

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 01/12/2018 10:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC18021639/14	SAS e-filing		
Veh No: E20R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/12/2018 04:30	i-Motor Claim Form	MT/1022209-001	3/12/18 10:08
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SKE 4723P	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

NA1807846	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	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:-		
Driver/Owner:	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Contact No:	*N8: DV / Collect Excess Coordination \$5		
Damaged Portion:	TP (N11): TP (Non INC) against INC \$20		
QC Checked by (Engr-In-Charge):	9) N12: Idac Mobile \$0		
Assessors' Comments:-	Invoice dated	Fee Charged	
al 1:			
al 2 / 3:			

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	01/12/2018 10:48
Date Of Accident	01/12/2018 04:30
Exact Location Of Accident	NEW MARKET ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	E20R
Insured/Policyholder	
Name Of Registered Owner	ER SUNG CHOON
NRIC No	S1230348C
Email Address	SCE20R@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97703012
Alternative Phone No	OTHERS-97703012

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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	5097478937
Cover Note Number	

Driver

Name of Driver	ER SUNG CHOON
NRIC No	S1230348C
Date Of Birth	17/10/1957
Occupation	INDOOR
Date Of Driving Pass	01/07/1976
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97703012
Fax Number	
Contact Number	OTHERS-97703012
Email Address	SCE20R@YAHOO.COM.SG

Address	BLK 101B UPPER CROSS STREET #23-04
Postcode	058359
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	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	NAME: : LIM LIAN KEE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181201/7002

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE4723P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

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:



01/12/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
T/ 20181201/7002

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 01/12/2018

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181201/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2018 09:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ER SUNG CHOON			Address: APT BLK 101B UPPER CROSS STREET #23-04 SINGAPORE 058359		
ID Type / ID No.: NRIC NO / S1230348C			Contact No.: Home/Office: Mobile: 97703012		
Nationality: SINGAPORE CITIZEN			Email: sce20r@yahoo.com.sg		
Sex: Male	Age: 61	Date of Birth: 17/10/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General information of the Accident

General Information of the Accident				
Type of Accident:	Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 01/12/2018 04:30	Type of Location: X-Junction
Location: NEW MARKET ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
E20R	Car	HYUNDAI	ELANTRA+AD+1.6+GLS+AT	Blue	Seriously Damaged	1
SKE4723P	Car	AUDI	A4	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181201/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181201/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
E20R	NTUC Income Insurance Co-Operative Limited	5097478937	21/12/2017	20/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	Lim Lian Kee		ID No.	S1310667C
Related Vehicle	E20R (Car)		Contact No.	98270808
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	ER SUNG CHOON		ID No.	S1230348C
Related Vehicle	E20R (Car)		Contact No.	97703012
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On 1st December 2018 at about 0430hrs i was driving my car (Hyundai, Car No. E20R) along New Market Road. My wife was with me in the car. I stopped at the cross junction between New Market Road and Havelock Road as the traffic light was red. When the traffic light turned green, I proceeded to drive forward towards the direction of Merchant Road when suddenly a car (Audi, Car No. SKE4723P) rammed into my front passenger door. The driver of SKE4723P had beat the red light and smelled of alcohol when i spoke to him. After inspecting the damage to my car and taking photographs, I called the police. My wife and I sustained injuries from the accident and we both was given a 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20181201/7002

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181201/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MU WEI JUN
Contact No.: 65476225

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
01/12/2018 09:49

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1230348C



Yuan

ER SUNG CHOON

余双俊

Race
CHINESE

Date of Birth
17-10-1957

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1230348C

Name
ER SUNG CHOON

Birth Date 17 Oct 1957

Issue Date 16 Aug 2003




990749467J



0799579



NRIC No. S1230348C



Blood Group Date of issue
O+ 28-02-1993

APT BLK 101B UPPER CROSS STREET #23-04
SINGAPORE 058399

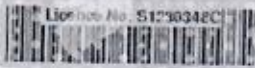
NRIC No: S1230348C Date: 04/09/2009 No: 6246910

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

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	27 Sep 1978
Class 2A	Motorcycles between 201 cc and 400 cc	27 Sep 1978
Class 2	Motorcycles exceeding 400 cc	27 Sep 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2,500 kilograms	01 Jul 1976

NP 42CA

License No. S1230348C



Hello, NAC_PAYA_UBI_800601

[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
<input type="radio"/>	5097478937		ER SUNG CHOON	S1230348C	GPC	drivo PREMIUM	E20R	E20R	21/12/2017	20/12/2018

Policy Information

Policy No.	5097478937	Policyholder Name	ER SUNG CHOON	Policyholder NRIC	S1230348C
Certificate No.					
Address	101B UPPER CROSS STREET #25-06 PEOPLE'S PARK CENTRE SINGAPORE 058359				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/01/2018	Effective Date	21/12/2017 00:00	Expiry Date	20/12/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	101B UPPER CROSS STREET	Address 2	#23-04 PEOPLE'S PARK CENTRE	Address 3	SINGAPORE 058359
Address 4		Address Type	Singapore address	Post Code	058359
Unit No.	23-04	Related Policy Number	5097478937		

Insured Object: E20R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	21/12/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Memo C

Continue Cancel

Claim Handling

Accident MT/1022209

Policy No.	5097478937	Vehicle No.	E20R	GST Registration No.
Certificate No.				
Policyholder Name	ER SUNG CHOON			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	97703012	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
K/F/K	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire
Accident Details				
Report Date	03/12/2018 10:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/12/2018	Time of Accident hh:mm	04:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NEW MARKET ROAD			
Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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	101B UPPER CROSS STREET	Address 2	#23-04 PEOPLE'S PARK CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	23-04	Related Policy Number	5097478937	
OI Driver Info				
Driver Name	ER SUNG CHOON	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1230348C	Driver DOB
Register Date of Driver License	01/07/1976	Driver Age	61	Driving Experience
Contact No.(Mobile)	97703012	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 101B UPPER CROSS STREET	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#23-04			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Hospitaliser or Blood Test Loading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ER SUN
Contact No.(Mobile)	97703012	Contact No.(Home)	NIL
Email Address	sce20r@yahoo.com.sg	OI Vehicle Number	E20R
Claim Description	E20R / SKE4723P ON 1 Dec 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Estimate No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	03/12/2018 12:38	GIA report	Received
Report Taken By		Claim Close Date	
		Workshop Repairer	

Print AK letter

Save

Submit

Attachment

Accident No. MT/1022209 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 03/12/2018 10:08

Path *

Category *

Confidential

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

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Please Select ▼

NO

Choose File No file chosen

Clear

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NO

Choose File No file chosen

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NO

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NO





















Message Read

Clear

Please Select ▼

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 12:33	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:08	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:07	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:07	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:07	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 10:07	Photos	Normal	Photos