

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA 118110486

Date In: 27/8/18 10:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC18015488/h4	SAS e-filing		
Veh No: SKY 5537P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/8/18 13:15	i-Motor Claim Form	MT/1009066-001	28/8/18 11:03
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: SHB 1329R	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

NA1805441

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		Int Bill	Add Bill
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100);	INC (\$80)		
3) TF: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) iFT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) N1: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
QD:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (N11 INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 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	27/08/2018 10:58
Date Of Accident	25/08/2018 13:15
Exact Location Of Accident	CARPARK BLK 137 & 138 MARSILING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5537P
Insured/Policyholder	
Name Of Registered Owner	CHAN TIONG KANG
NRIC No	S6911956E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90050783
Alternative Phone No	OFFICE-90050783

Vehicle Particulars

Manufacturer	SUBARU
Model	OUTBACK 2.5I-S CVT AWD SR
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5093752334
Cover Note Number	-

Driver

Name of Driver	CHAN TIONG KANG
NRIC No	S6911956E
Date Of Birth	22/03/1969
Occupation	INDOOR
Date Of Driving Pass	21/08/1987
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90050783
Fax Number	
Contact Number	OFFICE-90050783
EMail Address	NOEMAIL

Address	BLK 129 MARSILING RISE #10-302
Postcode	730129
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	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?	
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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1329R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG PENG HEE
NRIC/Passport Number	S0590957J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


IMPORTANT NOTICE


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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:


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


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

Personal Particulars

Date of Accident: 25/8/18 Time of Accident: 1315 hrs
Exact Location of Accident: cl park BLK 137 & 138 Marsiling Rd
Owner's Name: Chan Tiong Keng NRIC No: 50911956E HP No: 90050783
Driver's Name: _____ NRIC No: _____ HP No: _____
Date of Birth: 22/3/1969 Driving Licence Passing Date: 21/8/1987 Occupation: Indoor / Outdoor
Address: BLK 129 Marsiling Rise #10-302 (730129)
Relationship of Driver with Insured: Owner Email Address: _____
Vehicle No: SKV 5537P Make & Model: Subaru
Insurance Co: NTUC Coverage: Comprehensive Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 0 B: _____ C: _____ D: _____

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (☒ Yes / ☐ No)

Third Party Driver's Particulars

Vehicle B No: SHB 1329R Make & Model: _____
Driver's Name: Ang Beng Hee NRIC No: 50590977J HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6911956E



Name

CHAN TIONG KANG

曾 长 江

Race

CHINESE

Date of birth

Sex

22-03-1969

M

S6911956E

Country of birth

SINGAPORE

4 8 6 9 4 3 6



NRIC No. S6911956E

Date of issue
08-08-2012

Address

APT BLK 129 MARSILING RISE
#10-302
SINGAPORE 730129

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S6911956E**

Name:

CHAN TIONG KANG

Birth Date: **22 Mar 1969**

Issue Date: **23 Feb 2004**



001132328D

Certificate Number: 5093752334

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SKV5537P
Chassis Number : JF2BS9KC2FG012114
2. Name of Policyholder : CHAN TIONG KANG
3. Effective Date of Insurance : 23 Sep 2017
4. Expiry Date of Insurance : 22 Sep 2018
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)	: N/A
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CHAN TIONG KANG
NAMED DRIVER (1)	: LIM WAN LING
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)
Date of Issue : 28 Aug 2017 11:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:


47A Lorong 27 Geylang, Singapore 388179
Tel: 6841 0900 (23-HR SERVICE)
HP: 9785 0900 Fax: 6841 1721
Authorised Officer

Chief Executive

Claim Handling

Accident MT/1009066

Policy No.	5093752334	Vehicle No.	SKV5537P	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN TIONG KANG			Policyholder NRIC	569111
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	90050783	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	28/08/2018 10:58	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	25/08/2018	Time of Accident hh:mm	13:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CARPARK BLK 137 & 138 MARSILING RD				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

Coverage		Sum Insured	
Excess Waiver		999999999.99	

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 129 #10-302	Address 2	MARSILING RISE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	730121
Unit No.		Related Policy Number	5093752334		

OI Driver Info

Driver Name	CHAN TIONG KANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6911956E	Driver DOB	22/03/
Register Date of Driver License	01/01/1999	Driver Age	49	Driving Experience	19
Contact No.(Mobile)	90050783	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 129 #10-302	Address 2	MARSILING RISE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	730121
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHAN TIONG KANG
Contact No.(Mobile)	90050783	Contact No. (Home)	62694551
Email Address	chantk65@gmail.com	Vehicle Number	SKV5537P
Claim Description	SKV5537P / SHB1329R ON 25 Aug 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	28/08/2018 11:01
			LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1009066
* Yes ☐ No ☐

Claim No.
Upload Date

001
28/08/2018 11:03

Path *

Choose File No file chosen

Choose File No file chosen

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Message Read

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Category *

Confidential

Urgency *

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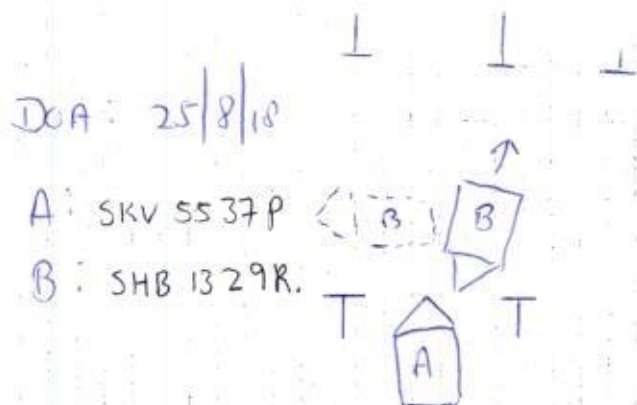
Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:03	SAS	Normal	SAS 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:03	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:02	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:02	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:02	Photos	Normal	Photos 2018-8-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:02	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:02	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:01	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:01	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:01	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:01	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:01	Photos	Normal	Photos 2018-8-28

Video List

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh B knocked the front of my vehicle while reversing

The incident occurred around 1315hrs on 25/8/18

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.: