

NATIONAL Assessment Centre Services

Ref: Jan/05

NA18048085602

Date In: 03/07/2008 13:12	Job description	Date & Time Completed	Done by
Ref No: NA18048085602	SAS e-filing		
Veh No: SKS 825R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/06/2008 19:10	i-Motor Claim Form	MT/1001518-001	04/07/2008 09:24
OD: 1P 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: SPJ 395L

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

NA1804236

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 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:-
- OD:
- *N5: Courtesy Car / Tpl Allowance \$5
- *N6: Repair Co-ordination \$10
- *N7: Post Repair Inspection \$25
- *N8: DV / Collect Excess Coordination \$5
- TP (N11): TP (Non INC) against INC \$20
- 9) N12: Idac Mobile 30

Invoice dated:

Fee Charged

Invoice dated:

Fee Charged

NA1804236

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	03/07/2018 13:12
Date Of Accident	30/06/2018 19:10
Exact Location Of Accident	BENDEMEER ROAD TOWARDS BOON KENG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKS8125R
Insured/Policyholder	
Name Of Registered Owner	LUCILLA SEA
NRIC No	S1686261D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84999238
Alternative Phone No	OTHERS-84999238
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 (A)
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	5097882039
Cover Note Number	
Driver	
Name of Driver	BENJAMIN TEOW JUN YIN
NRIC No	S9604338D
Date Of Birth	22/01/1996
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84999238
Fax Number	
Contact Number	OTHERS-84999238
Email Address	NOEMAIL

Address	BLK 569 HOUGANG STREET 51 #16-93
Postcode	530569
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	COLLISION - CHANGE/CROSS LANE
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)	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 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	SFJ395L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG KOK KWONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


IMPORTANT NOTICE

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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:

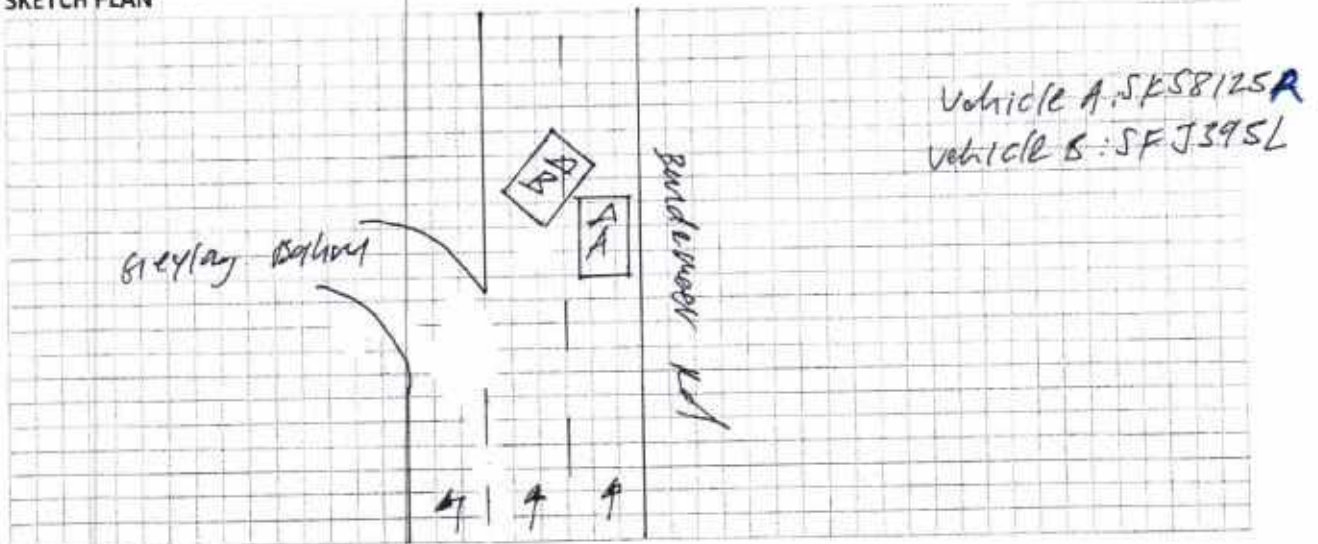
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached.

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.:

On the above said time, date & location,

I was travelling on the right lane heading straight.

Suddenly, vehicle 'B', SFJ 395 L, veered onto my lane and I could not brake in time, thus he collided onto my right front portion of my vehicle 'A', SKS 8125 R, causing damages to my vehicle.

