

NATIONAL Assessment Centre Services

(Unit 1/2000)

19 MAY 18 31234

Date In: 28/06/2018 19:06	Job description	Date & Time Completed	Done by
Ref No: N3012101/10/98914	SAS e-illing		
Veh No: 8JE 67179	E-mail (with 3hrs, 10/3hrs)		
D.O.A: 20/06/2018 12:18	1-Motor Claim Form	11/10/16/17-001	28/06/2018
OD / TP / Reporting Only	1-Motor W/O (with 100 2hrs, TP 1hr)		11:13
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / OW:	Tel:	Fax:
TP Particulars:	Veh No: SKH 87973	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	%(Note: B/L Status (WO): NI 0-20%; PI 21-79%; PI 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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks:	INC 6016 6788 6016	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

Signature: Particulars:	Invoice Preparation Checklist	Bill / Paid Bill
Driver/Owner:	1) AR: Accident Reporting (\$20)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$40
	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$10
	For claim against INC Only (w/ 10 Jan 200)	
	6) TR: Re-inspection	\$15
	7) NI: 14+ DA + SMRT Survey	\$140
	8) NTUC Additional Services:	
	9) NI: Courtesy Car / Tpl Allowance	\$5
	10) NI: Repair Coordination	\$10
	11) NI: Post Repair Inspection	\$15
	12) NI: DY / Collect Waste Coordination	\$5
	TP (NI) / TP (Non INC) against INC	\$20
	13) NI: 14+ Mobile	10
	Invoice dated	Per Charged
	Invoice dated	Per 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	22/10/2018 19:06
Date Of Accident	20/10/2018 12:15
Exact Location Of Accident	FIFTH AVENUE YELLOW JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE6717G
Insured/Policyholder	
Name Of Registered Owner	JEANNE ENG CHER FONG
NRIC No	S7170039I
Email Address	JEANNEHSI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81387931
Alternative Phone No	OTHERS-81387931

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (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	REPORTING ONLY
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	5104656916
Cover Note Number	

Driver

Name of Driver	JEANNE ENG CHER FONG
NRIC No	S7170039I
Date Of Birth	20/09/1971
Occupation	INDOOR
Date Of Driving Pass	27/07/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81387931
Fax Number	
Contact Number	OTHERS-81387931
Email Address	JEANNEHSI@HOTMAIL.COM

Address	23 LOTUS AVENUE
Postcode	277606
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	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)	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	SKH8797J
Vehicle Make/Model/Colour	JEEP
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRIS
NRIC/Passport Number	
Contact Number	96278347
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: 22/10/16 11am

Driver's Signature

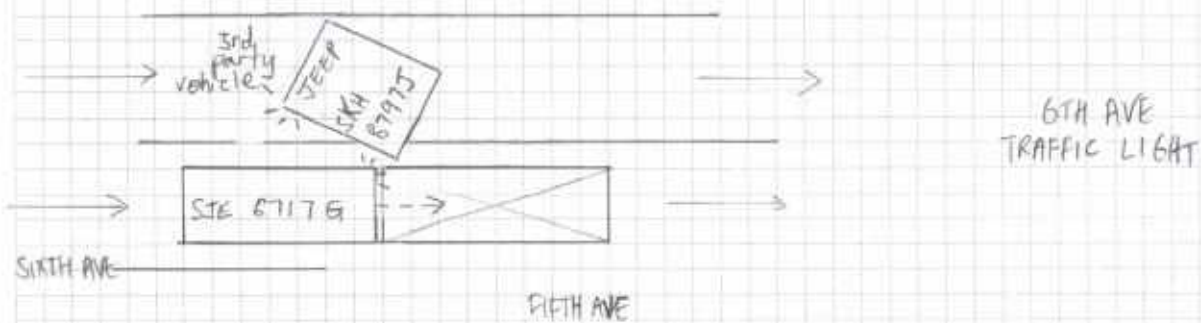
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCORDING TO TRAFFIC RULES, I STOPPED MY CAR BEHIND THE SIXTH/FIFTH AVENUE YELLOW JUNCTION- WHEN THE TRAFFIC WAS IN MY FAVOUR, I MOVED STRAIGHT. AT THIS INSTANT, 3RD ARTY VEHICLE JEEP SKH 8797J TOOK THE OPPORTUNITY TO TURN RIGHT INTO FIFTH AVE VIA THE YELLOW JUNCTION RESULTING IN SCRATCHES AND PAINT CHIPPED OFF FROM MY VEHICLE SJE 671TG.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time: 22/10/18 11AM

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

22/10/2018
[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

The premium on this policy has not been collected.

Accident MT/1016727

Policy No.	S104650918	Vehicle No.	SJE6717G	GST Registration No.	
Certificate No.					
Policyholder Name	JEANNE ENG CHER PONG			Policyholder NRIC	S71700299
Product Code	PRIVATE CAR INSURANCE	Cover Type	driven CLASSIC	Loading	II
Contact No.(Mobile)	81367931	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPI	x No Yes	TCA	A No Yes	eCode Reason	
ACD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	23/10/2018 10:53	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/10/2018	Time of Accident hh:mm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Form		ICM No.	
Accident Location	FIFTH AVENUE YELLOW JUNCTION				

Excess

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		

Benefits

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

Policyholder Mailing Address

Address 1	23 LOTUS AVENUE	Address 2	LUCKY PARK	Address 3	SINGAPORE 277606
Address 4		Address Type	Singapore address	Post Code	277606
Unit No.		Related Policy Number	S104650918		

OI Driver Info

Driver Name	JEANNE ENG CHER PONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S71700299	Driver DOB	20/09/1971
Register Date of Driver License	27/07/2007	Driver Age	47	Driving Experience	11
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	23 LOTUS AVENUE	Address 2	LUCKY PARK	Address 3	SINGAPORE 277606
Address 4		Address Type	Singapore address	Post Code	277606
Unit No.					
Does he own a Singapore Registered car?	Yes x No	Driver Vehicle No.	SJE6717G	Driver Insurer Company	NTUC

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

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	JEANNE ENG CHER PONG	Insured NRIC	S71700
Contact No.(Mobile)	S9614238	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SJE6717G	TP Vehicle Number	SKH87
Claim Description	SJE6717G / SKH87927 ON 20 Oct 2018			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault			
Excess No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Reported	23/10/2018 11:13	Claim Date		Date Received	23/10/
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1016727	Claim No.	001
Last Doc. Received	Yes No	Upload Date	23/10/2018 11:13
Path *		Category *	Confidential
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
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		Photos	Normal	Photos 2018-10-23

S (BUKIT MERAH)) on 23 Oct 2018 11:13

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 23 Oct 2018 11:13

Photos

Normal

Photos 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 23 Oct 2018 11:13

Photos

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Photos

Normal

Photos 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 23 Oct 2018 11:12

Photos

Normal

Photos 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 23 Oct 2018 11:12

Photos

Normal

Photos 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 23 Oct 2018 11:12

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 23 Oct 2018 11:12

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 23 Oct 2018 11:12

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 23 Oct 2018 11:12

SAS

Normal

SAS 2018-10-23

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

116
ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 10 / 2016) (DD/MM/YYYY), TIME: (12 : 15) (HH:MM)

LOCATION: FIFTH AVENUE YELLOW JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE6717G
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: JEANNE ENG CHER FONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S71700391 CONTACT: 81387931
c) ADDRESS: 23 LOTUS AVE SINGAPORE 27606

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (20 / 09 / 1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/07/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SKH 8797 J MODEL: JEEP
b) DRIVER'S NAME: CHRIS
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9627 8347

9. THIRD PARTY VEHICLE

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

EMAIL = jeannehsi@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S71700391**

Name **JEANNE ENG CHER FONG**

Birth Date **20 Sep 1971**

Issue Date **03 Apr 2018**

002789198J




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	27 Jul 2007
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	27 Jul 2007

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S71700391**



Name

JEANNE ENG CHER FONG



Race

CHINESE

Date of birth

20-09-1971

Sex

F

Country of birth

MALAYSIA



391336



NRIC No. **S7170039I**

Date of issue
31-07-2006

23 LOTUS AVE
SINGAPORE 277606

NRIC No: **S7170039I**

Date: **04/07/2016**

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/10/2018 19:05"/>
Vehicle No.(For Motor)	<input type="text" value="SJE6717G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5104656916		JEANNE ENG CHER FONG	S7170039I	GPC	drive CLASSIC	SJE6717G	SJE6717G	15/10/2018	01/11/2019