

NATIONAL Assessment Centre Services. (Unit 1 20100)

14/10/18 156172

Date In: 03/12/2018 14:41	Job description	Date & Time Completed	Done by
Ref No: N/A/1002173514	SAS e-Milling		
Vali No: STR 088C	E-mail (with 3 hrs, AIC 3 hrs)		
D.O.A: 01/12/2018 13:30	1-Motor Claim Form	with 1022435-001	04/12/2018
OD / TP? Reporting Only	1-Motor W/O (with 3 OD 2hrs, TP 1hr)		11:35
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Yeli No:	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 repeller.

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

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

Remove: ()	Done 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	Action

<p>Human's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Assigned Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>Unit 1's Comments:</p> <p>Unit 1:</p> <p>Unit 2:</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$20)</p> <p>2) DA: Damage Assessment (\$100) INC (\$20)</p> <p>3) TP: Towing Fee \$40/\$40</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) XT: Follow-Through Survey (Resurvey) \$20</p> <p>For claimant against INC Only (over 10 Jan 2003)</p> <p>6) TR: Res-inspection \$25</p> <p>7) NI: 12hr DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p> Oil</p> <p> NI: Courtesy Car / Tpl Allowance \$5</p> <p> NI: Repair Coordination \$10</p> <p> NI: Post Repair Inspection \$10</p> <p> NI: DV / Collect Unworn Coordination \$5</p> <p> TP (NI): TP (Non INC) against INC \$20</p> <p> NI: 12hrs Mobile \$10</p>	<p>Unit 1's Bill</p> <p>Unit 2's Bill</p>
	<p>Invoice dated</p> <p>Invoice checked</p>	<p>Not Charged</p> <p>Not Charged</p>

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	03/12/2018 14:41
Date Of Accident	01/12/2018 13:30
Exact Location Of Accident	TPE (SLE) EXIT 3B LAMPOST 156S3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7288C
Insured/Policyholder	
Name Of Registered Owner	FALCON CARZ PTE. LTD.
Co Reg No	201817584D
Email Address	JUNIACHOO@GMAIL.COM
Mobile Phone No.	(LOCAL) +65-84442810
Alternative Phone No	OFFICE-84442810

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103461511
Cover Note Number	

Driver

Name of Driver	JUNIA CHOO
NRIC No	S8434573C
Date Of Birth	28/10/1984
Occupation	INDOOR
Date Of Driving Pass	12/08/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84442810
Fax Number	
Contact Number	OTHERS-84442810
EMail Address	JUNIACHOO@GMAIL.COM

Address	BLK 17 TECK WHYE LANE #04-165
Postcode	680017
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST. 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181201/2154

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



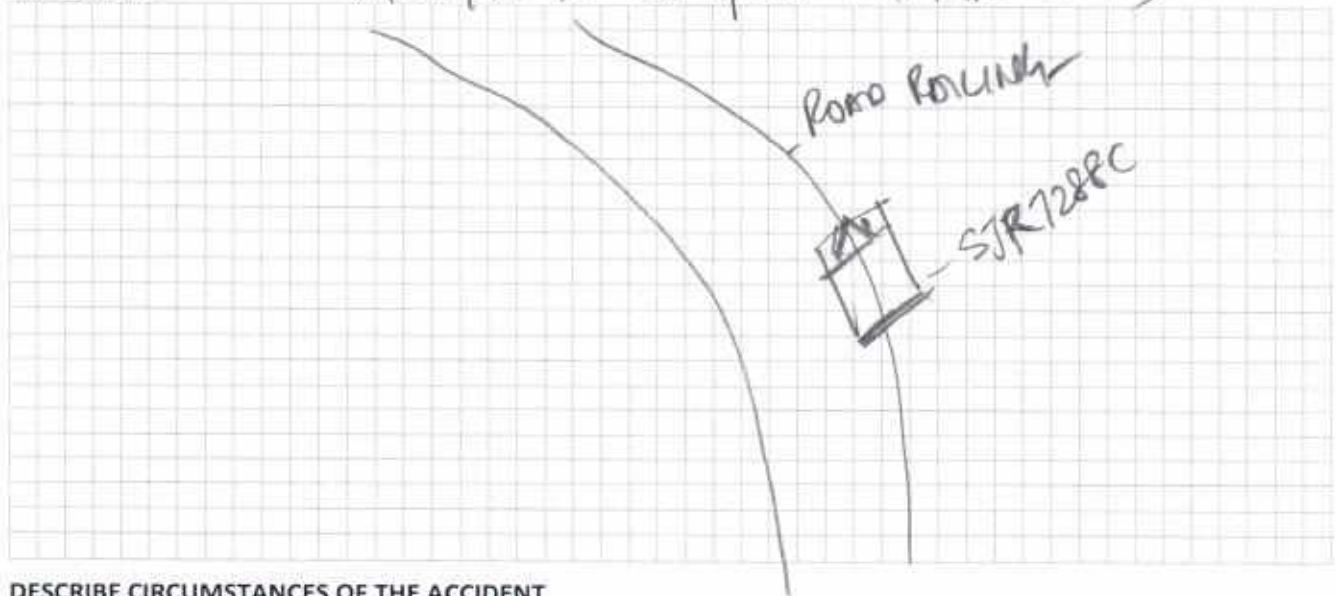
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 03/12/2018

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

SKETCH PLAN

1PE EXIT 3B Compost Number 15653



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section: "Referral to Police Report 7/2018/201/254" and "D/S".

