

NATIONAL Assessment Centre Services (last 1 Jan 2009) **MAA48137589**

Date In: 23/10/2018 14:39	Job description	Date & Time Completed	Done by
Ref No: NBA/MCC019246/Y	SAS e-illing		
Veh No: EE 1001 E	E-mail (within 3hrs, AIO 2hrs)		
D.O.A: 22/10/2018 16:45	T-Motor Claim Form	21/10/18 29-00	23/10/2018 16:17
OD / TP? Reporting Only	T-Motor W/O (within 24 hrs, TP 1hr)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Yell No: **SJL9242C** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 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 online 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: ()

Direct Time / Actions:

NAR06848

Item / Particulars	Invoice / Predation / Check / U.S.	Value (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (300)		
Contact No:	2) DA: Damage Assessment (100)	INC (530)	
Damaged Portion:	3) TP: Towing Fee	\$40/145	
	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$70	
	Excluding against INC Only (w/ 10 for 300)		
	6) TR: Re-inspection	\$75	
	7) NI: NI/DA + SMRT Survey	\$140	
	8) NTUC Additional Services		
	Q11:		
C. Checked by (Engr-In-Charge):	NI: Courtesy Car / Tpl Allowance	\$1	
	NI: Repair Coordination	\$10	
	NI: Post Repair Inspection	\$25	
	NI: DY / Collect Excess Coordination	\$1	
	IE (NI): TP (Non-INC) against INC	\$10	
	NI: NI: NI: NI: NI	\$0	
	Invoice dated	File Charged	
	Invoice Period	File Charged	

2/2

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	23/10/2018 14:39
Date Of Accident	22/10/2018 16:45
Exact Location Of Accident	ALONG CLEMENCEAU AVENUE TOWARDS HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EE1001E
Insured/Policyholder	
Name Of Registered Owner	HO FOONG KHUAI PATRICIA
NRIC No	S1021195F
Email Address	PATRICIAHO0707@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97383288
Alternative Phone No	OFFICE-97383288

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	5024599572-10
Cover Note Number	

Driver

Name of Driver	HO FOONG KHUAI PATRICIA
NRIC No	S1021195F
Date Of Birth	22/02/1946
Occupation	INDOOR
Date Of Driving Pass	26/03/1968
Driving Experience	50 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97383288
Fax Number	
Contact Number	OFFICE-97383288
Email Address	PATRICIAHO0707@GMAIL.COM

Address	BLK 69 REDHILL CLOSE #02-78
Postcode	150069
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 - HEAD TO REAR
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

ON THE 22/10/2018 AT ABOUT 1645HRS I WAS DRIVING MY CAR EE1001E ALONG CLEMENCEU AVENUE TOWARDS HAVELOCK ROAD. IN FRONT OF ME WAS A CAR SJL9242C, WHEN THE LIGHT CHANGE TO GREEN I MOVE TOO FAST AND HIT THE CAR IN FRONT OF ME. I CAME DOWN AND TOOK PHOTOS AND EXCHANGE PARTICULARS.

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	SJL9242C
Vehicle Make/Model/Colour	TOYOTA ALLION
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALBERT LOO KOK PHENG
NRIC/Passport Number	S0424693D
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.

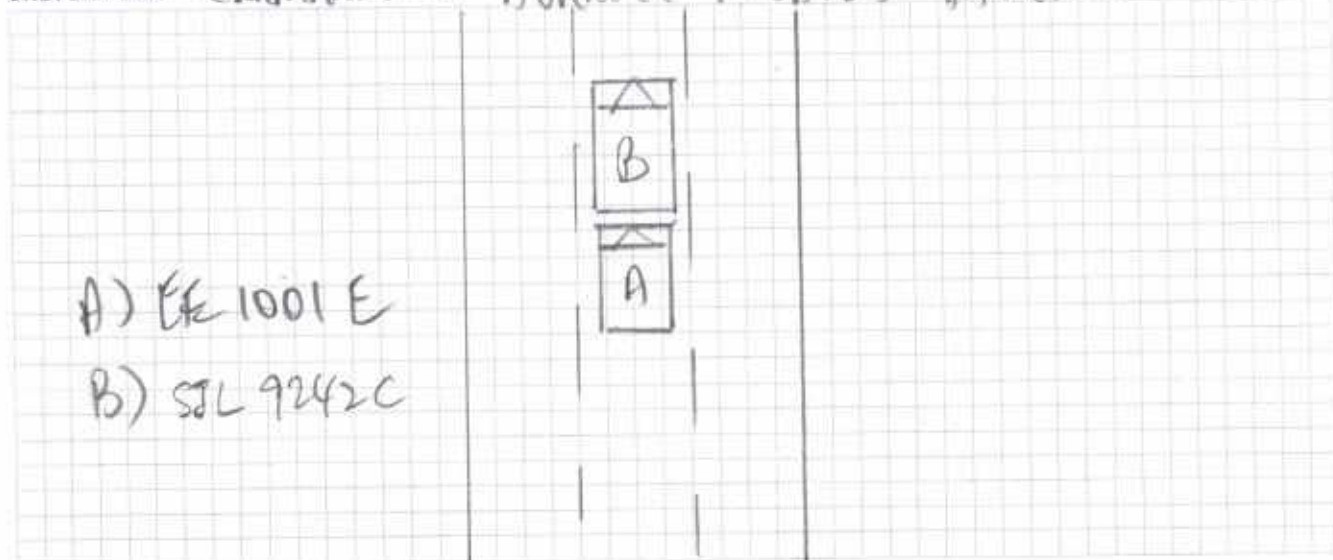
Policyholder's Signature
Date & Time:

