

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 12/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016621/13	SAS e-filing		
Veh No: SJM2700M	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 11/09/18 1200	i-Motor Claim Form	MT/101165 - 001	
OD (IP) 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: (N-51 Tel: Fax:)

TP Particulars: Veh No: SKW1741L 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

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	12/09/2018 11:42
Date Of Accident	11/09/2018 12:00
Exact Location Of Accident	NO 19 KALLANG AVE JTC BUILDING CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2700M
Insured/Policyholder	
Name Of Registered Owner	FINANCIAL BMW
Co Reg No	53307153D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94551022
Alternative Phone No	OFFICE-94551022

Vehicle Particulars

Manufacturer	BMW
Model	730LI
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	5084197030-02
Cover Note Number	

Driver

Name of Driver	ALAN NG
NRIC No	S7733856Z
Date Of Birth	14/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2002
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94551022
Fax Number	
Contact Number	
Email Address	ALAN.NG@MANULIFE.COM.SG

Address	126 PUNGGOL WALK #15-07
Postcode	828774
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	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	
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKW1741L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO CHOON TECK
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.

 FINANCIAL BMW
533071530

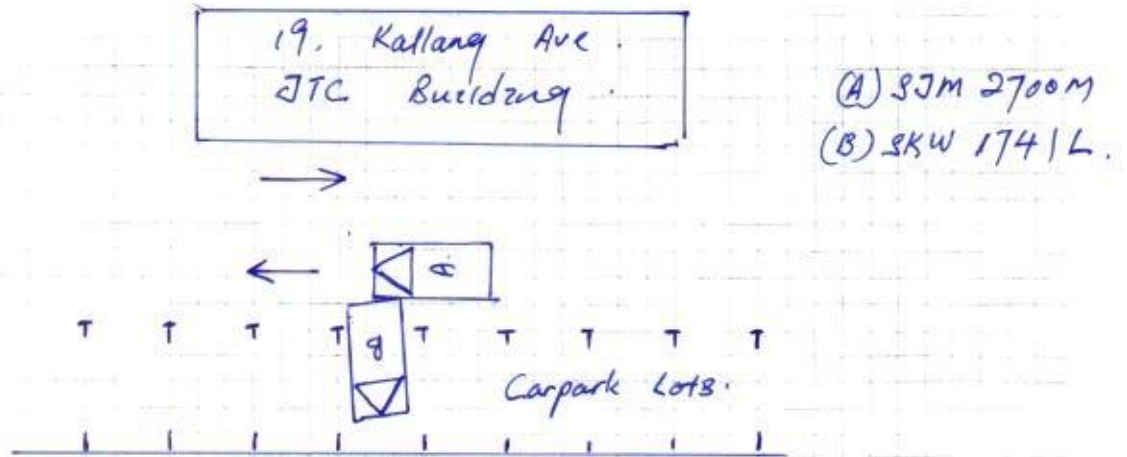
Policyholder's Signature
Date & Time:



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

 12/09/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/09/18 at 1200 hrs, I was travelling in my vehicle (SJM 2700M) in front of No. 19, Kallang Ave going straight. Suddenly, a vehicle (SKW 1741L) reversed out from the carpark lots and collided onto the left side of my vehicle.

DECLARATION

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

FINANCIAL BMW
53307153D

Policyholder's Signature
Date & Time:

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

Signature 12/09/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SJM 2700m Model / Make BMW 730Li.	
Date of Accident	11/09/18.	
Time of Accident	1200 HRS	
Location of Accident	No. 19 Kallang Ave JTC Building Carpark.	
Exact purpose use during accident	Private Used.	
Name of Owner	Financial. BMW.	
Telephone No.	H/P: 9455 1022, Home:	Office:
NRIC	S33071530.	
Address	6, Jln Tua Kong #03-02, Crescendo Park, (S) 457269.	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	NTUC.	
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft	
Policy No.	5084197030-02.	
Name of Driver	As Above If No, Alan Ng.	
NRIC	S77338562.	Any Passengers: N.A.
Date of birth	14/11/1977.	
Occupation	<u>Outdoor</u> / Indoor	
Driving License Pass Date	05/12/2002.	
Gender	<u>Male</u> / Female	
Contact No.	H/P: 9455 1022, Home:	Office:
Address	126, Punggol Walk #15-07 (S) 828774.	
Driver have any own vehicle	No, If yes, Reg No.	
Relationship	Employee, If no, state <u>owner self-employed.</u>	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	<u>No,</u> If Yes, Who?	
Name And Contact No.		
Name And Contact No.		
Police Report	<u>No,</u> If Yes, Where?	
Vehicle B No.	SKW 1741 L.	Any Passengers: 03 (2M) (1F).
Name of Driver	Yeo Choon Teck.	Contact No.:
Vehicle C No.		Any Passengers:
Vehicle D No.		Any Passengers:
Vehicle E no.		Any Passengers:
Vehicle F No.		Any Passengers:
Vehicle G No.		Any Passengers:
Witness Name	N.A	Witness Contact: N.A.
Accident Portion	Left Side.	
Camera Recorder	Yes <u>No</u>	
Email Address	alan.ng@manulife.com.sg	
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING /		
OFFERING ACCIDENT CLAIMS ASSISTANCE? Yes <u>No</u>		
PARTICULAR WORKSHOP	N-51	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	Huixin.	
FAX NO	6741 0510	
WORKSHOP Email ADDRESS	sales@n51.com.sg	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7733856Z



Name

ALAN NG

Race

CHINESE

Date of birth

14-11-1977

Sex

M

Country of birth

SINGAPORE

S7733856Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7733856Z

Name:

ALAN NG



Birth Date: 14 Nov 1977

Issue Date: 27 Nov 2015



002497326H

SG
50

4208397



NRIC No S7733856Z



Date of issue

04-04-2008

126 PUNGGOL WALK #15-07
SINGAPORE 828774

NRIC No: S7733856Z

Date: 03/03/2018

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	27 Feb 1995
Class 2A	Motorcycles between 201 cc and 400 cc	09 Oct 2001
Class 2	Motorcycles > 400 cc	26 Nov 2002
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	05 Dec 2002



Licence No: S7733856Z

NP 428A

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 : 5084197030-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **SJM2700M**
Chassis Number : **WBAKB22010CN74209**
 2. Name of Policyholder : **FINANCIAL BMW**
 3. Effective Date of Insurance : **28 Aug 2018**
 4. Expiry Date of Insurance : **25 Aug 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 or Hirer's business.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.
- This Policy does not cover
- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : AON SINGAPORE PTE LTD (00000691150)
Date of Issue : 28 Aug 2018 12:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1011165

Policy No.	5084197030-02	Vehicle No.	SJM2700M	GST Registration No.
Certificate No.				
Policyholder Name	FINANCIAL BMW			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	94551022	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	12/09/2018 12:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/09/2018	Time of Accident hh:mm	12:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NO 19 KALLANG AVE JTC BUILDING CARPARK			

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	2,000.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	6 JALAN TUA KONG	Address 2	#03-02 CRESCENDO PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-02	Related Policy Number	5084197030-02	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)	94551022	Contact No.(Office)	0	Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Code

Modification History

Claim 001 OD-MX

New



Claim Type *	OD-MX	Insured Name	FINANCIAL
Contact No.(Mobile)	94551022	Contact No. (Home)	NIL
Email Address	alan.ng@manulife.com.sg	OI Vehicle Number	SJM2700M
Claim Description	SJM2700M / SKW1741L ON 11 Sept 2018		
Preferred Workshop		Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered	12/09/2018 12:24	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

☒ Print AK letter

Attachment

Accident No.	MT/1011165	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/09/2018 00:00
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2018 12:24	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2018 12:24	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2018 12:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2018 12:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2018 12:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2018 12:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2018 12:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2018 12:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2018 12:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2018 12:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Sep 2018 12:23	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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