DECLARATION

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

Policyholder's Signature: [Signature]
Date & Time: [Stamp: Gairmhc Co. Reg. No. 2018175A40 Ltd]

Driver's Signature: [Signature]
(If driver is not the policyholder)
Date & Time: 03/12/2018

Reporting Centre Personnel's Signature: [Signature]
Name: [Signature]
NRIC/FIN No.: 03/12/2018



SINGAPORE POLICE FORCE



T/20181201/2154

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20181201/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2018 21:47		Vide Report No.: G/20181201/0131		Station Diary No.: 174	
Informant's Particulars					
Name of Informant: JUNIA CHOO			Address: APT BLK 17 TECK WHYE LANE #04-165 SINGAPORE 680017		
ID Type / ID No.: NRIC NO / S8434573C			Contact No.: Home/Office: Mobile: 84442810		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 28/10/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FINANCIAL ADVISER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2018 13:30	Type of Location: Bend
Location: Along Road 1 TAMPINES EXPRESSWAY after Exit 3b Lamp Post Number: 156S3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Div der/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved							
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger	
SJR7288C	Car				Slightly Damaged	0	



**SINGAPORE
POLICE FORCE**



T/20181201/2154

3 of 3

Report No. T/20181201/2154

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 FITRAH RADHIAH BINTE ZULKIFLI

Signature:

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

Signature Of Informant:

Date/Time:

01/12/2018 21:47

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**



T/20181201/2154

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20181201/2154

CONTINUATION OF REPORT

Brief Details.

On 01/12/2018 at about 1330hrs, I was driving my car (SJR7288C) toward exit 3B of Tampines Expressway when I suddenly lost control of the car. My steering wheel lost its power and when I tried to apply the brakes, the car did not stop at all. Subsequently, my car lost control and mounted the right side railing. Soon after, Traffic Police and ambulance came. My car was then towed away.

Claim Handling

Accident HT/1022455

Policy No.	5103451511	Vehicle No.	SIR7288C	GST Registration No.	
Certificate No.					
Policyholder Name	FALCON CARZ PTE. LTD.			Policyholder NRIC	201817584D
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	84442810	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
EFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	04/12/2018 11:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/12/2018	Time of Accident (H:M:S)	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE (SLE) EXIT 3B LAMPPOST 15653				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration No.		GST Registration Date	
GST Registration No.		GST Status Verified	No		
Notification History					
Policyholder Mailing Address					
Address 1	BLK 716 #02-37	Address 2	CLEMENTI WEST STREET 2	Address 3	VISTA 18
Address 4	SINGAPORE 120716	Address Type	Singapore address	Post Code	120716
Unit No.	02-37	Related Policy Number	5103597607		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/10/1984
Unnamed Driver Name	JUNIA CHOO	Driver NRIC	S9434573C	Driving Experience	8
Register Date of Driver License	12/08/2010	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	84442810	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 17 #04-155	Address 2	TECK WHITE LANE	Address 3	SINGAPORE 640017
Address 4		Address Type	Foreign address	Post Code	640017
Unit No.	04-155				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SIR7288C	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Notification History:

Claim 001

New

Claim Type *	OD-MX	Insured Name	FALCON CARZ PTE. LTD.	Insured NRIC	20181
Contact No.(Mobile)		Contact No. (Home)	ND	Contact No. (Office)	+
Email Address		OT	TP	Vehicle Number	-
Claim Description		Vehicle Number	SIR7288C	Name of Preferred Workshop	
Preferred Workshop		SIR7288C / + GN 1 Dec 2018			
Insured Liability	Fully at Fault				
Repaired	Repaired				
Preferred Workshop, Name unknown	Preferred Workshop, Name unknown				
GA report	Received				
Date Registered	04/12/2018 11:33	Claim Close Date		Date Received	04/12/
Report Taken By	ROSLE WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	HT/1022455	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	04/12/2018 11:35
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Urgency *	Normal
Message Read		Urgency *	Normal
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE		Photos	Normal
S (BUKIT MERAH)) on 04 Dec 2018 11:35			
Description			
Photos 2018-12-4			

[illegible]

▼ Video List

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

Co's Stamp

ACCIDENT STATEMENT

ACCIDENT DATE: (01/12/2018) (DD/MM/YYYY), TIME: (1:30) (HH:MM)

LOCATION: TPE (SLE) Exit 3b 4/P 156S 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 7288C
b) INSURANCE COMPANY: NPLC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi Colt
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal 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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Junia Choo (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8434573C CONTACT: 84442810
c) ADDRESS: B1K17 Teck Whye Lane #04-165 S(680017)

*d) DATE OF BIRTH: (28/10/1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12 August 2010

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: Choa Chu Kang N.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = juniachoo@gmail.com

VIDEO

Falconcarz . sales@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8434573C



Name

JUNIA CHOO

朱俊鈞

Race

CHINESE

Date of birth

28-10-1984

Sex

M

Country/Place of birth
SINGAPORE



5906102



NRIC No. S8434573C



Date of issue
05-04-2018

Address

APT BLK 17 TECK WHYE LANE
#04-165
SINGAPORE 680017

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8434573C

Name

JUNIA CHOO

Birth Date 28 Oct 1984

Issue Date 12 Aug 2010



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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 12 Aug 2010

NP 428A



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="01/12/2018 14:21"/>
Vehicle No. (For Motor)	<input type="text" value="SJR7288C"/>	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"/>	5103461511		FALCON CARZ PTE. LTD.	201817584D	GPC	Third Party, Fire & Theft	SJR7288C	SJR7288C	31/08/2018	09/07/2019