

NATIONAL Assessment Centre Services.

part 1 Jan 2019

MNA118150430.

Date In: 20/11/18 17:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020992164	SAS e-filing		
Veh No: SLN 477JK	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/11/18 21:15	I-Motor Claim Form	MT/1020662-001	21/11/18 09:50
OD: 0 / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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:	Veh No: SHO 4799L	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 repaiar.

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

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

Remarks:	(INC Hotline: 0788 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:	WA1807607	Invoice Preparation Checklist	Am (\$)	Am (\$)
Driver/Owner:		1) All: Accident Reporting (530);	30.00	
Contact No:		2) DA: Damage Assessment (5100); INC (550)		
Damaged Portion:		3) TP: Towing Fee 340/545		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey 1120		
Auditors' Comments:		5) PT: Follow-Through Survey (Resurvey) 530		
Ref 1:		For obtaining against INC Only (wef 10 Jan 2019)		
Ref 2/3:		6) TR: Re-inspection 575		
		7) N1: Idan DA + SMRT Survey 1160		
		8) NTUC Additional Services:		
		ON:		
		*N5: Courtesy Car / Tpl Allowance 55		
		*N6: Repair Co-ordination 510		
		*N7: Post Repair Inspection 525		
		*N8: DV / Collect Excess Coordination 55		
		TP (N11): TP (Non INC) against INC 520		
		9) N12: Idan Mobile 30		
		Invoice dated	Fee Charged	
		Invoice dated	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	20/11/2018 17:00
Date Of Accident	19/11/2018 21:15
Exact Location Of Accident	UPP THOMSON RD JUNC WITH MARYMOUNT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4773K
Insured/Policyholder	
Name Of Registered Owner	ANG BEE TIN SHIRLEY
NRIC No	S7005130C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90019901
Alternative Phone No	OFFICE-90019901

Vehicle Particulars

Manufacturer	BMW
Model	325I 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	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	5103828221
Cover Note Number	-

Driver

Name of Driver	NIO AIK CHUAN
NRIC No	S1729701E
Date Of Birth	19/05/1965
Occupation	INDOOR
Date Of Driving Pass	26/06/2006
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90019901
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 165 GANGSA RD #16-72
Postcode	670165
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	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	
Was any body injured in the Accident?	YES
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 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	SHD4799L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NIO AIK CHUAN
Approximate Age	

Injuries Sustain	BODY
Injured person in which vehicle?	SLN4773K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

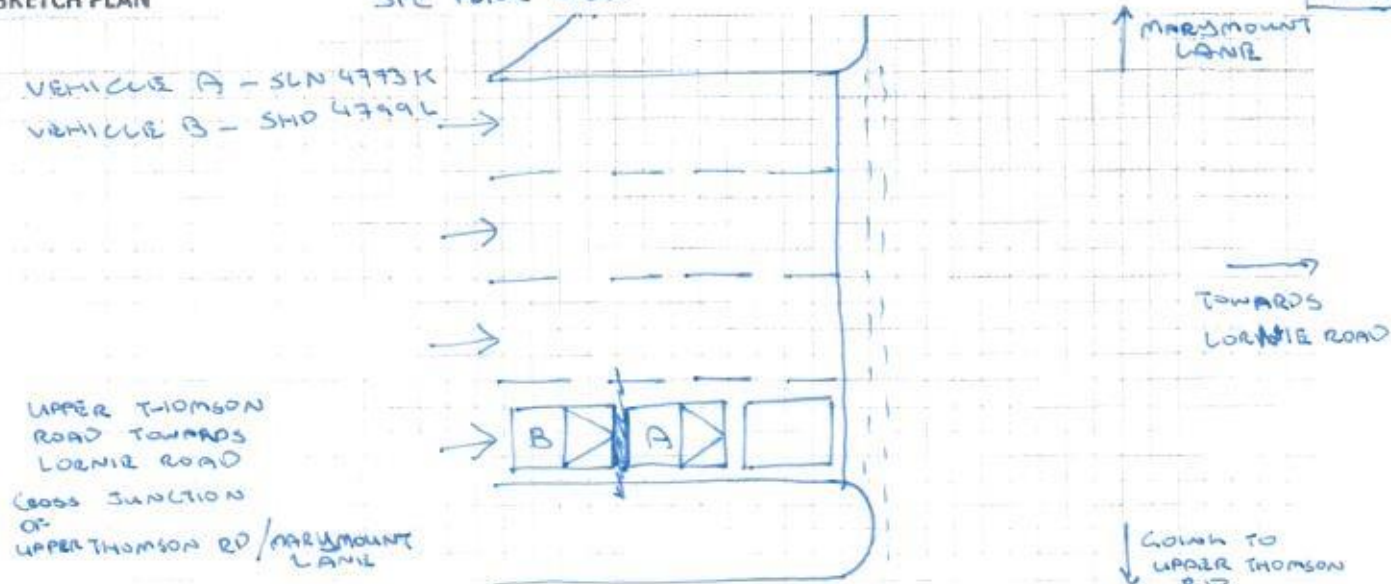


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SPC petrol kiosk

SHELL
PETROL KIOSK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED AT THE TRAFFIC LIGHT JUNCTION,
DUE TO THE RED (SHOWN) TRAFFIC LIGHT. I WAS ON THE
EXTREME RIGHT LANE.

WHILE I WAS WAITING, THEN SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS
A VEHICLE WITH LICENCE PLATE NUMBER (SHD 4799L)
THAT COLLIDED TO THE REAR OF MY VEHICLE WHEN I
WAS STATIONARY STOPPED AT THE TRAFFIC LIGHT JUNCTION.
AFTER THE ACCIDENT I REALIZED THE CONVERTIBLE ROOF CAN'T BE OPEN FULLY AFTER THE IMPACT
TO MY VEHICLE REAR BOOT.

VEHICLE A - SLN 4773 K

VEHICLE B - SHD 4799L

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.: _____

Vehicle No.	SLN 4773K	Model / Make	Bmw 325i
Date of Accident	19/11/2018		
Time of Accident	21:15	HRS	
Location of Accident	UPPER THOMSON ROAD, TRAFFIC LIGHT JUNCTION (UPPER THOMSON RD / MARSMOUNT) TOWARDS LORNE RD JANE		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	ANH BEE TIN		
Telephone No.	H/P :	Home :	Office :
NRIC	S7005130C		
Address	BLK 165 CANHSA ROAD #16-72 S(670165)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTML		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5103829221		
Name of Driver	As Above If <input checked="" type="radio"/> NO NIO AIR CHUAN		
NRIC	S1729701E	Any Passengers : NIL	
Date of birth	19 MAY 1965		
Occupation	Outdoor	/ <input checked="" type="radio"/> Indoor	
Driving License Pass Date	26 JUN 2006		
Gender	<input checked="" type="radio"/> Male / Female		
Contact No.	H/P : 9001 9901	Home :	Office :
Address	BLK 165 CANHSA ROAD #16-72 S(670165)		
Driver have any own vehicle	<input checked="" type="radio"/> NO	If yes, Reg No.	
Relationship	Employee,	If no, state	SPOUSE
Weather condition	<input checked="" type="radio"/> Clear	Raining Other	
Road Surface	<input checked="" type="radio"/> Dry	Wet Other	
Any Injuries	<input checked="" type="radio"/> YES	If Yes, Who? Driver.	
Name And Contact No.			
Name And Contact No.			
Police Report	<input checked="" type="radio"/> NO	If Yes, Where?	
Vehicle B No.	SHD 4799L	Any Passengers :	
Name of Driver	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	Witness Contact :		
Accident Portion	REAR		
Camera Recorder	Yes / <input checked="" type="radio"/> NO		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		

