

NATIONAL Assessment Centre Services

Date In: 02/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18014041/13	SAS e-filing		
Veh No: SJW 4169Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/08/18 0850	i-Motor Claim Form	MT/1005760 - 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: (Tel:	Fax:
TP Particulars:	Veh No: SHA1764Y	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

NA1804831	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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)		
	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		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:			

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	02/08/2018 10:55
Date Of Accident	02/08/2018 08:50
Exact Location Of Accident	KEPPEL BAY TOWER(HARBOURFRONT AVE)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW4189Z
Insured/Policyholder	
Name Of Registered Owner	CHANG ZHENG AUTOAGENCY
Co Reg No	52815617M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96959566
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5097930254
Cover Note Number	
Driver	
Name of Driver	CHOW CHEE CHUNG
NRIC No	S6826089B
Date Of Birth	10/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93473030
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 89 REDHILL CLOSE #10-480
Postcode	150089
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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

I WAS ALIGHTING MY PASSENGER AT KEPPEL BAY TOWER(HARBOURFRONT AVE)WHEN MY PASSENGER OPEN THE DOOR SUDDENLY VEH(B)BEARING REG NO SHA1764Y CAME AND HIT ONTO MY REAR LEFT PASSENGER DOOR.

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	SHA1764Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIN SENG HONG
NRIC/Passport Number	S7502931D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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Insured/Policyholder	
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Co Reg No	52815617M
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Mobile Phone No	
Alternative Phone No	OFFICE-96959566
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
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Fleet Policy	YES
Policy Number	5097930254
Cover Note Number	
Driver	
Name of Driver	CHOW CHEE CHUNG
NRIC No	S6826089B
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Occupation	OUTDOOR
Date Of Driving Pass	29/01/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93473030
Fax Number	
Contact Number	
Email Address	NOEMAIL

SKETCH PLAN

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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: 02/08/2018

Reporting Centre Personnel's Signature
Name: *lyn*
NRIC/FIN No.: 02/08/18

KEPPEL BAY TOWER
(HARBOURFRONT AVE)

SJW 41892

SHA 1764X

A hand-drawn diagram on a grid background, consisting of a 3x3 grid of squares. Each square contains a blue arrow pointing in a specific direction. The arrows in the top row point right. The arrows in the middle row point right. The arrows in the bottom row point left. This represents a flow or movement pattern across the grid.

B-SHA1764X

KEPPEL BAY TOWER
(HARBOURFRONT AVE)

P/s refer to the attached statement.

P/s refer to the attached statement.

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



Date & Time: 02/08/2018

NRIC/FIN No.:

I WAS ALIGHTING MY PASSENGER AT KEPPEL BAY TOWER(HARBOURFRONT AVE)WHEN MY PASSENGER OPEN THE DOOR SUDDENLY VEH(B)BEARING REG NO SHA1764Y CAME AND HIT ONTO MY REAR LEFT PASSENGER DOOR.

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 08 / 2018) (DD/MM/YYYY), TIME: (08 : 48) (HH:MM)

LOCATION: KIPPEL BAY TOWER, HARBOURFRONT AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW 4189Z
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5097930254
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA ALTIS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
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: CHANG ZHANG AUTO AGENCY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 96953566
c) ADDRESS: 61 UBI AVE 2 AML

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHOW CHIEF CHONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 56826089/B CONTACT: 93473030
c) ADDRESS: BHC #9 #10-450
REDHILL (2016) (S) 150089
*d) DATE OF BIRTH: (10 / 07 / 1968) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 25

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRED

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 17644 MODEL:
b) DRIVER'S NAME: SIN SENG HONG
c) NRIC/FIN/PASSPORT: 5756293119 CONTACT:

9. THIRD PARTY VEHICLE

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

02/08/18

waiting for company stamp
Email =
fax =

DRIVER: U

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6826089B



Name
CHOW CHEE CHUNG
郭志忠

Race
CHINESE

Date of birth
10-07-1968

Country of birth
SINGAPORE

4490891



NRIC No. S6826089B



Date of issue
23-11-2009

Address
**APT BLK 89 REDHILL CLOSE #10-480
SINGAPORE 150089**

NRIC No: S6826089B Date: 24/11/2009 No: 6241006

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S6826089B

Name
CHOW CHEE CHUNG

Birth Date
10 Jul 1968

Issue Date
28 Aug 2013

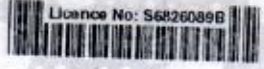


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E)

EFFECTIVE DATE


Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

NP 428A



License No: S6826089B

Land Transport Authority



VOCATIONAL LICENCE

License No: S6826089B

Name: CHOW CHEE CHUNG

Card Issue Date: 05/03/2018

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferrable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	05/03/2018



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: 5097930254

Cover : drive CLASSIC

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJW4189Z |
| Chassis Number | : MR053ZEE106141348 |
| 2. Name of Policyholder | : CHANG ZHENG AUTOAGENCY |
| 3. Effective Date of Insurance | : 13 Mar 2018 |
| 4. Expiry Date of Insurance | : 12 Mar 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
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 : KRUISE AUTO PTE. LTD. (00000573427)
Date of Issue : 05 Feb 2018 12:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1005760

Policy No.	5097930254	Vehicle No.	SJW4189Z	GST Registration No.	
Certificate No.					
Policyholder Name	CHANG ZHENG AUTOAGENCY			Policyholder NRIC	52811
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96959566	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	02/08/2018 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	02/08/2018	Time of Accident hh:mm	08:50	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	KEPPEL BAY TOWER(HARBOURFRONT AVE)				
▼ Benefits					
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	61 UBI AVENUE 2	Address 2	#04-05 AUTOMOBILE MEGAMAR	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4088
Unit No.		Related Policy Number	5097930254		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/07
Unnamed driver Name	CHOW CHEE CHUNG	Driver NRIC	S68260896	Driving Experience	25
Register Date of Driver License	29/01/1993	Driver Age	50	Contact No.(Home)	0
Contact No.(Mobile)	93473030	Contact No.(Office)	0	Address 3	SING
Address 1	BLK 89	Address 2	REDHILL CLOSE	Post Code	15008
Address 4		Address Type	Singapore address		
Unit No.	#10-480				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHANG ZHENG AUTOAGENCY
Contact No.(Mobile)	65471511	Contact No.(Home)	
Email Address	poh_alice@yahoo.com.sg	OI Vehicle Number	SJW4189Z
Claim Description	SJW4189Z / SHA 764Y ON 2 Aug 2018		
Preferred Workshop		Insured Liability	Fully at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	
		Workshop Repairer	ROSILINDA
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1005760 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 02/08/2018 00:00

Path *

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
 Choose File No file chosen

Message Read

	Category *	Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Aug 2018 18:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Aug 2018 18:12	SAS	Normal	SAS 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Aug 2018 18:12	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Aug 2018 18:12	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Aug 2018 18:12	Photos	Normal	Photos 2018-8-2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Aug 2018 18:12	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Aug 2018 18:12	Photos	Normal	Photos 2018-8-2

Video List

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

Scan and uploading