

**NATIONAL Assessment Centre Services** (ref: Jan05) **MNA4/81/4324**

Date In: <b>03/09/2018 18:49</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/MC/8016061/Y</b>	SAS e-filing		
Veh No: <b>SJQ853 Y</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>27/08/2018</b>	i-Motor Claim Form	<b>MT/1009835-001</b>	<b>03/09/2018</b>
OD / TP: <b>Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<b>19:01</b>
	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: **PZ1311U** 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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amnt (\$) 1st Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
	*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 \$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 18:49
Date Of Accident	27/08/2018 19:30
Exact Location Of Accident	ADAM ROAD TOWARDS DUNEARN ROAD/BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ853Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAFE N SWIFT
Co Reg No	53311649W
Email Address	FRANCISNG.CF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93847888
Alternative Phone No	OFFICE-90271571

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	DRIVING 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099780789
Cover Note Number	

### Driver

Name of Driver	NG SENG HUAT
NRIC No	S7042788E
Date Of Birth	06/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1994
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90271571
Fax Number	
Contact Number	OTHERS-93847888
EEmail Address	FRANCISNG.CF@GMAIL.COM

Address	BLK 6 HOLLAND CLOSE #09-26
Postcode	271006
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	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)	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	PZ1311U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	SATTHIY ASELAN THILAKARAJ
NRIC/Passport Number	O3401126S
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.

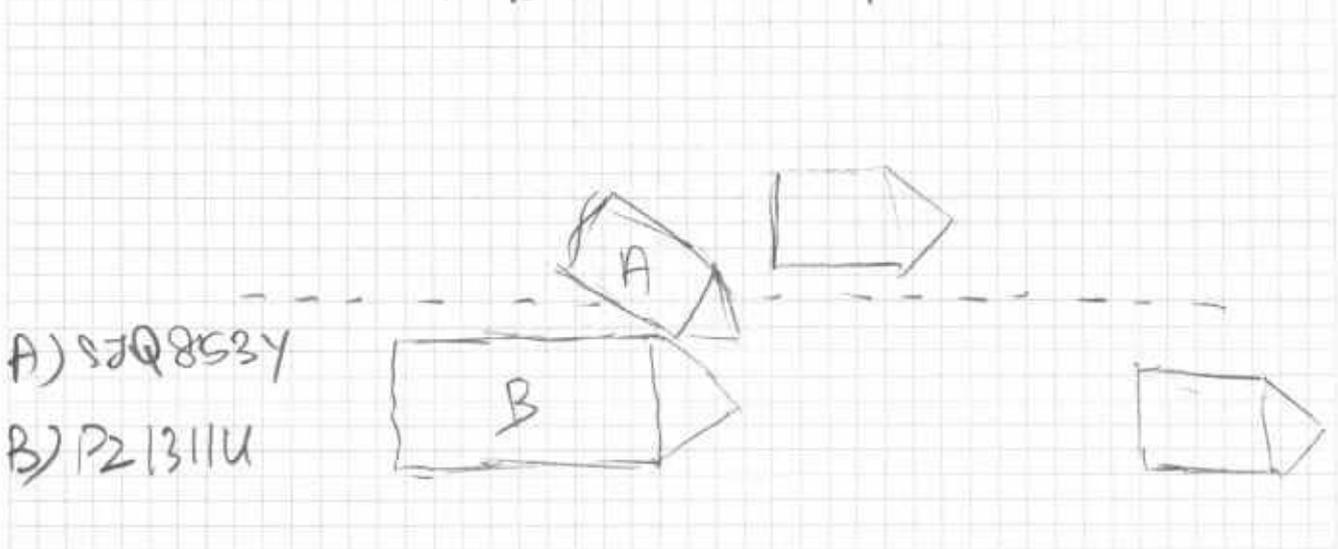


Policyholder's Signature  
Date & Time:

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

*08/09/2018*  
*Rosli W. A. H. A. S.*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN ADAM RD TOWARDS DUNKERN RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

