

NATIONAL Assessment Centre Services. [ref: Jan'03] MMA 118165137.

Date In: 24 112118 15:29	Job description	Date & Time Completed	Done by
Ref No: MA/INC18023014144.	SAS e-filing		
Veh No: SKN 48720	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22112118 21:20	I-Motor Claim Form	MT/1025103-001	26112118 11:09.
OD: <input checked="" type="checkbox"/> 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: SLP 6783 H.	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: 90-100%]	
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 repaler.

() 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

MA1808488	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 19 Jan 2003)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Inc-INC) against INC \$20		
	9) N12: Idao 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	24/12/2018 15:29
Date Of Accident	22/12/2018 21:20
Exact Location Of Accident	ORCHARD TURN BEHIND TAKASHIMAYA SHOPPING CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN4872U
Insured/Policyholder	
Name Of Registered Owner	CHEN JUNWEI
NRIC No	S8726062C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81987716
Alternative Phone No	OFFICE-81987716

Vehicle Particulars

Manufacturer	BMW
Model	525I 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	5097690086
Cover Note Number	-

Driver

Name of Driver	CHEN JUNWEI
NRIC No	S8726062C
Date Of Birth	26/08/1987
Occupation	INDOOR
Date Of Driving Pass	24/09/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81987716
Fax Number	
Contact Number	OFFICE-81987716
Email Address	NOEMAIL

Address	BLK 929 HOUGANG ST 91 #09-123
Postcode	530929
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP6783H
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



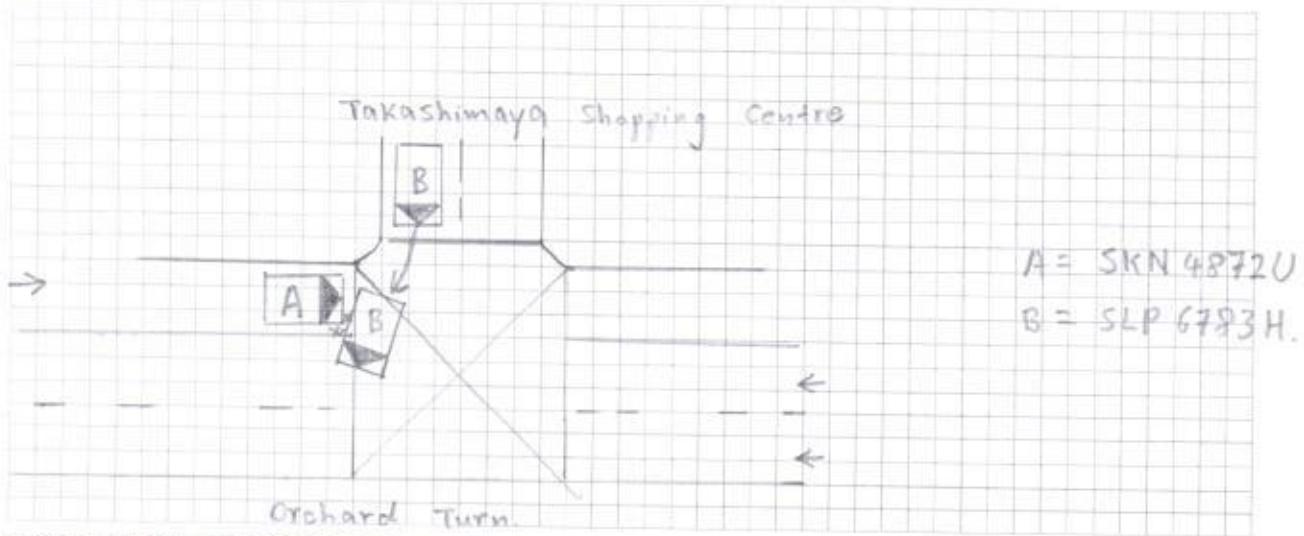
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



SINGAPORE POLICE FORCE



T/20181223/2000

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20181223/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2018 00:05	Vide Report No.:	Station Diary No.: 1
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Informant's Particulars

