

# NATIONAL Assessment Centre Services

[wef 1 Jan 00]

MAH/18143695

Date In: 07/11/2018 11:37	Job description	Date & Time Completed	Done by
Ref No: NBA/ACC/020104/14	SAS e-filing		
Vch No: SJM 55474	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/11/2018 11:30	I-Motor Claim Form	MAH/1018463-002	07/11/2018
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:17
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Vch No: SKV7511A	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% 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 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: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Tel. 1: 2/3	Invoice Preparation Checklist		
	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100); INC (\$50)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
ON:			
*N5: Courtesy Car / Tpt Allowance	\$3		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
TP (N11): TP (Non-INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated	Fax Charged		
Invoice dated	Fax 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	07/11/2018 11:37
Date Of Accident	02/11/2018 11:30
Exact Location Of Accident	JACOBS BALLAS CHILDREN CENTRE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5547U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SWEE KIAT (HUANG RUIJIE)
NRIC No	S7934721C
Email Address	KMINGSHI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91125880
Alternative Phone No	OTHERS-98418524

### Vehicle Particulars

Manufacturer	HONDA
Model	CRV
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	5072618560-03
Cover Note Number	

### Driver

Name of Driver	KOH MINGSHI (XU MINGSHI)
NRIC No	S7901091Z
Date Of Birth	24/01/1979
Occupation	INDOOR
Date Of Driving Pass	28/08/1998
Driving Experience	20 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98418524
Fax Number	
Contact Number	OTHERS-91125880
Email Address	KMINGSHI@HOTMAIL.COM

Address	10A PRINCESS OF WALES ROAD
Postcode	266908
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	COLLIDED INTO PARKED VEHICLE
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: : SON GENDER: : MALE

#### 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	SKV7511A
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEREMY LEE KWAN AUN
NRIC/Passport Number	S7441672A
Contact Number	97853072
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:

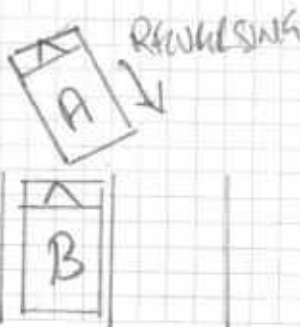
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

JACOBS BALAS CHILDREN CENTRE CARPARK

A) SJM 5547U

B) SKV 7511A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing <sup>my</sup> car to park at the carpark. My car ~~hit~~ backed into the 3rd party vehicle which was stationary and parked in another lot.

3rd party vehicle's front bumper was scratched and slightly dented. Headlight (right) was ~~too~~ misaligned as well.

I waited for <sup>3rd party</sup> driver to return to vehicle and informed him of the accident.

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.:

7/11/2018

01/11/2018  
Rishi Limboon

## Claim Handling

Accident MT/1018463

Policy No.	5072618560-03	Vehicle No.	SJM5547U	GST Registration No.	
Certificate No.					
Policyholder Name	NG SWEE KIAT (HUANG RUIJIE)	Cover Type	drive CLASSIC	Policyholder NRIC	S7934721C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	8
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFR	= No Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	Not available

## Accident Details

Report Date	05/11/2018 18:24	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	02/11/2018	Time of Accident h:mm	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JACOB BALLAS CHILDREN'S GARDEN CARPARK				

## Excess

Own damage Excess	800.00	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 Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	32 DOVER RISE	Address 2	#05-02 DOVER PARKVIEW	Address 3	SINGAPORE 139686
Address 4		Address Type	Singapore address	Post Code	139686
Unit No.		Related Policy Number	5072618560-03		

## 01 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received	Claim Close Date	07/11/2018 12:17	Date Received	07/11/2018
Benefit no. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown						
Date Registered									
Report Taken By									

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1018463	Claim No.	002	Category *	Confidential	Urgency *	Devi
Last Doc. Received	Yes No	Upload Date	07/11/2018 12:17				
		Path *					
Choose File	No file chosen			Clear	Please Select	NO	Normal
Choose File	No file chosen			Clear	Please Select	NO	Normal
Choose File	No file chosen			Clear	Please Select	NO	Normal
Choose File	No file chosen			Clear	Please Select	NO	Normal
Choose File	No file chosen			Clear	Please Select	NO	Normal
Choose File	No file chosen			Clear	Please Select	NO	Normal
Message Read				Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2018 12:17	Photos	Normal	Photos 2018-11-7	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2018 12:17	Photos	Normal	Photos 2018-11-7	



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2018 12:17	Photos	Normal	Photos 2018-11-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2018 12:17	Photos	Normal	Photos 2018-11-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2018 12:17	Photos	Normal	Photos 2018-11-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2018 12:17	Photos	Normal	Photos 2018-11-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2018 12:17	Photos	Normal	Photos 2018-11-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2018 12:17	Photos	Normal	Photos 2018-11-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2018 12:17	SAS	Normal	SAS 2018-11-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Nov 2018 12:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-7
Video List				
Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window		Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 11 / 2018 (DD/MM/YYYY), TIME: 11.30 (HH:MM)

LOCATION: Jacobs Ballas Children Centre Carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 5547 U  
 b) INSURANCE COMPANY: INCOME  
 c) POLICY NUMBER: 5072 6185 60-03  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda CRV  
 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: NG SWEET KIH (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: S7934721C CONTACT: 91125880  
 C) ADDRESS: 32 Dover Rise #05-02

\* CONTINUE TO 3. if DRIVER ALSO POLICY HOLDER

No of passenger  
(including driver)  
(2)

- DRIVER  
 a) NAME: KOH MING SHI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S79010912 CONTACT: 98418524  
 c) ADDRESS: 10A Princess of Wales Rd.

\* d) DATE OF BIRTH: 24 / 01 / 1979 (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: WIFE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR  
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

- a) VEHICLE NUMBER: SKV 7511 A MODEL: Volvo  
 b) DRIVER'S NAME: Jeremy Lee Kwan Ann  
 c) NRIC/FIN/PASSPORT: S7441672A CONTACT: 9785 3072

## 9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

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

Email = kningshi@hotmail.com

Fax =

V1060



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7901091Z



Name

KOH MINGSHI  
(XU MINGSHI)

许 铭 诗

Race

CHINESE

Date of birth

24-01-1979

Country of birth

SINGAPORE

Sex

F



NRIC No. S7901091Z

Date of issue

17-02-2009

Address

10A PRINCESS OF WALES ROAD  
SINGAPORE 266908

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7901091Z

Name

KOH MINGSHI  
(XU MINGSHI)

Birth Date 24 Jan 1979

Issue Date 11 Aug 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

VALID DATE:

Class 3 Motor Cars and Motor tractors, the weight of which unladen does not exceed 2000 kg, means

28 Aug 1998



NP 4258

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="02/11/2018 09:33"/>
Vehicle No. (For Motor)	<input type="text" value="SJM5547U"/>	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 type="radio"/>	5072618560-03		NG SWEE KIAT (HUANG RUIJIE)	S7934721C	GPC	drive CLASSIC	SJM5547U	SJM5547U	09/07/2018	08/07/2019