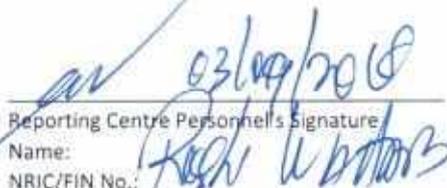
WAS DRIVING ALONG ADAM ROAD TOWARDS FARRER ROAD,  
 FILTERED TO THE SIDE OF SLIP ROAD OF ADAM FLY OVER.  
 TRAFFIC JAM AT THE SIDE ROAD CAUSED BY TRAFFIC LIGHT.  
 REQUIRED TO MAKE A U TURN, HENCE SIGNAL RIGHT AND  
 PREPARE TO CHANGE LANE. A BUS WAS BESIDE MY CAR.  
 WHEN THE CARRY INFRONT OF THE BUS MOVE OFF, I HAD  
 CHECKED MY RIGHT SIDE CONFIRM THE BUS IS STOP STILL  
 AND NOT MOVING, HENCE I STEER AND MOVE INTO THE  
 RIGHT LANE GRADUALLY.  
 WHILE TURNING FORWARD, THE BUS BESIDE MY CAR  
 MOVE ON AND HIT MY CAR SIDE MIRROR FOLLOW BY  
 RIGHT HAND SIDE MUD GUARD AND ALSO RIGHT HAND SIDE  
 BUMPER.

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.:

**Claim Handling**

**Accident MT/1009835**

Policy No.	1090290799	Vehicle No.	SJQ853Y	GST Registration No.	
Certificate No.					
Policyholder Name	SAFE N SWIFT			Policyholder NRIC	S3311649W
Product Code	PRIVATE CAR INSURANCE	Cover Type	IRV6 CLASSIC	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available

**Accident Details**

Report Date	03/09/2018 14:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	27/08/2018	Time of Accident (hh:mm)	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ADAM ROAD				

**Excess**

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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 Registration No.		GST Status Verified	No
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 105 #05-3667	Address 2	BUKIT MERAH CENTRAL	Address 3	SINGAPORE 150165
Address 4		Address Type	Singapore address	Post Code	150165
Unit No.	05-13	Related Policy Number	E101524019		

**Old Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

**Claim 002** New

Claim Type *	DD-MX	Insured Name	SAFE N SWIFT	Insured NRIC	S3311649W
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Vehicle Number	SJQ853Y	TP Vehicle Number	P2131
Claim Description	SJQ853Y / P21311U ON 27 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Finalisation	Yes	Insured Liability	Not at fault	GIA report	Received
Date Registered	03/09/2018 18:47	Claim Close Date		Date Received	03/09/2018
Report Taken By					

Print All letter

**Attachment**

Accident No.	MT/1009835	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	03/09/2018 19:05
Part *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>			

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:05	SAS	Normal	SAS 2018-9-3
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 19:05	NRIC Driving License	Normal	NRIC Driving License 2018-9-3



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 18:05

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 18:05

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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Sep 2018 18:48

Photos	Normal	Photos 2018-9-3

Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 27, 08, 2018 (DD/MM/YYYY), TIME: 19.30 (HH:MM)

LOCATION: Adam road towards Dunearn, St Timoh, Fawer

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJQ853Y  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5099780789  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: HYUNDAI AVANTE  
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: SAFE & SUIF (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93847888  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: NG SENG HUAT (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 7042788/E CONTACT: 90271571  
c) ADDRESS: BLK 6 HOLLAND CLOSE # 09-26

\* d) DATE OF BIRTH: 06, 12, 1970 (DD/MM/YYYY)

- e) OCCUPATION: INDOOR / OUTDOORS  
f) DATE OF DRIVING PASS: 11 MAY 1994

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

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: P2 1311U MODEL: BUS  
b) DRIVER'S NAME: PATTIYASELAN THILAKARAJ  
c) NRIC/FIN/PASSPORT: 034011265 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

No of passengers  
(including driver)  
(1)

No of passengers  
(including driver)

No of passengers  
(including driver)

EMAIL = francisng.cf@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7042788E



NG SENG HUAT  
 黄成发  
 CHINESE  
 Date of Birth: 08-12-1970  
 Sex: M  
 Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7042788E  
 Name: NG SENG HUAT  
 Birth Date: 06 Dec 1970  
 Issue Date: 14 Oct 2003



0942460



NRIC No. S7042788E



Blood Group: O+      Date of issue: 10-05-1993

APT ELA 9 HOLLAND CLOSE #09-28  
 SINGAPORE 271006  
 NRIC No: S7042788E      Date: 10-05-1993      No: 3530

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Nov 1993
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	11 May 1994
Class 4	Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg	06 Apr 2004
Class 5	Motor Vehicles not constructed to carry any load and the weight unladen exceeds 7250 kg	21 May 2004

S7042788E      S / No. 9000026018



NP428A

My Desktop

Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099780789		SAFE N SWIFT	53311649W	GPC	drivo CLASSIC	SJQ853Y	SJQ853Y	08/07/2018	23/04/2019

Continue