

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 25/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009531/13	SAS e-filing		
Veh No: SKJ6080X	E-mail (within 8hrs, APC 2hrs)		
DOA: 24/05/18 1720	i-Motor Claim Form	MT/0995898-001	
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: (TWINCAR)		Tel:	Fax:
TP Particulars:	Veh No: SKA4557J	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

NA1803288

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		
QC Checked by (Engr-In-Charge):	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:-		
	ON*		
	*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	25/05/2018 12:49
Date Of Accident	24/05/2018 17:20
Exact Location Of Accident	BLK 24 SIN MING RD OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6080X
Insured/Policyholder	
Name Of Registered Owner	NG GEK HUAY
NRIC No	S1811736C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96452361
Alternative Phone No	OTHERS-96452361

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	5100857686
Cover Note Number	

Driver

Name of Driver	BENNY TAN MIEN KIAT
NRIC No	S9442176D
Date Of Birth	16/11/1994
Occupation	INDOOR
Date Of Driving Pass	15/01/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87144404
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 236 COMPASSVALE WALK #15-516
Postcode	540236
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	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	
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)	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	SHA4557J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

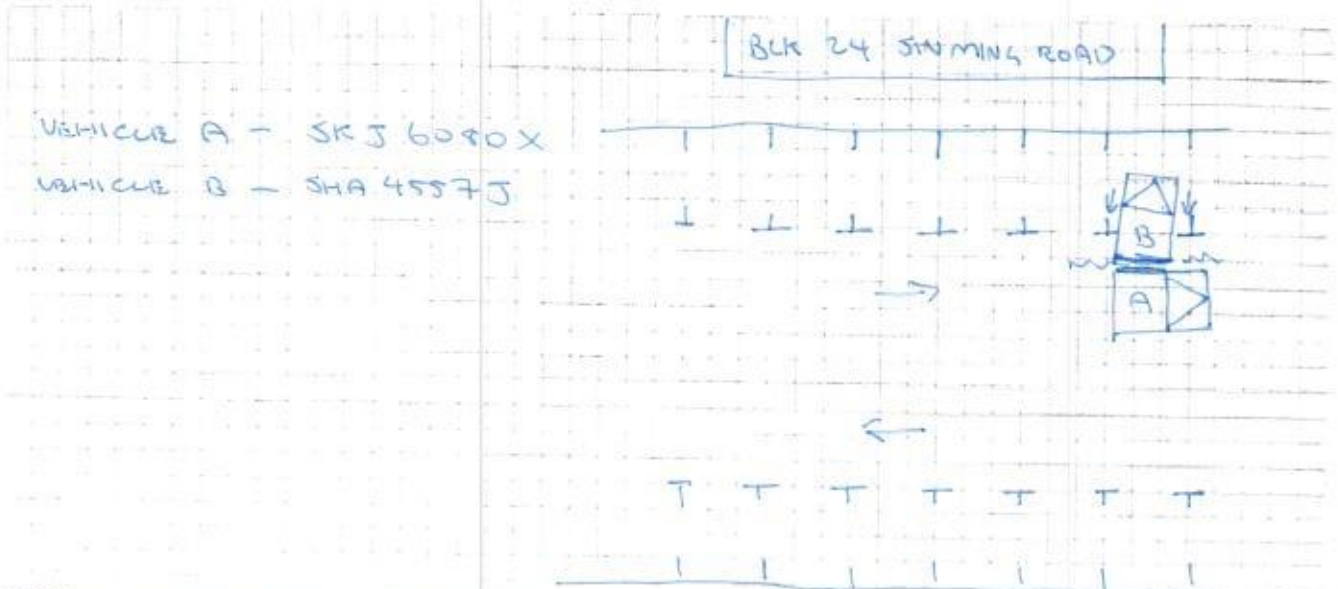


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS GOING STRAIGHT HEADING TOWARDS THE EXIT OF THE OPEN CARPARK OF BLK 24 SIN MINH ROAD.

WHILE GOING STRAIGHT SUDDENLY, I FELT A GREAT IMPACT FROM THE LEFT SIDE OF MY VEHICLE.


ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SHA 4557J) THAT REVERSED OUT FROM A PARKING LOT AND HIT ONTO THE LEFT SIDE OF MY VEHICLE WHEN I WAS GOING STRAIGHT FORWARDS THE EXIT OF THE CARPARK.

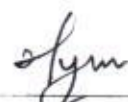
VEHICLE A - SKJ 6080X
VEHICLE B - SHA 4557J

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:

 25/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SKJ 6080 X	Model / Make	VW SCIROCCO
Date of Accident	24/05/18		
Time of Accident	1720	HRS	
Location of Accident	245IN MINH RD OPEN CAR PARK		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	NG GEE HUAY		
Telephone No.	H/P : 9645 2361	Home :	Office :
NRIC	S1811736C		
Address	BLK 236 COMPASSVALE WALK #15-516 S(540236)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	5100857686		
Name of Driver	As Above If No, BENNY TAN MING KAT		
NRIC	S9442176D	Any Passengers :	NIL
Date of birth	16/11/1994		
Occupation	Outdoor / Indoor		
Driving License Pass Date	15 JAN 2018		
Gender	Male / Female		
Contact No.	H/P : 87144404	Home :	Office :
Address	BLK 236 COMPASSVALE WALK #15-516 S(540236)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		SON
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.	SHA 4557 J	Any Passengers :	
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		Witness Contact :	
Accident Portion	LEFT SIDE PORTION		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9442176D



Name

BENNY TAN MIEN KIAT

陳銘杰

Race

CHINESE

Date of birth

16-11-1994

Country of birth

SINGAPORE

Sex

M

S9442176D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9442176D

Name

BENNY TAN MIEN KIAT

Birth Date: 16 Nov 1994

Issue Date: 15 Jan 2018



002764027J



4407762

NRIC No: S9442176D



Date of issue

25-05-2009

Address

APT BLK 236 COMPASSVALE WALK
#15-516
SINGAPORE 540236

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

EFFECTIVE DATE


Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 15 Jan 2018

NP 428A





Licence No: S9442176D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1811736C



Name
NG GEK HUAY
黄玉花
Race
CHINESE
Date of Birth
27-12-1967
Country of Birth
SINGAPORE



1370781



NRIC No. S1811736C



Blood Group
O+
Date of Issue
09-10-1993

Address
APT BLK 238 COMPASSVALE WALK #15-016
SINGAPORE 540238

NRIC No. S1811736C Date: 20-03-1998 No. 2513956

huay

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: 5100857686

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKJ6080X**
Chassis Number : **WVWZZZ13ZCV034933**
2. Name of Policyholder : **NG GEK HUAY**
3. Effective Date of Insurance : **21 May 2018**
4. Expiry Date of Insurance : **20 May 2019**
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	: TAN CHOON CHOO
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
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 : AUTO WORLD PTE. LTD. (00000573401)
Date of Issue : 21 May 2018 12:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/0995898

Policy No.	5100857686	Vehicle No.	SKJ6080X	GST Registration No.	
Policyholder Name	NG GEK HUAY			Policyholder NRIC	S1811736C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96452361	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	25/05/2018 14:49	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/05/2018	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 24 SIN MING RD OPEN CARPARK				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	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 236 #15-516	Address 2	COMPASSVALE WALK	Address 3	SINGAPORE 540236
Address 4		Address Type	Singapore address	Post Code	540236
Unit No.	15-516	Related Policy Number	S100857686		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	BENNY TAN MIEN KIAT	Driver NRIC	S9442176D	Driver DOB	16/11/1994
Register Date of Driver License	15/01/2018	Driver Age	23	Driving Experience	0
Contact No.(Mobile)	87144404	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 236	Address 2	COMPASSVALE WALK	Address 3	SINGAPORE 540236
Address 4		Address Type	Singapore address	Post Code	540236
Unit No.	#15-516				
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NG GEK HUAY	Insured NRIC	S1811736C
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		O1 Vehicle Number	SKJ6080X	TP Vehicle Number	SHA4557J
Claim Description	SKJ6080X / SHA4557J ON 24 May 2018			Name of Preferred Workshop	TWINCAR
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	25/05/2018 14:53	Claim Close Date		Date Received	25/05/2018 00:00
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.	MT/0995898	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/05/2018 00:00

Path *

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

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)[Please Select](#) [NO](#) [Normal](#)[Clear](#) [Please Select](#) [NO](#) [Normal](#)[Clear](#) [Please Select](#) [NO](#) [Normal](#)[Clear](#) [Please Select](#) [NO](#) [Normal](#)

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:53	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-5-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:53	SAS	Normal	SAS 2018-5-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:53	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:53	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:53	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:53	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:53	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:53	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:53	Photos	Normal	Photos 2018-5-25

Video List

Uploaded By/Date	Folder Date	File Name	Source
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