IDENTITY CARD NO S1729701E



Name

NIO AIK CHUAN

梁奕川

Race

CHINESE

Date of birth

19-05-1965

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1729701E

Name

NIO AIK CHUAN

Birth Date: 19 May 1965

Issue Date: 26 Jun 2006



5529899



MRC No. S1729701E

59100



Date of issue

06-11-2015

Address

APT BLK 165 GANGSA ROAD
#16-72
SINGAPORE 670165

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


PASS DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 26 Jun 2006



NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S70005130C



Name
ANG BEE TIN


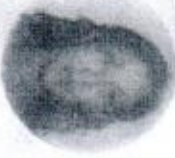
洪 美 珍


Race
CHINESE

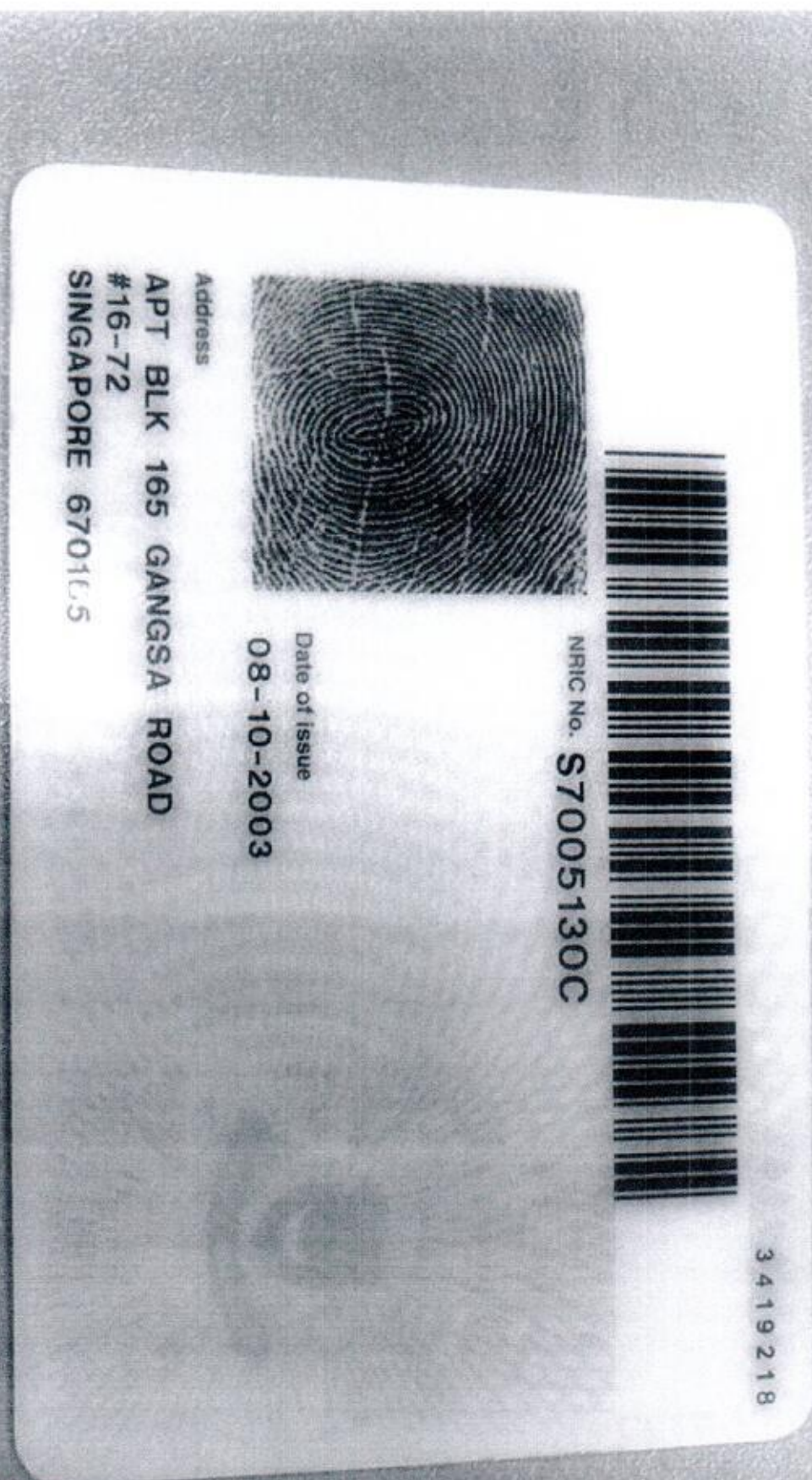
Date of birth
17-02-1970

Sex
F

Country of birth
SINGAPORE







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	: 5103828221
The Policyholder	: ANG BEE TIN SHIRLEY BLK 165 #16-72 GANGSA ROAD SINGAPORE 670165

Period of Insurance	: 05 Oct 2018 To 04 Oct 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	: S\$1,225.95

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 3000cc
Primary Driver	: NIO AIK CHUAN	Registration Year	: 2011
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: BMW/325i	NCD Entitlement	: 40%
Registration Number	: SLN4773K	NCD Protection	: No
Chassis Number	: WBADWS2030E421270		
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	: SING INVESTMENTS & FINANCE LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: YES MOTORING PTE. LTD. (00000615381)
Date of Issue	: 18 Sep 2018 16:56 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

Claim Handling

Accident MT/1020662

Policy No.	5103828221	Vehicle No.	SLN4773K	GST Registration No.	
Certificate No.					
Policyholder Name	ANG BEE TIN SHIRLEY			Policyholder NRIC	S7005
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90019901	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No

Accident Details

Report Date	21/11/2018 09:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	19/11/2018	Time of Accident hh:mm	21:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP THOMSON RD JUNC WITH MARYMOUNT				

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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 165 #16-72	Address 2	GANGSA ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	67016
Unit No.	16-72	Related Policy Number	5103828221		

OI Driver Info

Driver Name	MIO AIK CHUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1729701E	Driver DOB	19/05/
Register Date of Driver License	26/06/2006	Driver Age	53	Driving Experience	12
Contact No.(Mobile)	90019901	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 165 #16-72	Address 2	GANGSA ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	67016
Unit No.	16-72				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ANG BEE TIN SHIRLEY
Contact No.(Mobile)	91559273	Contact No.(Home)	NIL
Email Address		OI Vehicle Number	SLN4773K
Claim Description	SLN4773K / SHD4799L ON 19 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report Received
Date Registered	21/11/2018 09:48	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1020662	Claim No.	001
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Last Doc. Received

* Yes ☐ No ☐

Upload Date

21/11/2018 09:50

Path *

Choose File No file chosen

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Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear

Please Select

NO

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NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:50	SAS	Normal	SAS 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:50	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:50	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:50	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:50	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:49	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:49	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:49	Photos	Normal	Photos 2018-11-21
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:49	Photos	Normal	Photos 2018-11-21

Video List

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