

NATIONAL Assessment Centre Services			
Date In: 28/06/2018 12:34	Job description	Date & Time Completed	Done by
Ref No: NBA/MC180/1785/Y	SAS e-filing		
Veh No: SLV 9493T	E-mail (within 8hrs, AIC 2hrs)		
DOA: 27/06/2018 09:00	i-Motor Claim Form	M7/000698-001	28/06/2018 13:46
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: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SLV 8579T	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

NBA604091	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2015)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRI Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD:			
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5			
Cat 1:	*N6: Repair Co-ordination \$10			
Cat 2 / 3:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non-INC) against INC \$20			
	9) N12: Idac Mobile \$10			
	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	28/06/2018 12:34
Date Of Accident	27/06/2018 09:00
Exact Location Of Accident	JUNCTION OF CANTONMENT LINK/CANTONMENT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9493T
Insured/Policyholder	
Name Of Registered Owner	CHAN CHIEW KIONG @LAI CHIEW KIONG
NRIC No	S1806148A
Email Address	PETER@MAIER.COM.SG
Mobile Phone No	(LOCAL) +65-98527881
Alternative Phone No	OFFICE-98527881

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098099127
Cover Note Number	

Driver

Name of Driver	CHAN CHIEW KIONG @LAI CHIEW KIONG
NRIC No	S1806148A
Date Of Birth	31/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1994
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98527881
Fax Number	
Contact Number	OFFICE-98527881
Email Address	PETER@MAIER.COM.SG

Address	BLK 90 TANGLIN HALL ROAD #31-326
Postcode	141090
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
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?	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)	2
Passenger 1	NAME: : PASSENGER 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 POLICE REPORT T/20180627/2172

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	SLP8579T
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.
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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:

28/6/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/6/18

Reporting Centre Personnel's Signature

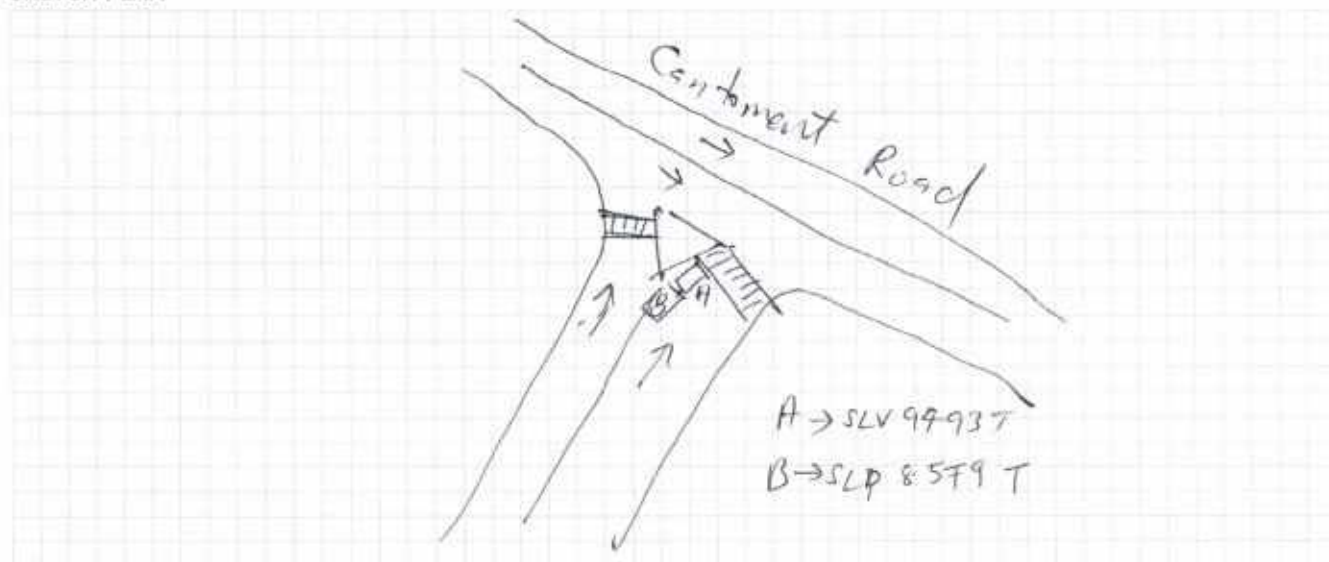
Name:

NRIC/FIN No.:

28/06/2018

Rishi Unnikrishnan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form: "P/S Report to Police Report 7/20180627/2172"

DECLARATION

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

Policyholder's Signature
Date & Time: 28/6/18

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/6/18

Reporting Centre Personnel's Signature
Name: 28/06/2018
NRIC/FIN No: [Signature]



SINGAPORE POLICE FORCE



T/20180627/2172

1 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20180627/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2018 19:19	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: CHAN CHIOU KIONG			Address: APT BLK 90 TANGLIN HALT ROAD #31-326 SINGAPORE 141090		
ID Type / ID No.: NRIC NO / S1806148A			Contact No.: Home/Office: Mobile: 98527881		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 31/05/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			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: 27/06/2018 09:00	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 CANTONMENT LINK CANTONMENT ROAD Cantonment Link towards Cantonment Road, before Zebra Crossing				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP8579T	Car	TOYOTA	VIOS	Grey		0
SLV9493T	Car	TOYOTA	PRIUS AUTO	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV9493T	NTUC Income Insurance Co-Operative Limited	5098099127	12/02/2018	11/02/2019



Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20180627/2172

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN CHIEW KIONG	ID No.	S1806148A
Related Vehicle	SLV9493T (Car)	Contact No.	98527881
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 27/06/2018, at about 9am, I was driving my vehicle, SLV9493T, along Cantonment Link towards Cantonment Road as I was sending my Grab passenger to International Plaza. Before reaching the zebra-crossing, 01 vehicle, SLP8579T, behind me changed to the right lane. However while the other vehicle change lane, it hit onto my rear bumper and I felt my car shake. I stopped and made a check on my vehicle and discovered scratch mark on my rear right bumper. I notice that the other vehicle did not stop to check and drove off. I then immediately took picture of the other vehicle. The Grab passenger, namely Giffin Lee (Contact: 83136013), also witnessed the whole accident. No one was injured during the whole accident.



**SINGAPORE
POLICE FORCE**



T/20180627/2172

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

3 of 3

Report No. T/20180627/2172

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:
D /
Sgt 3 NG YONG XIN, ALESTER

Signature Of Interpreter:
Not applicable

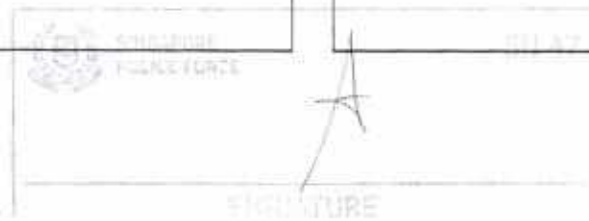
Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Signature Of Informant:

Date/Time:
27/06/2018 19:19

Classification Of Case:

Authentication Stamp
NP168



Claim Handling

Accident MT/1000698

Policy No.	5098099127	Vehicle No.	SLV9493T	GST Registration No.
Policyholder Name	CHAN CHIOU KIONG @LAI CHIOU KIONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	98527881	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
AKFK	+ No Yes	TCA	+ No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	28/06/2018 13:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/06/2018	Time of Accident hh:mm	09:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF CANTONMENT LINK/CANTONMENT ROAD			

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 90 #31-326	Address 2	TANGLIN HALT ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5098099127	

▼ OI Driver Info

Driver Name	Chan Chiou Kiong	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1806148A	Driver DOB
Register Date of Driver License	21/09/1994	Driver Age	51	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 90 #31-326	Address 2	TANGLIN HALT ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SLV9493T	Driver Insurer Company

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHAN CHIOU KIONG @LAI CHIOU KIONG	Insured NRIC
Contact No.(Mobile)	98527881	Contact No.(Home)	64797881	Contact No.(Office)
Email Address	peter@maier.com.sg	OI Vehicle Number	SLV9493T	TP Vehicle Number
Claim Description	SLV9493T / SLP8579T ON 27 Jun 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
Date Registered	28/06/2018 13:04	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired

Print AK letter

Save Submit

Attachment

Accident No.	MT/1000698	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	28/06/2018 13:46

Path *

Category *

Confidential

Urgen

Clear

Please Select

NO

Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Jun 2018 13:46	Photos	Normal	Phot
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Jun 2018 13:46	Photos	Normal	Phot
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Jun 2018 13:06	NRIC/ Driving License	Normal	NRIC/ Driv

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 27, 06, 2018 (DD/MM/YYYY), TIME: 09:00 (HH:MM) (am)

LOCATION: Junction of Contonment Link & Contonment Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 9493 T
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 50980099127
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Prius
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab Car
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: Chen Chiew Kiong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1806148A CONTACT: 98527881
c) ADDRESS: 90, Tanglin Halt Road
31-326 Singapore 141090

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chen Chiew Kiong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1806148A CONTACT: 98527881
c) ADDRESS: As above

*d) DATE OF BIRTH: 31/05/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: ---

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ---

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

- a) VEHICLE NUMBER: SLP8579T MODEL: Toyota Vios
b) DRIVER'S NAME: ---
c) NRIC/FIN/PASSPORT: --- CONTACT: ---

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: --- MODEL: ---
e) DRIVER'S NAME: ---
f) NRIC/FIN/PASSPORT: --- CONTACT: ---

Email = peter@maier.com.sg

Fax = ---

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1806148A



Name
CHAN CHIEW KIONG
曾昭強

Race
CHINESE

Date of birth
31-05-1967

Country/Place of birth
MALAYSIA

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1806148A

Name
CHAN CHIEW KIONG

Birth Date 31 May 1967

Issue Date 04 Mar 2004



5565023



NRIC No. S1806148A



Date of issue
22-02-2016


Address
APT BLK 90 TANGLIN HALL ROAD
#31-326
SINGAPORE 141090

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFIED

PASS DATE
21 Sep 1994

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

Licence No: S1806148A



NP 42CA

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098099127	CHAN CHIOU KIONG @LAI CHIOU KIONG	S1806148A	GPC	Third Party	SLV9493T	SLV9493T	12/02/2018	11/02/2019