A : SKS 8125 R

B : SFJ 395 L

03/01/2018
Rajiv Kumar

Claim Handling

Accident HT/1001518

Policy No.	5097882039	Vehicle No.	SKS8125R	GST Registration No.	
Policyholder Name	LUCILLA SEA			Policyholder NRIC	S1686261D
Product Code	PRIVATE CAR INSURANCE	Cover Type	driva CLASSIC	Loading	0
Contact No.(Mobile)	84999238	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	+ No Yes	TCR	+ No YES	eCode Reason	
MCD Protection	No	MCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	04/07/2018 09:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	30/06/2018	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BENDOMEER ROAD TOWARDS BOON KENG ROAD				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	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 568 #16-93	Address 2	HOUKANG ST 51	Address 3	SINGAPORE 330569
Address 4		Address Type	Singapore address	Post Code	330569
Unit No.		Related Policy Number	5097882039		

01 Driver Info

Driver Name	Benjamin Teow Jun Yi	Driver Type	Main Driver	Driver DOB	22/01/1996
Unnamed driver Name		Driver NRIC	59804338D	Driving Experience	1
Register Date of Driver License	19/09/2016	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)	84999238	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SKS8125R	Driver Insurer Company	STUC

Declaration

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

Claim 001 New

Claim Type *	DD-MX	Insured Name	LUCILLA SEA	Insured NRIC	S1686261D
Contact No.(Mobile)	93889668	Contact No.(Home)	83868436	Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SKS8125R	TP Vehicle Number	SF1395L
Claim Description	SKS8125R / SF1395L ON 30 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	SIA report	Received
Date Registered	04/07/2018 09:24	Claim Close Date		Date Received	04/07/2018 00:00
Report Taken By	ROSLE WANAB				

Print All letter

Save Submit

Attachment

Accident No.	HT/1001518	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	04/07/2018 09:24
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 04 Jul 2018 09:24	Photo	Normal	Photos 2018-7-4		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 04 Jul 2018 09:24	Photo	Normal	Photos 2018-7-8		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 04 Jul 2018 09:24	Photo	Normal	Photos 2018-7-4		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 09:24	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 09:24	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 09:24	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 09:24	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 09:24	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 09:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 09:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 09:24	SAS	Normal	SAS 2018-7-4	Edit

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
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[Display in New Window](#)
[Scan and uploading](#)

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30 / 06 / 2018 (dd/mm/yy) Time of Accident: 19 : 10 (24-HR-FORMAT)
Vehicle No.: SXS 8125 R Vehicle Make & Model: VW Scirocco 1.4
Exact location of Accident: Bendemeer Rd towards Boon Keng Rd
Policyholder's Name / IC No.: Lucilla Sea / S1686261 / D
Driver's Name / IC No.: Benjamin Teow / S9604338D (As Above) ☐
Driver's Contact No.: 84999238 Company Contact No.: —
Driver's Address: 569 Honggang St S1 #16-93, S(530569)
Insurance Company: NTUC Email address (if any): —

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: —

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____
Passenger Name : _____

Gender : Male / Female
Gender : Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: Wong Kok Kwong Vehicle No.: SFJ 395L (B)

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9604338D



Name
BENJAMIN TEOW JUN YIN

张俊贤

Race
CHINESE

Date of birth
22-01-1996

Sex
M

Country of birth
SINGAPORE



S9604338D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S9604338D

BENJAMIN TEOW JUN YIN

Birth Date: 22 Jan 1996

Issue Date: 19 Sep 2016



002620853F

*707810



NRIC No. S9604338D



Date of issue
12-04-2011


Address
APT BLK 569 HOUGANG STREET 51
#16-93
SINGAPORE 530569

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver, and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$	18 Sep 2018

NP 428A

Licence No: S9604338D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1686261D



Name

LUCILLA SEA

谢佳珉

Race

CHINESE

Date of birth

12-04-1965

Country/Place of birth

SINGAPORE

Sex

F



owner

5446863



FUNC No. S1686261D



Date of issue

13-03-2015

Address

APT BLK 569 HOUGANG STREET 51
#16-93
SINGAPORE 530569

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: 5097882039	Cover : drive CLASSIC
1. Index mark and Registration Number of Vehicle	: SKS8125R
Chassis Number	: WVVW722132AV448875
2. Name of Policyholder	: LUCILLA SEA
3. Effective Date of Insurance	: 08 Feb 2018
4. Expiry Date of Insurance	: 07 Feb 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	: BENJAMIN TEOW JUN YIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK 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)

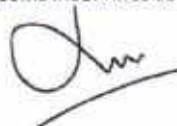
Agency : KWG INSURANCE AGENCY PTE. LTD. (00000573061)
Date of Issue : 08 Feb 2018 10:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive