

NATIONAL Assessment Centre Services (wef 1 Jan 2005) NA180638/28216			
Date In: 03/10/2018 12:31	Job description	Date & Time Completed	Done by
Ref No: NA180638/28216	SAS e-filing		
Veh No: SLJ 1186X	E-mail (within 8hrs; AIC 2hrs)		
D.O.A: 02/10/2018 07:35	i-Motor Claim Form	NA180638-001	03/10/2018
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs; TP 4hrs)		14:40
	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: SS8579U	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

NA180638/2	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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) \$10			
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:-			
	OT:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice date:	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 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. 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	03/10/2018 12:31
Date Of Accident	02/10/2018 07:35
Exact Location Of Accident	ALONG BEDOK ROAD(NEAR TO BUS STOP B85061)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1186X
Insured/Policyholder	
Name Of Registered Owner	KAREN LAI SUET MENG
NRIC No	S7139481F
Email Address	PAULCHIAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98488567
Alternative Phone No	OTHERS-93667810

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5086484072-01
Cover Note Number	

Driver

Name of Driver	CHIAM SIONG HWEE
NRIC No	S7171193E
Date Of Birth	10/09/1971
Occupation	INDOOR
Date Of Driving Pass	27/10/1992
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98488567
Fax Number	
Contact Number	OTHERS-93667810
Email Address	PAULCHIAM@GMAIL.COM

Address	112 PUNGGOL WALK #14-27 TWIN WATERFALLS
Postcode	828766
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181002/2173 AND NEW POLICE REPORT T/20181009/2022

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	SJS9579U
Vehicle Make/Model/Colour	MERCEDES BENZ
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)

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:

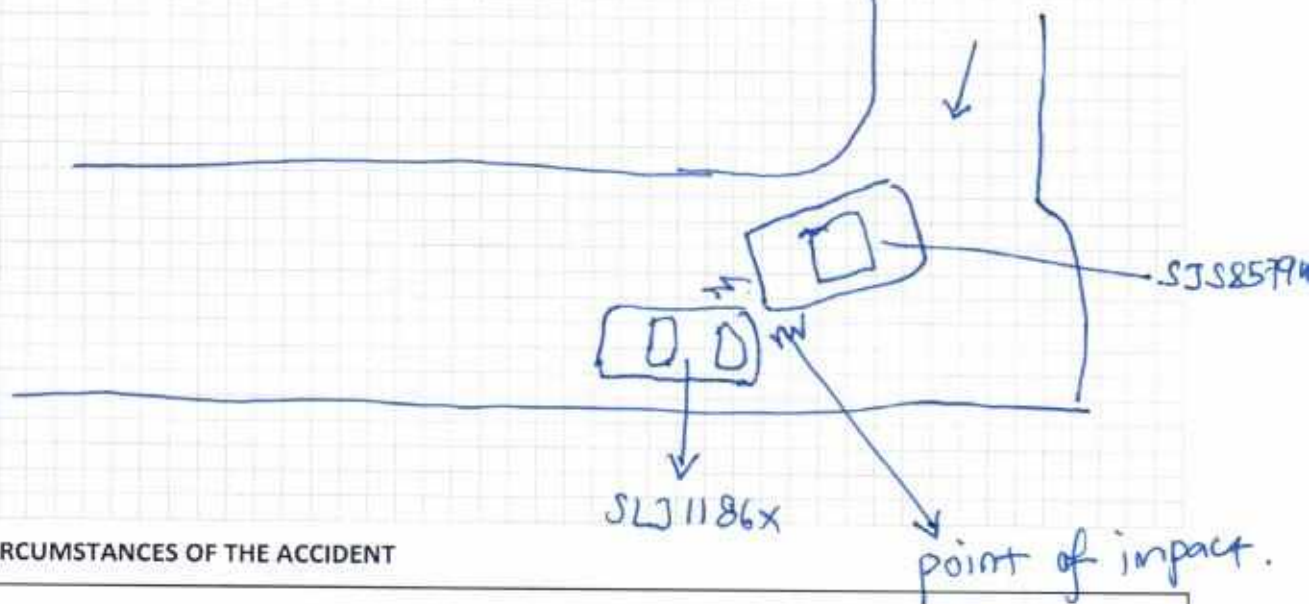
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 ALONG BARDOLE ROAD (NEAR TO BUS STOP)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q8 Refers to Police Report
7/20/81002/2173
7/20/81009/2022

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



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

Reporting Centre Personnel's Signature
Name: Rafiqul Islam
NRC/FIN No.: 03/10/2018



**SINGAPORE
POLICE FORCE**



T/20181009/2022

3 of 3

Report No. T/20181009/2022

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G/
Staff Sgt CHIN YONG PEI, DESMOND

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Signature Of Informant:

Date/Time:
09/10/2018 09:59

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

SIGNATURE



SINGAPORE POLICE FORCE



T/20181009/2022

1 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20181009/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2018 09:59	Vide Report No.: T/20181002/2173	Station Diary No.: 21
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Informant's particulars

Informant's particulars			Address:	
Name of Informant: CHIAM SIONG HWEE			112 PUNGGOL WALK #14-27 TWIN WATERFALLS SINGAPORE 828766	
ID Type / ID No.: NRIC NO / S7171193E			Contact No.: Home/Office:	Mobile: 93667810
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 47	Date of Birth: 10/09/1971	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: CONSULTANT			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/10/2018 07:35	Type of Location:
Location: Along Road 1 BEDOK ROAD				
AT THE SMALL ROAD OF THE SHOP HOUSES ALONG BEDOK ROAD. (NEAR TO BUS STOP B85061)				
Weather: Sunny	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passes
SJS9579U	Car	MERCEDES BENZ		Silver		0
SLJ1186X	Car	HONDA	VEZEL	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
Pedestrians Injured: Nil	



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20181009/2022

2 of 3

Report No. T/20181009/2022

CONTINUATION OF REPORT

Driver			
Name	CHIAM SIONG HWEE	ID No.	S7171193E
Related Vehicle	NIL	Contact No.	93667810
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Reference to T/20181002/2173, I wish to state that the other party driver vehicle is SJS9579U instead of SJS8579U.



SINGAPORE POLICE FORCE



T/20181002/2173

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20181002/2173

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2018 20:30	Vide Report No.:	Station Diary No.: 103
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Informant's Particulars			
Name of Informant: CHIAM SIONG HWEE		Address: 112 PUNGGOL WALK #14-27 TWIN WATERFALLS SINGAPORE 828766	
ID Type / ID No.: NRIC NO / S7171193E		Contact No.: Home/Office: Mobile: 93667810	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 47	Date of Birth: 10/09/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: CONSULTANT		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/10/2018 07:35	Type of Location: Straight Road
Location: Along Road 1 BEDOK ROAD				
At the small road of the shop houses along Bedok Road (near to bus stop B85061)				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS8579U	Car	MERCEDES BENZ		Silver		0
SLJ1186X	Car	HONDA	Vezel	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ1186X	NTUC Income Insurance Co-Operative Limited	5086484072-01	29/11/2017	28/11/2018



Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20181002/2173

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIAM SIONG HWEE	ID No.	S7171193E
Related Vehicle	SLJ1186X (Car)	Contact No.	93667810
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/10/2018 at about 1200hrs after I parked my car one silver colour Honda Vezel bearing plate number SLJ1186X at the carpark of my home, I realized that there were scratches and dents on the rear right passenger side of my car near to the rear right tyre. However I do not know what had caused the dents as such I went to view the video footage from my in-car cameras (front and back).

After viewing the footages, I noticed that it was a hit and run accident that had caused the scratches and dents on my car. From the footage on 02/10/2018 at about 0736hrs, while my car was parked at the small road of the shop houses along Bedok Road (near to bus stop B85061), there was a silver Mercedes car which had collided to the rear right side of my car. The collision sound could be heard clearly from the video footage and there was also a slight movement of my car when the collision happened.

Thereafter, the Mercedes tried to reverse back however to no avail and it then drove past my car and left without leaving any particulars down. I managed to take down the car plate number of the Mercedes as SJS8579U from the video footage. This is the first time such incident had happened to me.



**SINGAPORE
POLICE FORCE**



T/20181002/2173

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20181002/2173

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Staff Sgt ANG PEI YING, AGNES

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/10/2018 20:30

Classification Of Case:

Claim Handling

Accident MT/1014158

Policy No.	5086484072-01	Vehicle No.	SLJ1186X	GST Registration No.	
Certificate No.					
Policyholder Name	KAREN LAI SUET MENG	Cover Type	DRIVE CLASSIC	Policyholder NRIC	S7139481F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	96488567	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire	No		

⌵ **Accident Details**

Report Date	03/10/2018 14:34	Accident Report Within 24 hrs	Yes	Accident Type	HIT and run
Date of Accident	02/10/2018	Time of Accident hh:mm	07:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BEDOK ROAD(NEAR TO BUS STOP B85061)				

⌵ **Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	800.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

⌵ **Benefits**

⌵ **GST Registered Information**

GST Registered	No	GST Registration Data	
GST Registration No.		GST Status Verified	Yes
Modification History			

⌵ **Policyholder Mailing Address**

Address 1	112 PUNGGOL WALK	Address 2	#14-27 TWIN WATERFALLS	Address 3	SINGAPORE S28766
Address 4		Address Type	Singapore address	Post Code	S28766
Unit No.	14-27	Related Policy Number	5086484072-01		

⌵ **GI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/09/1971
Unnamed driver Name	CHIAN SIONG HWEE	Driver NRIC	S7171191E	Driving Experience	25
Register Date of Driver License	27/10/1992	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	96488567	Contact No.(Office)		Address 3	SINGAPORE S28766
Address 1	112 PUNGGOL WALK	Address 2	#14-27 TWIN WATERFALLS	Post Code	S28766
Address 4		Address Type	Foreign address		
Unit No.	14-27				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Driver Vehicle No.	SLJ1186X	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Modification History

Claim 001 **New**

Claim Type *	CC-MR	Insured Name	KAREN LAI SUET MENG	Insured NRIC	S71394
Contact No.(Mobile)	96488567	Contact No.(Home)	83157822	Contact No.(Office)	
Email Address	ganncoq@yahoo.com.sg	CI		TP	
Claim Description	SLJ1186X / S156579U ON 2 Oct 2018			Vehicle Number	S15657
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Report No. Finalization	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Insured Option	Preferred Workshop, Name unknown		
Date Registered		GIA report	Received	Claim Close Date	03/10/2018 14:39
Report Taken By				Date Received	03/10/2018

Print All letter

Save Submit

Attachment

⌵

Accident No.	MT/1014158	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/10/2018 14:40

Path *

Choose File	No file chosen	Clear	Please Select	Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select				
Choose File	No file chosen	Clear	Please Select				
Choose File	No file chosen	Clear	Please Select				
Choose File	No file chosen	Clear	Please Select				
Choose File	No file chosen	Clear	Please Select				
Choose File	No file chosen	Clear	Please Select				
Message Read							

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:40		Photos	Normal	Photos 2018-10-3

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:40	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:40	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:40	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:40	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:40	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:40	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:40	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:39	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:39	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:39	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:39	Photos	Normal	Photos 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 14:39	SAS	Normal	SAS 2018-10-3

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 02/10/2018 (DD/MM/YYYY), TIME: 07:35 (HH:MM)

LOCATION: ALONG BEDOK ROAD (near to bus stop B85061)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ 1186X
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5086484072
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA VEZEL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARKED
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: KAREN LAI SUET MENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7139481F CONTACT: 98488567/93667810
 c) ADDRESS: BLK 112 PUNGGOL WALK, #14-27 S(828766)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(0)

- DRIVER
 a) NAME: CHIAM SIONG HWEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7171193E CONTACT: 93667810
 c) ADDRESS: BLK 112 PUNGGOL WALK #14-27 S(828766)

- * d) DATE OF BIRTH: 10/09/1971 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 27 OCT 1992
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND
 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: PUNGGOL N.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJS 8579 U MODEL: Mercedes Benz
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

EMAIL = paulchiam@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7171193E



CHIAM SIONG HWEE

詹祥暉

Race
CHINESE

Date of Birth
10-09-1971

Sex
M

Country of Birth
KELANTAN

S7171193E

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7171193E

CHIAM SIONG HWEE

Birth Date: 10 Sep 1971

Issue Date: 27 Dec 2002



8039879

NRIC No. S7171193E



Nationality
MALAYSIAN

Blood Group: O+ Date of issue: 14-09-1992

112 PUNGGOL WALK #14-27
TWIN WATERFALLS SINGAPORE 828766

NRIC No: S7171193E

Date: 24/07/2015

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

Class 2B	Motorcycles not exceeding 200 cc
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
27 Oct 1992
27 Oct 1992

NP 428A



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the Insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule.
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5086484072-01
The Policyholder	: KAREN LAI SUET MENG 112 PUNGGOL WALK #14-27 TWIN WATERFALLS SINGAPORE 828766

Period of Insurance	: 29 Nov 2017 To 28 Nov 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$635.26

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 1500cc
Primary Driver	: KAREN LAI SUET MENG	Registration Year	: 2016
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: HONDA/VEZEL	NCD Entitlement	: 50%
Registration Number	: SJ11186X	NCD Protection	: Yes(Free)
Chassis Number	: RU11204298	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: MAYBANK		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : M4

Agency	: FINANCIAL ALLIANCE PTE LTD (00000583200)
Date of Issue	: 28 Nov 2017 15:09 hrs
Reprint	: 28 Nov 2017 15:09 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



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: MIA48128216 Vehicle Registration No: SLJ 1186
Name (as shown in NRIC): ahman Saad Huma NRIC/FIN/Passport No: S771193E
(*Vehicle Driver / Vehicle Owner(s)*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 93667810
Email Address: _____
Date of Accident: 02/10/2018 Time of Accident: 07:35
Place of Accident: Along Brook Road (Near W B&B B&B)
Insurance Company: _____

(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:

- ① THIRD PARTY VEHICLE NUMBER 2 SJS95794
- ② ISSUE NEW POLICE REPORT T/20181009/2022

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid Hassan
NRIC/FIN No.:
Date: 02/10/2018