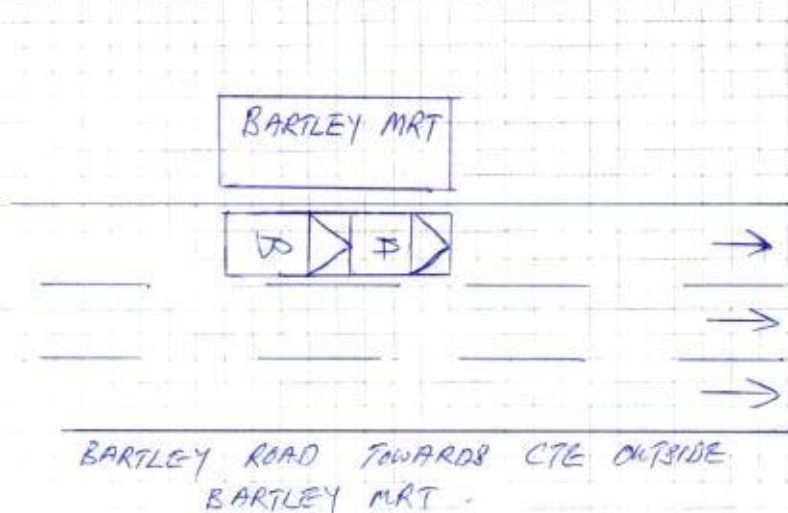
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 86M 58500
(B) 8KA 4543M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/05/18 at @ 1750 hrs, I was travelling in my vehicle (86M 58500) along Bartley Road towards CTE direction outside Bartley MRT on the extreme left lane. I slow down and stopped due to red light ahead. Suddenly, a vehicle (8KA 4543M) from behind collided onto the rear portion of my vehicle.

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: 11/05/18
NRIC/FIN No.:

Vehicle No.	SGM 5850D	Model / Make	Toyota ALTIS
Date of Accident	10/05/18		
Time of Accident	1750	HRS	
Location of Accident	Bartley Road towards CTE outside Bartley MRT Station		
Exact purpose use during accident	Private Used		
Name of Owner	Lydia Ho Jyh Yun		
Telephone No.	H/P: 9367 3196	Home :	Office :
NRIC	S 1520083/I		
Address	BLK 70 Redhill Close #14-88 (S) 150070		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NJC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5067694334-03		
Name of Driver	As Above If No, NG KIAN CHIN Jimmy		
NRIC	S 1355921/2	Any Passengers :	
Date of birth	01/12/1959		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	13/10/1983		
Gender	Male	Female	
Contact No.	H/P: 9767 9301	Home :	Office :
Address	BLK 4 Ghim Moh Road #06-272 (S) 270004		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Friend	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who? NG KIAN CHIN Jimmy (Neck Injury)	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SKA 4543M	Any Passengers :	N.A.
Name of Driver		Contact No. :	
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	N.A.	Witness Contact :	
Accident Portion	Rear Portion		
Camera Recorder	Yes / No		
Email Address	ngjimmy.kc@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
Yes / No			
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Hui Xin		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1355921Z**

Name: **NG KIAN CHIN JIMMY**

Birth Date: **01 Dec 1959**

Issue Date: **11 Sep 2003**

000821854B




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1355921Z**



Name

NG KIAN CHIN JIMMY

黄建进

Race

CHINESE

Date of Birth

01-12-1959

Sex

M

Country of Birth

SINGAPORE

S1355921Z

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

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

PASS DATE

13 Oct 1983

NP 428A

Licence No: **S1355921Z**



173838

NRIC No. **S1355921Z**



Blood Group: Date of issue

B+ 30-09-1993

**APT BLK 4 GHIM MOH ROAD #06-272
SINGAPORE 270004**

NRIC No: **S1355921Z**

Date: **01/11/2011**

No: **6852475**

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: 5067694334-03

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGM5850D |
| Chassis Number | : MR053ZEC107133694 |
| 2. Name of Policyholder | : LYDIA HO JYH YUN |
| 3. Effective Date of Insurance | : 23 Oct 2017 |
| 4. Expiry Date of Insurance | : 22 Oct 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: LYDIA HO JYH YUN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : TAN MOH HONG CREDIT PTE LTD (00000614344)
Date of issue : 29 Sep 2017 16:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0993933

Policy No.	S067694334-03	Vehicle No.	SGM5850D	GST Registration No.	
Policyholder Name	LYDIA HO JYH YUN			Policyholder NRIC	S15200831
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	93673196	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No ▾
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	11/05/2018 11:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/05/2018	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BARTLEY RD TWDS CTE OUTSIDE BARTLEY MRT STATION				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	\$00.00	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 70 #14-88	Address 2	REDHILL CLOSE	Address 3	SINGAPORE 150070
Address 4		Address Type	Singapore address	Post Code	150070
Unit No.		Related Policy Number	S067694334-03		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/12/1959
Unnamed driver Name	NG KIAN CHIN JIMMY	Driver NRIC	S1355921Z	Driving Experience	34
Register Date of Driver License	12/10/1983	Driver Age	58	Contact No.(Home)	0
Contact No.(Mobile)	97679301	Contact No.(Office)	0	Address 3	GHIM MOH GREEN
Address 1	BLK 4	Address 2	GHIM MOH ROAD	Post Code	270004
Address 4	SINGAPORE 270004	Address Type	Singapore address		
Unit No.	#06-272				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	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	LYDIA HO JYH YUN	Insured NRIC	S15200831
Contact No.(Mobile)	93673196	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	lydia@singnet.com.sg	O1 Vehicle Number	SGM5850D	TP Vehicle Number	SKA4543M
Claim Description	SGM5850D / SKA4543M ON 10 May 2018			Name of Preferred Workshop	N51
Preferred Workshop Contact No.		Insured Liability *	Not at Fault ▾	GIA report	Received
Require Finalisation	Yes ▾	Preferred Repair Option	Preferred Workshop (refer below) ▾	Date Received	11/05/2018 00:00
Date Registered	11/05/2018 11:31	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

▼

Accident No.	MT/0993933	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/05/2018 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *

Confidential

Urgency *

Descr

Clear	Please Select ▾	NO ▾	Normal ▾	
Clear	Please Select ▾	NO ▾	Normal ▾	
Clear	Please Select ▾	NO ▾	Normal ▾	

Choose File No file chosen

Choose File No file chosen

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 11:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 11:31	SAS	Normal	SAS 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 11:31	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 11:31	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 11:30	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 11:30	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 11:30	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 11:30	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 11:30	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 11:30	Photos	Normal	Photos 2018-5-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 11:30	Photos	Normal	Photos 2018-5-11

Video List

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

Scan and uploading