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

23/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CLAMMICKSON AVENUE TOWARDS HAVACOCK ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHMENT 7.

DECLARATION

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

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.:

Claim Handling

Accident MT/1016629

Policy No.	5024599572-10	Vehicle No.	EE1001E	GST Registration No.	
Certificate No.					
Policyholder Name	HO FOONG KHUAI PATRICIA	Cover Type	ding PREMIUM	Policyholder NRIC	S1021195F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97383288	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	23/10/2018 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/10/2018	Time of Accident hh:mm	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	ALONG CLEMENCEAU AVENUE TOWARDS HAYLOCK ROAD				
Excess					
Own damage Excess	600.00	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 Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 69 #02-78	Address 2	REDHILL CLOSE	Address 3	SINGAPORE 150069
Address 4		Address Type	Singapore address	Post Code	150069
Unit No.		Related Policy Number	5024599572-10		
OT Driver Info					
Driver Name	HO FOONG KHUAI PATRICIA	Driver Type	Main Driver	Driver DOB	22/02/1946
Unnamed driver Name		Driver NRIC	S1021195F	Driving Experience	31
Register Date of Driver License	01/01/1987	Driver Age	72	Contact No.(Home)	
Contact No.(Mobile)	97383288	Contact No.(Office)		Address 3	SINGAPORE 150069
Address 1	BLK 69 #02-78	Address 2	REDHILL CLOSE	Post Code	150069
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	EE1001E	Driver Issuer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading*	0 mg	Any Injury?	Yes - No		

Modification History

Claim 001

New

Claim Type *	CO-MX	Insured Name	HO FOONG KHUAI PATRICIA	Insured NRIC	S1021
Contact No.(Mobile)	97383288	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	EE1001E	TP Vehicle Number	SJL924
Claim Description	EE1001E / SJL924C ON 22 Oct 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Polly at Fault		
Bottoms No. Evaluation	Yes	Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	23/10/2018 16:15	Claim Close Date		Date Received	23/10/
Report Taken By	ROSLE WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	HT/1056629	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	23/10/2018 16:17		
Path *					
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		Clear	Please Select		
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	PH
NAC_BUKIT_MERAH_8064761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 23 Oct 2018 16:17		Photos	Normal	Photos 2018-10-23	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:17	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:17	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:17	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:17	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:17	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:17	Photos	Normal	Photos 2018-10-23
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	Photos	Normal	Photos 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	SAS	Normal	SAS 2018-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 16:16	NRIC/ Driving license	Normal	NRIC/ Driving License 2018-10-23

Video List

Uploaded By/Date	Folder Desc	File Name	Source
		Display in New Window Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 22/10/2018 (DD/MM/YYYY), TIME: 1645 Hour (HH:MM)

LOCATION: CLEMEN REAY AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EE10012
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5024599572-10
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERCEDES BENZ E200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: PATRICIA HO FONG KHUEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 97383288
 c) ADDRESS: _____

* 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: 22/02/46 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SGL 9242C MODEL: TOYOTA ALLION
 b) DRIVER'S NAME: ALBERT LOO KOK PHAN
 c) NRIC/FIN/PASSPORT: S0424693D CONTACT: _____

9. THIRD PARTY VEHICLE

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

email =

fax =

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1021195F



HO FOONG KHUAI PATRICIA
何鳳葵
Race
CHINESE
Date of Birth
22-02-1946
Sex
F
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1021195F
Name
HO FOONG KHUAI PATRICIA
Birth Date: 22 Feb 1946
Issue Date: 09 Jul 2003




0698346



NRIC No: S1021195F

Valid Until: 26-12-1992
A+

APT BLK 69 REDHILL CLOSE #02-78
SINGAPORE 150080
NRIC No: S1021195F Date: 09/10/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS 3 Motor Cars and Motor Tractors the weight of which under does not exceed 2500 kilograms

VALID DATE: 26 Mar 1968

NP 428A

License No: S1021195F



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5024599572-10		HO FOONG KHUAI PATRICIA	S1021195F	GPC	drive PREMIUM	EE1001E	EE1001E	12/11/2017	11/11/2018