

NATIONAL Assessment Centre Services (wef 1 Jan 05) **17 MAY 18 117601**

Date In: 11/09/2018 09:34	Job description	Date & Time Completed	Done by
Ref No: NBA/INC600/6515/Y	SAS e-filing		
Veh No: SJX 942J	E-mail (w/In 8hrs, AIC 2hrs)		
D.O.A: 10/09/2018 15:00	i-Motor Claim Form	M/11011334001	13/09/2018
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:30
	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: SJQ 876J 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		Amt (\$)	Amt (\$)
			In Bill	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			
	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2 / 3:	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 \$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	11/09/2018 09:34
Date Of Accident	10/09/2018 15:00
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX943J
Insured/Policyholder	
Name Of Registered Owner	CHIA KIM ENG
NRIC No	S0020740C
Email Address	ALAN.CHIA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97492526
Alternative Phone No	OTHERS-97492526

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	5066355623-04
Cover Note Number	

Driver

Name of Driver	CHIA KIM ENG
NRIC No	S0020740C
Date Of Birth	21/01/1954
Occupation	INDOOR
Date Of Driving Pass	03/01/1975
Driving Experience	43 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97492526
Fax Number	
Contact Number	OTHERS-97492526
Email Address	ALAN.CHIA@YAHOO.COM.SG

Address	BLK 23 JALAN MEMBINA #29-74
Postcode	163023
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 - MAJOR/MINOR RD
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: : WIFE 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ8776J
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	HONG SHICHENG
NRIC/Passport Number	S8309156H
Contact Number	90303356
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

11 Sep 18 9.16 AM.

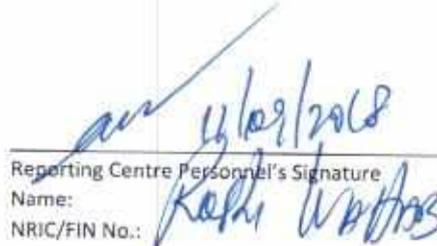


Driver's Signature

(if driver is not the policyholder)

Date & Time:

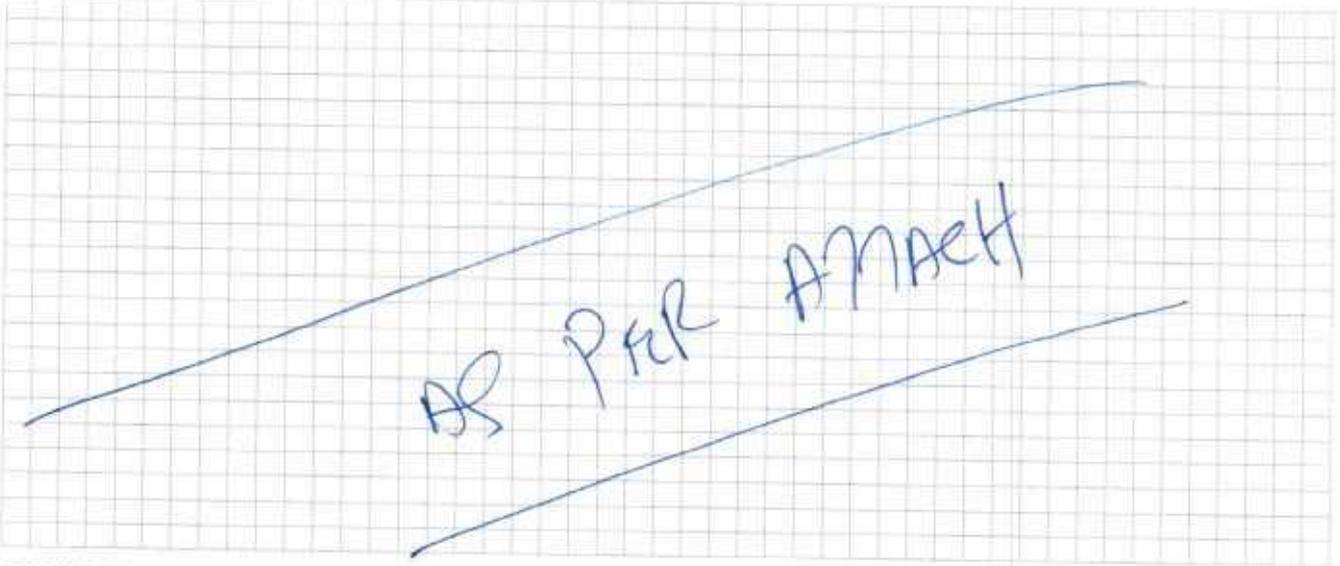
11 Sep 18 9.16 AM.


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

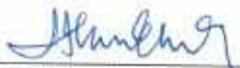


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

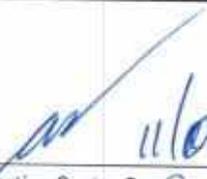
REFER TO ATTACHMENT

DECLARATION

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


Policyholder's Signature
Date & Time: 11 Sep 18 9.16 AM


Driver's Signature
(If driver is not the policyholder)
Date & Time: 11 Sep 18 9.16 AM


Reporting Centre Personnel's Signature
Name: Rosli Wabara
NRIC/FIN No.: 11/09/2018

ACCIDENT REPORT

DATE: 10 Sep 2018

Reported By : Chia Kim Eng
NRIC : S0020740C
Vehicle No : SJX943J

Other Driver : Hong ShiCheng
NRIC : S8309156H
Vehicle No : SJQ8776J

INCIDENT:

I driver of vehicle no SJX943J was travelling along Clementi Road towards Nee Ann Polytechnic.

