NATIONAL Assessment Centre Services MAH 418111047

	Job description	Date & Time Completed	Done by
Date In: 27/08/2018 17:55			
Ref No: NBA/MCC801558314	SAS e-filing		
Veh No: SLU 9746X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/08/2018 2:15	i-Motor Claim Form	MT/008994-001	27/08/2018 18:13
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: FBE 9673Z 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

NA1805425

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
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:-			
QP:*			
*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 (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
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 witholding 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 17:55
Date Of Accident	26/08/2018 21:15
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 5 TOWARDS LUXUS HILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9246X
Insured/Policyholder	
Name Of Registered Owner	CHNG KENG HUI
NRIC No	S0186218I
Email Address	CHAMELONSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96223322
Alternative Phone No	OTHERS-96223322
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180 AMG
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	5097516638
Cover Note Number	
Driver	
Name of Driver	CHNG KENG HUI
NRIC No	S0186218I
Date Of Birth	16/04/1953
Occupation	INDOOR
Date Of Driving Pass	22/03/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96223322
Fax Number	
Contact Number	OTHERS-96223322
EMail Address	CHAMELONSG@GMAIL.COM

Address	57 SELETAR GREEN VIEW
Postcode	805183
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	COLLISION - HEAD TO REAR
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: : CHNG JIAN WEN 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	FBE9673Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	PATRO ARPAN KUMAR
NRIC/Passport Number	G3249301M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Veh A: SLU9246X
Veh B: FBE9673Z

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

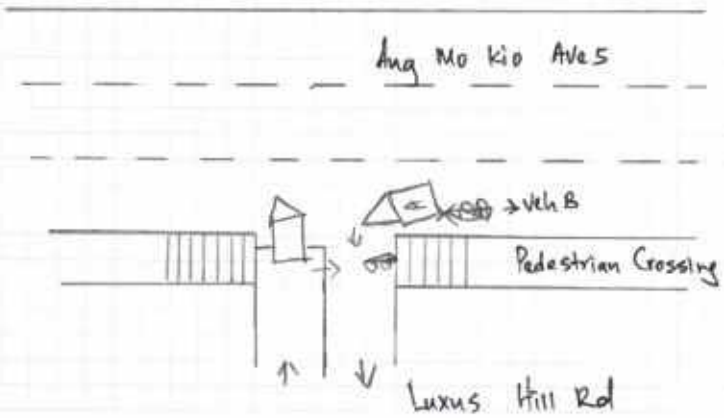
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 27/08/2018 12.40 pm	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 27/08/2018

SKETCH PLAN

Veh A: SLU 9246 X

Veh B: FBE 9673 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I traveling along Ang Mo Kio Ave 5 turning to Luxus Hill Road at Jnction, Suddenly bicycle pass by then i jammed brake to complete Stop. However motorcycle Veh B behind me could not Stop in time and hit onto my rear.

DECLARATION

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

Policyholder's Signature
Date & Time: 27/8/2018 12 40pm

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

27/08/2018

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

Claim Handling

Accident MT/1008994

Policy No.	5097516638	Vehicle No.	SLU9246X	GST Registration No.	
Certificate No.					
Policyholder Name	CHNG KENG HUI			Policyholder NRIC	S0186218I
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Loading	0
Contact No.(Mobile)	96223322	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFH	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	27/08/2018 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/08/2018	Time of Accident hh:mm	21:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF ANG MO KIO AVE 5 TOWARDS LUXUS HILL RD				

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		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	57 SELETAR GREEN VIEW	Address 2	SINGAPORE 805183	Address 3	
Address 4		Address Type	Singapore address	Post Code	805183
Unit No.		Related Policy Number	S0892447749-01		

OI Driver Info

Driver Name	CHNG KENG HUI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0186218I	Driver DOB	16/04/1953
Register Date of Driver License	22/03/2017	Driver Age	65	Driving Experience	1
Contact No.(Mobile)	96223322	Contact No.(Office)		Contact No.(Home)	
Address 1	57 SELETAR GREEN VIEW	Address 2	SINGAPORE 805183	Address 3	
Address 4		Address Type	Singapore address	Post Code	805183
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLU9246X	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MV	Insured Name	CHNG KENG HUI	Insured NRIC	S0186
Contact No.(Mobile)	96223322	Contact No. (Home)	NIL	Contact No. (Office)	67491
Email Address	shameion@singnet.com.sg	OI Vehicle Number	SLU9246X	TP Vehicle Number	FBE96
Claim Description	SLU9246X / FBE9677Z ON 26 Aug 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Bank No.		Buddented Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes				
Date Registered	27/08/2018 18:12	Claim Close Date		Date Received	27/08/
Report Taken By	ROSLI WAHAB				

Print AR letter

Save Submit

Attachment

Accident No.	MT/1008994	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/08/2018 18:13

Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:13	Photos	Normal	Photos 2018-8-27

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:13	Photos	Normal	Photos 2018-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:13	Photos	Normal	Photos 2018-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:13	Photos	Normal	Photos 2018-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:13	Photos	Normal	Photos 2018-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:13	Photos	Normal	Photos 2018-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:12	Photos	Normal	Photos 2018-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:12	Photos	Normal	Photos 2018-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:12	Photos	Normal	Photos 2018-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2018 18:12	SAS	Normal	SAS 2018-8-27

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

(2)

*Date of Accident: 26/08/2018 *Time of Accident: 9:15pm

*Accident Location: Luxus Hill Rd (Junction Ang Mo Kio Ave 5, Twds Luxus Hill Rd)

Vehicle Details

*Vehicle Number: SLU 9246X * Make & Model: Mercedes Benz C180 AMG

Insured / Policyholder

*Owner Name: CHNG KENG HUI *NRIC: S01862181

*Address: 57 Seletar Green View 805183

*Email: chamelonsg@gmail.com * HP: 96223322

*Occupation: _____ (Indoor / Outdoor) * Tel /H /Other: _____

Driver (✓) same as above

*Driver Name: _____ *NRIC: _____

*Address: _____

*Date of Birth: _____ *Driving Pass Date: 22. 3. 2017 * HP: _____

*Email: _____ *Gender: Male / Female

*Occupation: Retired. (Indoor / Outdoor) * Tel /H /Other: _____

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder : _____)

Passengers Details

* P/Name: CHNG JIAN WEN (Male/Female) * P/Name: _____ (Male/Female)

* P/Name: _____ (Male/Female) * P/Name: _____ (Male/Female)

Insurance Company

*Insurer: _____ *Coverage: C /TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: FBG 9673 Z

Make & Model: _____

Vehicle Category: _____

Name of Driver: Patro Arpan Kumar

NRIC : G3249301 M

HP : _____

No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____

*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No

*Road Surface: Dry / Wet / others: _____

*Witness: Yes / No (Name: _____ NRIC : _____ HP: _____)

*Accident reported to police: Yes / No *Summon against whom: _____

*Injured party: Yes / No *No. of passengers (include driver): 2

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

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

		EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg	22 Mar 2017

Licence No:S0186216I

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0186218I

Name

CHNG KENG HUI

蔡 庆 辉

Race

CHINESE

Date of Birth

16-04-1953

Sex

M

Country/Place of Birth

SINGAPORE

S0186218I

5619605

NRIC No. S0186218I

Date of Issue

20-06-2016

Address

57 SELETAR GREEN VIEW
SINGAPORE 805183

income
made different

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: 509/516638 — **Cover :** drivo PREMIUM

1. Index mark and Registration Number of Vehicle : SLU9246X
   Chassis Number : WDD2050402R177548
2. Name of Policyholder : CHNG KENG HUI
3. Effective Date of Insurance : 20 Jan 2018
4. Expiry Date of Insurance : 19 Jan 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 7)	: 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
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHNG KENG HUI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HUI HUA CREDIT PTE 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 : HUI HUA CREDIT PTE LTD (00000571762)
Date of Issue : 19 Jan 2018 14:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

匯華貸款私人有限公司
Hui Hua Credit Pte Ltd
RCC 198301635D
No. 1 Jalan Batok Crescent
#02-22 WCEGA Plaza
Singapore 659064
Tel: 64698611 (5 Lines) Fax: 64698358

Countersigned By:

Authorised Officer — Chief Executive