

NATIONAL Assessment Centre Services [wef 1 Jan 03] <b>1904418115487</b>			
Date In: <b>06/09/2018 11:45</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/INC180162651</b>	SAS e-filing		
Veh No: <b>SKJ7807K</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>05/09/2018 12:30</b>	i-Motor Claim Form	<b>MT/10/0322001</b>	<b>06/09/2018 12:05</b>
OD: <b>TP - Pending Only</b>	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: <b>SKJ9013D</b>	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: _____
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Date/Time	Actions

<b>191805683</b>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	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) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2003)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
ON*				
*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		

Claimant's Particulars :-	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors' Comments :-	

Cat. 1:	
Cat. 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	06/09/2018 11:45
Date Of Accident	05/09/2018 12:20
Exact Location Of Accident	TELOK BLANGAH ROAD (LANE TURNING INTO VIVOCITY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ7807K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW DONALD
NRIC No	S1274305Z
Email Address	CHEWBRAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97494510
Alternative Phone No	OFFICE-97494510

### Vehicle Particulars

Manufacturer	AUDI
Model	Q3 2.0 TFSI QU (170BHP)
Exact Purpose for which vehicle was being used at time of accident	GOING TO LUNCH
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	5101090103
Cover Note Number	

### Driver

Name of Driver	CHEW DONALD
NRIC No	S1274305Z
Date Of Birth	01/07/1957
Occupation	INDOOR
Date Of Driving Pass	11/04/1980
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97494510
Fax Number	
Contact Number	OFFICE-97494510
Email Address	CHEWBRAT@GMAIL.COM



Address	BLK 205 PASIR RIS STREET 21 #09-378
Postcode	510205
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	
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	SJY9013D
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHERLIN TEO XUE LIN
NRIC/Passport Number	S8939035D
Contact Number	91390787
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: 6/9/18 0920

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

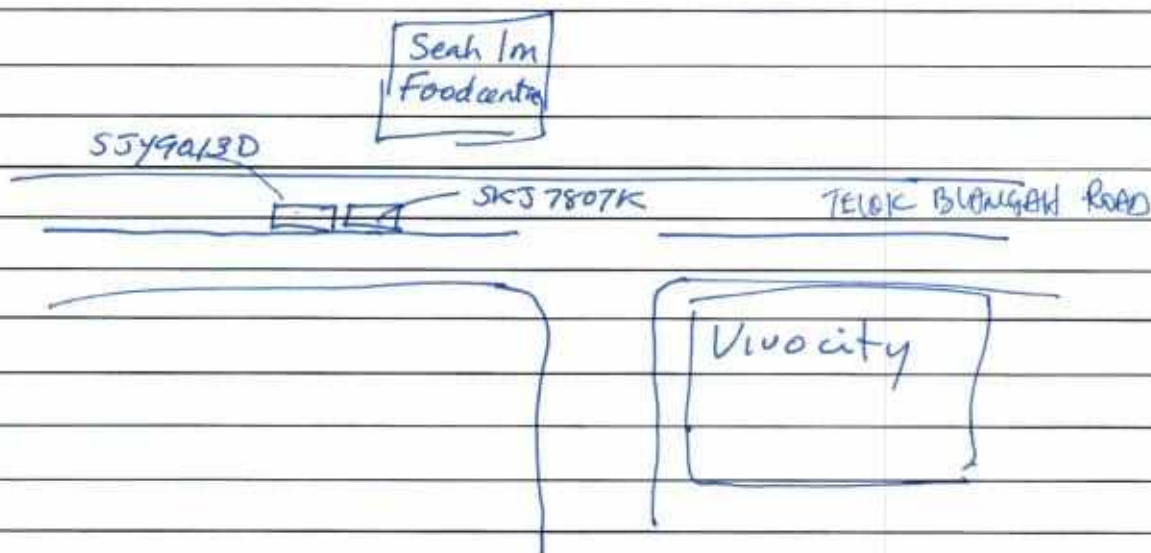
Name:

NRIC/FIN No.:

# SKETCH PLAN

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5 Sep 2018 at around 12:20 pm, I was driving to Vivocity along Telok Blangah Road (From Henderson Road) to have lunch. The cars in front of me all slowed down in the turning lane to turn into Vivocity. After I had stopped, the vehicle S5Y 9013D could not brake in time and hit the rear of my car. As a result of the impact, the rear bumper lower lid had two tears (punctured holes) while the bumper had scratches and some misalignment.