While approaching Maju Drive I filtered to the extreme left and was fully on the left lane driving straight towards Nee Ann.

When approaching an unnamed lane before Clementi Road. A vehicle No SJQ8776J driven by Mr. Hong ShiCheng drove out of a minor lane into the major Clementi Road without stopping and clipped my vehicle at the left rear door, tire and rim and the mudguard area to the bumper.

Map attached.



Reported by: Chia Kim Eng – S0020740C

ed 11/09/2018

Chia Kim Eng
11 Sep 18 9.16 AM

Claim Handling

Accident NT/1011334

Policy No.	5066355623-04	Vehicle No.	SJX943J	GST Registration No.	
Certificate No.					
Policyholder Name	CHIA KIM ENG	Cover Type	drive CLASSIC	Policyholder NRIC	S0020740C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97492526	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
NFK	= No Yes	NCD Endowment(%)	40	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details					
Report Date	13/09/2018 12:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	10/09/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CLEMENTI ROAD				

Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

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

Policyholder Mailing Address					
Address 1	BLK 23 #29-74	Address 2	JALAN MEMBINA	Address 3	SINGAPORE 163023
Address 4		Address Type	Singapore address	Post Code	163023
Unit No.		Related Policy Number	5066355623-04		

01 Driver Info					
Driver Name	CHIA KIM ENG	Driver Type	Main Driver	Driver NRIC	S0020740C
Unnamed driver name		Driver Age	66	Driver DOB	21/01/1954
Register Date of Driver License	03/01/1975	Contact No.(Office)		Driving Experience	43
Contact No.(Mobile)		Address 1	BLK 23 #29-74	Contact No.(Home)	
Address 1	BLK 23 #29-74	Address 2	JALAN MEMBINA	Address 3	SINGAPORE 163023
Address 4		Address Type	Singapore address	Post Code	163023
Unit No.		Driver Vehicle No.	SJX943J	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No				

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 **New**

Claim Type *	OD-HX	Insured Name	CHIA KIM ENG	Insured NRIC	S0020	
Contact No.(Mobile)	97492526	Contact No.(Home)	N/A	Contact No.(Office)		
Email Address	chian.chia@yahoo.com.sg	OT Vehicle Number	SJX943J	TP Vehicle Number	SJQ67	
Claim Description	SJX943J / SJQ6776J QN 10 Sept 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Reserved	
Preferred Repair Option		Preferred Workshop, Name unknown				
Date Registered	13/09/2018 12:29	Claim Close Date		Date Received	13/09/	
Report Taken By	ROSLI WAHAB					

Print AK letter

Save Submit

Attachment

Accident No.	NT/1011334	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/09/2018 12:30
Path *		Category *	
Choose File No file chosen		Confidential	NO
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			
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_8006762 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Sep 2018 12:30		Photos	Normal	Photos 2018-9-13	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Sep 2018 12:30	Photos	Normal	Photos 2018-9-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Sep 2018 12:30	Photos	Normal	Photos 2018-9-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Sep 2018 12:30	Photos	Normal	Photos 2018-9-13
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Sep 2018 12:30	Photos	Normal	Photos 2018-9-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Sep 2018 12:30	Photos	Normal	Photos 2018-9-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Sep 2018 12:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Sep 2018 12:30	SAS	Normal	SAS 2018-9-13

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: (10 / 09 / 2018) (DD/MM/YYYY), TIME: (15:00:00) (HH:MM)

LOCATION: CLEMENTI ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX 943J
- b) INSURANCE COMPANY: NTC
- c) POLICY NUMBER: 5066358622-02
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA AUST
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
- 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: CHIA KIM ENG (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: S0007406 CONTACT: 97492526
- C) ADDRESS: 25 JALAN MEMBINA #29-7A
S163023

* 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: (21 / 01 / 1954) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 3 JAN 1975

- 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: SJ2 8776J MODEL: HYUNDAI AVANTE
- b) DRIVER'S NAME: HONG SHICHENG
- c) NRIC/FIN/PASSPORT: S83091564 CONTACT: 40302356

9. THIRD PARTY VEHICLE

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

EMAIL = alan.chia@phos.com.sg

VIDEO = YES

(WIFE)

No of passengers
(including driver)

(2)

No of passengers
(including driver)

No of passengers
(including driver)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0020740C



Name
CHIA KIM ENG

Place
CHINESE

Date of Birth
21-01-1954

Country of Birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S0020740C**

Name
CHIA KIM ENG

Valid Date **21 Jan 1954**

Issue Date **31 Mar 2003**




000134327G



2588801



NRIC No. **S0020740C**



Blood Group: **O+** Date of issue: **28-02-1995**

APT BLK 23 JALAN MEMBINA #29-74
SINGAPORE 163023

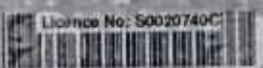
NRIC No. **S0020740C** Date: **30-05-2002** No. **4340514**

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
03 Jan 1975

License No: **S0020740C**



NP 425A

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: 5066355623-04

Cover : drive CLASSIC

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJK943J |
| Chassis Number | : MR053ZEE106175668 |
| 2. Name of Policyholder | : CHIA KIM ENG |
| 3. Effective Date of Insurance | : 14 May 2018 |
| 4. Expiry Date of Insurance | : 13 May 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHIA KIM ENG
NAMED DRIVER (1)	: ABEL CHIA WAI DA
NAMED DRIVER (2)	: ANDRE CHIAWAI LOONG
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue : 04 May 2018 10:05 hrs

Reprint : 04 May 2018 10:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive