

NATIONAL Assessment Centre Services			
Date In: 14/08/2008 17:44	Job description	Date & Time Completed	Done by
Ref No: NPA/INC/00142944	SAS e-filing		
Veh No: SMD 239 D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/08/2008 13:55	i-Motor Claim Form		
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: ET 613	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/1805099	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:		
	ON*		
	*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	
Cal. 1:	Invoice dated	Fee Charged	
Cal. 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	14/08/2018 17:44
Date Of Accident	14/08/2018 13:55
Exact Location Of Accident	NEAR JUNCTION OF COMMONWEALTH AVE AND QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD239D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAW PEI SAN
NRIC No	S7339859B
Email Address	LUCASVIPER@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98337452
Alternative Phone No	OTHERS-98337452

### Vehicle Particulars

Manufacturer	BMW
Model	520I
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	REPORTING ONLY
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	5102927734
Cover Note Number	

### Driver

Name of Driver	LAW PEI SAN
NRIC No	S7339859B
Date Of Birth	04/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2000
Driving Experience	18 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98337452
Fax Number	
Contact Number	OTHERS-98337452
Email Address	LUCASVIPER@YAHOO.COM.SG

Address	BLK 706 JURONG WEST STREET 71 #14-58
Postcode	640708
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	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	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: : HUSBAND GENDER: : MALE

#### 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	ET61J
Vehicle Make/Model/Colour	NISSAN MURANO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA PENG HUEI
NRIC/Passport Number	S1826396C
Contact Number	91881881
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.
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:

14/8/18 3:20pm

Driver's Signature

(If driver is not the policyholder)

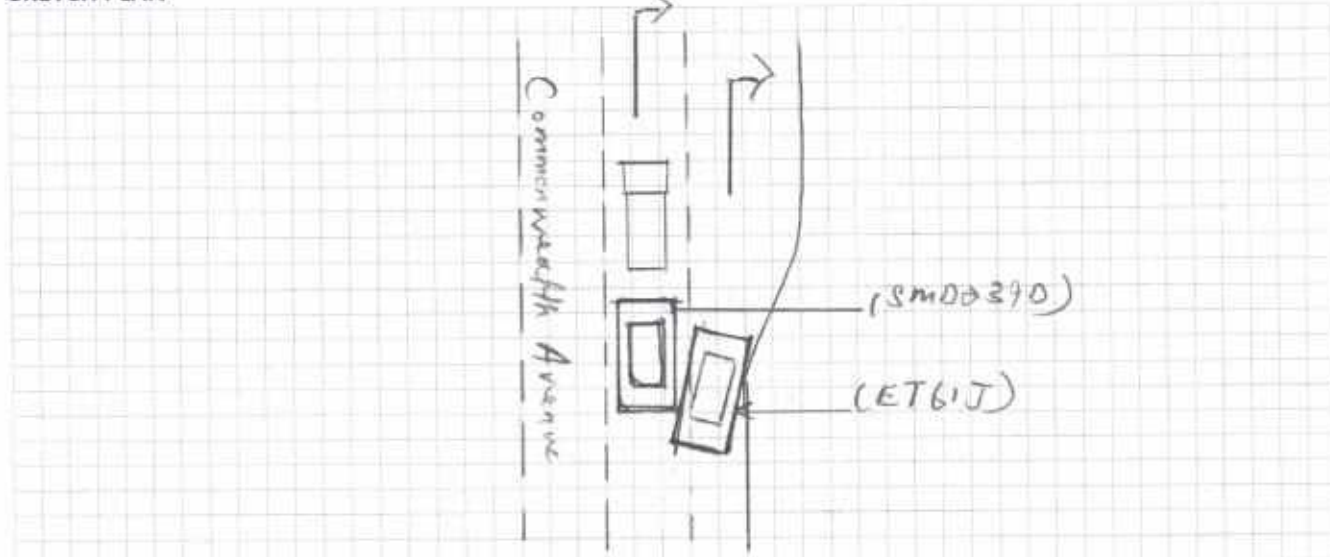
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the date 14.08.2018, when our vehicle (SMD2390) was travelling along Commonwealth Ave; we come to a stop near the traffic (cross) junction.

Somewhere around 13.55 hrs a Nissan Murano (ET61J) try to squeeze into the 1st lane that is for turning 'Right' only. As he was squeezing through to enter the 1st lane, his vehicle abrace our vehicle. As the 1st lane was kind of empty during that time, after abrace our vehicle, he was somewhat right in front of the junction.

