

NATIONAL Assessment Centre Services

[ver 1 Jan 2005]

MMA 118116778

Date In: 10/19/18 11:16	Job description	Date & Time Completed	Done by
Ref No: NA1INC18016408164	SAS e-filing		
Veh No: SJM 2193 B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/19/18 11:55	i-Motor Claim Form	MT/1010729-002	10/19/18 19:02
OD: <input checked="" type="checkbox"/> 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: SJX 8682J	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

NA1805760	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	9) N12: Idac Mobile		
	*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 \$10		
	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	10/09/2018 11:16
Date Of Accident	08/09/2018 11:55
Exact Location Of Accident	PIE TWDS CHANGI NEAR LORNIE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM2193B
Insured/Policyholder	
Name Of Registered Owner	BETHLEHEM AUTO
Co Reg No	53347232J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90306757
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087016603-01
Cover Note Number	-
Driver	
Name of Driver	NG CHEE KIANG (HUANG ZHIQIANG)
NRIC No	S7338298Z
Date Of Birth	24/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1995
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93966609
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 182 AMK AVE 5 #06-2912
Postcode	560182
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	CHAIN COLLISION
Weather Conditions	AFTER RAINED
Road Surface	WET

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?	YES
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE

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

I WAS TRAVELLING ALONG PIE TWDS CHANGI NEAR LORNIE EXIT ON THE FIRST LANE, WHEN NOTICED VEH C (BEARING NO SJN4068L) STOP, AS SUCH I FOLLOW TO STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD HIT ONTO VEH C. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 5 CAR CHAIN COLLISION ACCIDENT. VEH B (BEARING NO SJX8682J) HIT ONTO MY VEH REAR PORTION.

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	SJX8682J
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJN4068L
 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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC7036R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJN1648H
 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)

DETAILS OF INJURED PERSON 1

Name	NG CHEE KIANG (HUANG ZHIQIANG)
Approximate Age	
Injuries Sustain	LEG & SHOULDER
Injured person in which vehicle?	SJM2193B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

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

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

SKETCH PLAN

A = SJM 2193 B
B = SJX 8682 J
C = SJN 4068 L
D = SHC 7036 R
E = SJN 1648 H

PIE twd's changi Near Lornie Ex

$$E = 5 \text{ JN } 1648 \text{ H}$$

PIE twos changi Near Lornie Exit

Please Refer to statement

Please Refer to Statement

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



Date & Time:

Date & Time:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7338298Z**

Name
NG CHEE KIANG
(HUANG ZHIQIANG)

Birth Date **24 Oct 1973**
Issue Date **17 Feb 2004**

001125708G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7338298Z**

Name
NG CHEE KIANG
(HUANG ZHIQIANG)

Race
CHINESE

Date of birth
24-10-1973

Sex
M

Country of birth
SINGAPORE

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

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

PASS DATE
16 Mar 1995

Licence No: **S7338298Z**

NP 428A

341423

NRIC No. **S7338298Z**

Date of issue
17-10-2003

APT BLK 182 ANG MO KIO AVE 5 #06-2912
SINGAPORE 680182

NRIC No: **S7338298Z** Date: **07/04/2014**

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

08/09/2018 11:15

Vehicle No.(For Motor)

SJM2193B

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"/>	5087016603-01		BETHLEHEM AUTO	53347232J	GFT	Third Party, Fire & Theft	SJM2193B	SJM2193B	06/10/2017	

Continue

Policy Information

Policy No.	5087016603-01	Policyholder Name	BETHLEHEM AUTO	Policyholder NRIC	53347232J
Certificate No.					
Address	38 ANG MO KIO INDUSTRIAL PARK 2 #03-26 SINGAPORE 569511				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/09/2017	Effective Date	06/10/2017 00:00	Expiry Date	05/10/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	THIAM HENG AUTO (S) PTE LTD	Agent Tel.	64695691	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	38 ANG MO KIO INDUSTRIAL PA	Address 2	#03-26	Address 3	SINGAPORE 569511
Address 4		Address Type	Singapore address	Post Code	569511
Unit No.	01-369	Related Policy Number	5102526120		

Insured Object: SJM2193B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	06/10/2017 00:00	Basic Information Endorsement	000001286664427	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLS4313D 06-10-2017 \$1,255.11 2. SJM2193B 06-10-2017 \$1,255.11 In view of this amendment, an additional premium of \$2,510.22 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	31/10/2017 00:00	Basic Information Endorsement	000001286683445	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJF5597L 31-10-2017 \$1,169.15 In view of this amendment, an

Claim Handling

Accident MT/1010728

Policy No.	5087016603-01	Vehicle No.	SJM2193B	GST Registration No.	
Certificate No.					
Policyholder Name	BETHLEHEM AUTO			Policyholder NRIC	533472
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90306757	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	10/09/2018 13:09	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	08/09/2018	Time of Accident hh:mm	11:55	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS, CHANGI NEAR LORNIIE EXIT				
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	38 ANG MO KIO INDUSTRIAL PA	Address 2	#03-26	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	56951
Unit No.	01-369	Related Policy Number	5102526120		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG CHEE KIANG (HUANG ZHIQI	Driver NRIC	S7338298Z	Driver DOB	24/10/
Register Date of Driver License	16/03/1995	Driver Age	44	Driving Experience	23
Contact No.(Mobile)	93966609	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 162 #06-2912	Address 2	ANG MO KIO AVENUE 5	Address 3	
Address 4	SINGAPORE 560182	Address Type	Singapore address	Post Code	560182
Unit No.	06-2912				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 002 New

Claim Type *	OD-MX ▼	Insured Name	BETHLEHEM AUTO
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SJM2193B
Claim Description	SJM2193B / SJX8682J ON 8 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault ▼
Repair No.	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼
Finalisation		GIA report	Received ▼
Date Registered			10/09/2018 19:00
Report Taken By			LIEW SHAN HUI
Claim Close Date			
<input type="checkbox"/>			
Print AK letter			

Save Submit

Attachment

Accident No. MT/1010728 Claim No. 002

Last Doc. Received

* Yes ☐ No ☐

Upload Date

10/09/2018 19:02

Path *

[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[Choose File](#) No file chosen[Message Read](#)[Clear](#)

Category *

Confidential

Urgency *

[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2018 19:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2018 19:02	SAS	Normal	SAS 2018-9-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2018 19:00	Photos	Normal	Photos 2018-9-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2018 19:00	Photos	Normal	Photos 2018-9-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2018 19:00	Photos	Normal	Photos 2018-9-10
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Sep 2018 19:00	Photos	Normal	Photos 2018-9-10

Video List

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