

NATIONAL Assessment Centre Services

(Ref: JAN21)

MAH/CH/3988

Date In: 03/09/2018 14:21	Job description	Date & Time Completed	Done by
Ref No: N/A/210000/604114	SAS e-filing		
Veh No: SKE 2611R	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 03/09/2018 09:00	I-Motor Claim Form	MT/1009888-001	03/09/2018 16:35
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: SLX 7919K	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

<p>NA/805624</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1:</p> <p>Ref: 2/3:</p>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	Inc Bill	Add Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100);	INC (\$50)		
	3) TP: 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: Idao 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: Idao Mobile	\$0			
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 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	03/09/2018 14:21
Date Of Accident	03/09/2018 09:00
Exact Location Of Accident	ALONG CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE3611K
Insured/Policyholder	
Name Of Registered Owner	NG SWEE CHEONG ANDREW
NRIC No	S8628307G
Email Address	ANDREWNGSC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81696595
Alternative Phone No	OTHERS-81696595

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5100907770
Cover Note Number	

Driver

Name of Driver	NG SWEE CHEONG ANDREW
NRIC No	S8628307G
Date Of Birth	14/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	29/08/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81696595
Fax Number	
Contact Number	OTHERS-81696595
Email Address	ANDREWNGSC@GMAIL.COM

Address	BLK 13 CANTONMENT CLOSE #07-27
Postcode	080013
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)	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	SLX7919K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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: 3/1/19

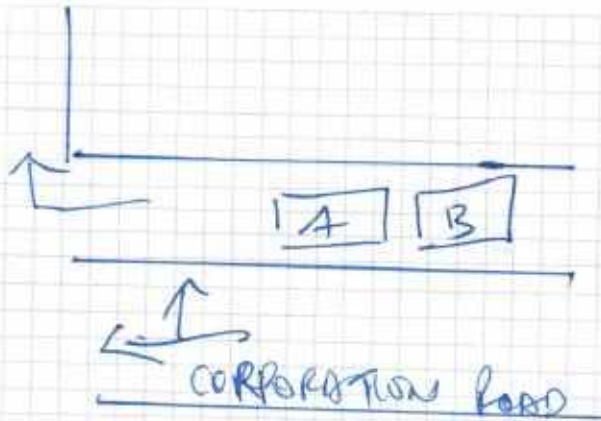


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A) SLX7919K

B) SKK 3611K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A travelling at low speed, sudden brake
vehicle A brake light not working.

Vehicle B kiss into the back of Vehicle A

Both car no damage.

DECLARATION

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

Policyholder's Signature

Date & Time: 7/7/19

11:22 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

as for both
Fahri Waffar

Claim Handling

Accident HT/1009888

Policy No.	S100607770	Vehicle No.	SKE3011K	GST Registration No.	
Certificate No.					
Policyholder Name	NG SWEE CHEONG ANDREW			Policyholder NRIC	S8628307G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81696595	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(%)	40	Private Hire	No
Accident Details					
Report Date	03/09/2018 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	03/09/2018	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Floor		ICM No.	
Accident Location	ALONG CORPORATION ROAD				
Excess					
Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 63B #21-35B	Address 2	LENGKOK BAHRU	Address 3	LENGKOK BAHRU HEIGHTS
Address 4	SINGAPORE 152063	Address Type	Singapore address	Post Code	152063
Unit No.	21-35B	Related Policy Number	S100607770		
Driver Info					
Driver Name	NG SWEE CHEONG ANDREW	Driver Type	Main Driver	Driver DOB	14/09/1986
Unnamed driver Name		Driver NRIC	S8628307G	Driving Experience	11
Register Date of Driver License	29/08/2007	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	81696595	Contact No.(Office)		Address 3	LENGKOK BAHRU HEIGHTS
Address 1	BLK 63B #21-35B	Address 2	LENGKOK BAHRU	Post Code	152063
Address 4	SINGAPORE 152063	Address Type	Singapore address		
Unit No.	21-35B	Driver Vehicle No.	SKE3611K	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	NG SWEE CHEONG ANDREW	Insured NRIC	S8628
Contact No.(Mobile)	81696598	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	andrewngpc@gmail.com	OT Vehicle Number	SKE3611K	Vehicle Number	SKE3611K
Claim Description	SKE3611K / SLX7919K ON 3 Sept 2018				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	03/09/2018 16:34
Report Taken By				Date Received	03/09/2018
Print AX letter					

Save Submit

Attachment

Accident No.	HT/1009888	Claim No.	001
Last Doc. Received	* Yes - No	Upload Date	03/09/2018 16:35
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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
NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S.(BUKIT MERAH)) on 03 Sep 2018 16:35		Photos	Normal
Description		Photos 2018-9-3	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 16:35

Photos

Normal

Photos 2018-9-3

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 16:35

Photos

Normal

Photos 2018-9-3

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 16:35

Photos

Normal

Photos 2018-9-3

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 16:35

Photos

Normal

Photos 2018-9-3

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 16:35

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Photos 2018-9-3

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 16:34

Photos

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Photos 2018-9-3

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 16:34

Photos

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Photos 2018-9-3

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 16:34

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 16:34

Photos

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Photos 2018-9-3

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 16:34

SAS

Normal

SAS 2018-9-3

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 16:34

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-9-3

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 03/09/2019 (DD/MM/YYYY), TIME: 0845-0915 (HH:MM)

LOCATION: Corporation Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE 3611 K
 b) INSURANCE COMPANY: NZUL INCOME
 c) POLICY NUMBER: S100907770
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HARRIER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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: HA SWEET CHEN ANDREW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S86283076 CONTACT: 8169-6595
 c) ADDRESS: 13 Cantonment Close #07-24
S100013

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 14/09/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/8/07

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 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: SLX 7919 K MODEL: INFINITI
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

EMAIL = andrewse@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8628307G



Name

NG SWEE CHEONG, ANDREW

黄瑞昌

Race

CHINESE

Date of birth

14-09-1986

Country/Place of birth

SINGAPORE

Sex

M



5698933



NRIC No. S8628307G



Date of issue

07-02-2017

APT BLK 13 CANTONMENT CLOSE #07-27
SINGAPORE 080013

NRIC No: S8628307G

Date:

24/12/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8628307G

Name:

NG SWEE CHEONG, ANDREW

Birth Date: 14 Sep 1986

Issue Date: 29 Aug 2007



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

ISS DATE

29 Aug 2007

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg



NP 428A

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="03/09/2018 14:15"/>
Vehicle No.(For Motor)	<input type="text" value="SKE3611K"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100907770		NG SWEE CHEONG ANDREW	S8628307G	GPC	drive CLASSIC	SKE3611K	SKE3611K	28/05/2018	27/05/2019