As we felt the abrasion on our vehicle, we followed his vehicle behind where he came to a stop into an industrial building. My husband step out of the vehicle to call upon the owner of vehicle (ET61J) to describe the incident of his vehicle abrace our vehicle. After a short period of debate, the said vehicle owner (ET61J) admitted his wrong doing after his vehicle show proof of the abrasion. He agreed on his mistake and willing to compensate on the repair work.

## DECLARATION

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

Policyholder's Signature

Date & Time:

14/08/18 3.20pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/08/2018  
Reporting Centre Personnel's Signature  
Name: Resli W. W. W.  
NRIC/FIN No.:



## Claim Handling

Accident MT/1007187

Policy No.	5102927734	Vehicle No.	SMD239D	GST Registration No.	
Certificate No.					
Policyholder Name	LAW PEI SAN	Cover Type	drive CLASSIC	Policyholder NRIC	S7339859B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	98337452	Special Remark		Contact No.(Home)	
Email Address		TCA	Yes No	eCode	No *
WFK	Yes No	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

## Accident Details

Report Date	14/08/2018 17:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/08/2018	Time of Accident (hr:min)	13:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEAR JUNCTION OF COMMONWEALTH AVE AND QUEENSWAY				

## Benefits

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured 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 706 #14-5B	Address 2	JURONG WEST STREET 71	Address 3	SINGAPORE 640706
Address 4		Address Type	Singapore address	Post Code	640706
Unit No.	14-5B	Related Policy Number	5102927734		

## 01 Driver Info

Driver Name	LAW PEI SAN	Driver Type	Main Driver	Driver DOB	04/11/1973
Unnamed driver Name		Driver NRIC	S7339859B	Driving Experience	18
Register Date of Driver License	12/06/2000	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	98337452	Contact No.(Office)		Address 3	SINGAPORE 640706
Address 1	BLK 706 #14-5B	Address 2	JURONG WEST STREET 71	Post Code	640706
Address 4		Address Type	Singapore address		
Unit No.	14-5B			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMD239D		

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No
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## Modification History

Claim 001

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	Claim Close Date	Date Received
Yes	Preferred Repair Option	Preferred Workshop, Name unknown			14/08/2018 18:02	14/08/2018
Date Registered						
Report Taken By						

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1007187	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/08/2018 18:03
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_300676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 14 Aug 2018 18:03		Photos	Normal
			Description
			Photos 2018-8-14

# ACCIDENT STATEMENT

ACCIDENT DATE: 14/08/2018 (DD/MM/YYYY), TIME: 13:55 (HH:MM)

LOCATION: Near junction of Commonwealth Ave and Queensway

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SM0239D  
 b) INSURANCE COMPANY: N74C  
 c) POLICY NUMBER: 5102927734  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW 520i  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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: LAW PEI PAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7339859B CONTACT: 98337452  
 c) ADDRESS: Block 706, JURONG WEST STREET 71  
#14-58-S (640706)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: As Above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 02/11/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12.06.2000

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

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: ET 61J MODEL: NISSAN MURANO  
 b) DRIVER'S NAME: CHUA PENG HUEI  
 c) NRIC/FIN/PASSPORT: S1826396C CONTACT: 91881881

## 9. THIRD PARTY VEHICLE

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

Email = lucaviper@yahoo.com.sg

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7339859B



Name

LAW PEI SAN

劉佩珊

Race  
CHINESE

Date of birth: 04-11-1973 Sex: F

Country of birth  
SINGAPORE

S7339859B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Member: S7339859B

Name

LAW PEI SAN

Birth Date: 04 Nov 1973

Issue Date: 05 Jun 2003



1000550589H

343708Z



NRIC No. S7339859B



Date of issue  
28-11-2003

Address

APT BLK 706 JURONG WEST STREET 71  
#14-5B  
SINGAPORE 640706

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

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

VALID DATE  
12 Jun 2006

HP 428A



Licence No. S7339859B



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/08/2018 15:10"/>
Vehicle No. (For Motor)	<input type="text" value="SMD239D"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102927734		LAW PET SAN	57339859B	GPC	drivo CLASSIC	SMD239D	SMD239D	13/08/2018	25/08/2019