## DECLARATION

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

Policyholder's Signature  
Date & Time: 6/9/18 0920

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

Reporting Centre Personnel's Signature  
Name: 06/09/2018  
NRIC/FIN No.: [Signature]



## Claim Handling

Accident MT/1010322

Policy No.	5101090103	Vehicle No.	SKJ7807K	GST Registration No.	
Certificate No.				Policyholder NRIC	S12743052
Policyholder Name	CHEW DONALD	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97494510	Special Remark		eCode	No
Email Address		TCA	+ No Yes	eCode Reason	
KFK	+ No Yes	NCCI Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				
<b>Accident Details</b>					
Report Date	06/09/2018 12:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/09/2018	Time of Accident hh:mm	12:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TELUK BLANGAH ROAD (LANE TURNING INTO VIVOCITY)				
<b>Excess</b>					
Own damage Excess	500.00	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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		Yes	
GST Registration No.		GST Status Verified			
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 205 #09-376	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE S10205
Address 4		Address Type	Singapore address	Post Code	S10205
Unit No.		Related Policy Number	5101090103		
<b>01 Driver Info</b>					
Driver Name	CHEW DONALD	Driver Type	Main Driver	Driver DOB	01/07/1957
Unnamed driver Name		Driver NRIC	S12743052	Driving Experience	38
Register Date of Driver License	01/01/1980	Driver Age	61	Contact No.(Home)	
Contact No.(Mobile)	97494510	Contact No.(Office)		Address 3	SINGAPORE S10205
Address 1	BLK 205 #09-376	Address 2	PASIR RIS STREET 21	Post Code	S10205
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SKJ7807K	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No				
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001 **NEW**

Claim Type *	GO-MX	Insured Name	CHEW DONALD	Insured NRIC	S1274	
Contact No.(Mobile)	97494510	Contact No. (Home)	93820568	Contact No. (Office)		
Email Address	donchew@starhub.net.sg	Q1 Vehicle Number	SKJ7807K	TP Vehicle Number	S1Y901	
Claim Description	SKJ7807K / S1Y90130 ON 5 Sept 2018				Name of Preferred Workshop	
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	Q1A report	Received	
Date Registered	06/09/2018 12:02	Claim Close Date		Date Received	06/09/	
Report Taken By	ROSALI WANAB					

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1010322	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	06/09/2018 12:05		
Path *					
Choose File	No file chosen	Clear	Please Select	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	NO	Urgency *
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		Clear	Please Select	NO	Normal
<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 12:05		Photos	Normal	Photos 2018-9-6	

# ACCIDENT STATEMENT

ACCIDENT DATE: 05/09/2018 (DD/MM/YYYY), TIME: 12:20 (HH:MM)

LOCATION: Telok Blangah Road (Lane Turning to Vivacity)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ 7807K  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5101090103  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Audi Q3  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: going to Lunch  
 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: Donald Chew (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S12743052 CONTACT: 97494510  
 c) ADDRESS: 81k 205 Pasir Ris St 21  
#09-376 SPore S10205

\* 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: 01/07/1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 Apr 1980

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: SSY 9013D MODEL: Kia Cerato Forte  
 b) DRIVER'S NAME: Sherlin Teo Xue Lin  
 c) NRIC/FIN/PASSPORT: S8939035D CONTACT: 91390787


## 9. THIRD PARTY VEHICLE

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


EMAIL: chewbrat@gmail.com

VIDEO =

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S1274305Z



Name  
**CHEW DONALD**



Race  
**CHINESE**

Date of Birth  
**01-07-1957**

Country of Birth  
**SINGAPORE**

Sex  
**M**

1563138

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License No. **S1274305Z**

Name  
**CHEW DONALD**



Birth Date: **01 Jul 1957**

Issue Date: **07 Apr 2003**



100036551J

1563138




NRIC No. **S1274305Z**

Blood Group: **O+** Date of issue: **04-01-1994**


Address  
**APT BLK 205 PASIR RIS STREET 21 #09-37B  
SINGAPORE 510205**

NRIC No. **S1274305Z** Date: **09-06-2001** No: **4010733**

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


PASS DATE  
**11 Apr 1990**

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



NP 428A

License No: **S1274305Z**





## 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:** 5101090103

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKJ7807K**  
Chassis Number : **WAUZZZ8UXOR074551**
2. Name of Policyholder : **CHEW DONALD**
3. Effective Date of Insurance : **03 Jun 2018**
4. Expiry Date of Insurance : **02 Jun 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 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHEW DONALD
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : INSURE LINK PTE LTD (00000614836)

Date of Issue : 31 May 2018 16:39 hrs

INSURE LINK PTE LTD  
31 May 2018 16:39 hrs  
2018-05-31 16:39



Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MMAY18/15487 Vehicle Registration No: SKS7807K  
Name (as shown in NRIC): CHEW DONALD NRIC/FIN/Passport No: S12743052  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: 31K 205 Pasir Ris St 21 #09-376 Singapore (510205)  
Contact (Tel): 97494510 Mobile No.: 97494510  
Email Address: chewbrat@gmail.com  
Date of Accident: 5/9/18 Time of Accident: 12:20pm  
Place of Accident: Telok Blangah Road (towards City before Harbourfront)  
Insurance Company: NTUC Income

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To withdraw from Refunder to Third Party Claims

Policyholder / Driver's Signature  
Date: 6/9/18

Reporting Centre Personnel's Signature  
Name: Pada Latha  
NRIC/FIN No: 06/09/2005  
Date: 06/09/2018