Name of Informant: CHEN JUNWEI			Address: APT BLK 929 HOUGANG STREET 91 #09-123 SINGAPORE 530929	
ID Type / ID No.: NRIC NO / S8726062C			Contact No.: Home/Office: Mobile: 81987716	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 31	Date of Birth: 26/08/1987	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Employment agent/Labour contractor			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/12/2018 21:20	Type of Location:
Location: Along Road 1 ORCHARD TURN Behind Takashimaya Shopping Centre				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
SKN4872U	Car	BMW	525I A	Grey	Slightly Damaged	3
SLP6783H	Car	TOYOTA	Prius	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN4872U	NTUC Income Insurance Co-Operative Limited	5097690086	29/01/2018	28/01/2019



**SINGAPORE
POLICE FORCE**



T/20181223/2000

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20181223/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN JUNWEI	ID No.	S8726062C
Related Vehicle	SKN4872U (Car)	Contact No.	81987716
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/12/2018 at about 2120hrs, I was driving my vehicle (SKN4872U) along Orchard Turn (towards direction of Orchard Link) and came to a stop just before exit of Takashimaya Shopping Centre due to traffic had stopped ahead. While my vehicle was stationary, I noticed another vehicle (SLP6783H) which was exiting from Takashimaya Shopping Centre. Said vehicle was turning right onto Orchard Turn (towards direction of Orchard Boulevard). While the vehicle making was the right turn, I noticed that it was driving quite close to mine.

Thus I honked at the driver (lady) and it did stopped for a moment. Subsequently she continued to drive on and the right side of the other vehicle then grazed against the front-right portion of mine. The vehicle continued to drive on without stopping. Later when I inspect the damage, I noticed there were scratched marks with white paint at the front-right portion of my bumper. There is a also a crack there. Nobody was injured in the incident. There is CCTV in my vehicle and I have footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20181223/2000

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20181223/2000

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:
F /
Staff Sgt MUHAMMAD KHAIRUL AZRI BIN A
GHAFAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Signature Of Informant:

Date/Time:
23/12/2018 00:05

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Chen Junwei

Licence Number: **S8726062C**

Name: **CHEN JUNWEI**

Birth Date: **26 Aug 1987**

Issue Date: **03 Nov 2015**

Barcode: **0024697838**

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8726062C

Portrait photo of Chen Junwei

Name: **CHEN JUNWEI**

陳俊偉

Race: **CHINESE**

Date of birth: **26-08-1987**

Sex: **M**

Country of birth: **SINGAPORE**

SG 50

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 24 Sep 2008

Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg 24 Sep 2008

NP 428A

Licence No: **S8726062C**

4717929

Barcode

NPIC No: **S8726062C**

Fingerprint

Date of Issue: **18-04-2011**

Address: **APT BLK 929 HOUGANG STREET 91 #09-123 SINGAPORE 530929**

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"/>	5097690086		CHEN JUNWEI	S8726062C	GPC	drive CLASSIC	SKN4872U	SKN4872U	29/01/2018	28/01/2019

Claim Handling

Accident MT/1025103

Policy No.	5097690086	Vehicle No.	SKN4872U	GST Registration No.	
Certificate No.					
Policyholder Name	CHEN JUNWEI			Policyholder NRIC	5872602C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81987716	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	26/12/2018 11:05	Accident Report Within 24 hrs	Yes	Accident Type	Hit and Run
Date of Accident	22/12/2018	Time of Accident hh:mm	21:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ORCHARD TURN BEHIND TAKASHIMAYA SHOPPING CENTRE				

▼ 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 929 #09-123	Address 2	HOUANG STREET 91	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530921
Unit No.	09-123	Related Policy Number	5097690086		

▼ OI Driver Info

Driver Name	CHEN JUNWEI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	58726062C	Driver DOB	26/08/1987
Register Date of Driver License	24/09/2008	Driver Age	31	Driving Experience	10
Contact No.(Mobile)	81987716	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 929 #09-123	Address 2	HOUANG STREET 91	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530921
Unit No.	09-123				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHEN JUNWEI
Contact No.(Mobile)	81987716	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SKN4872U
Claim Description	SKN4872U / SLP6783H ON 22 Dec 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered	26/12/2018 11:08	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1025103	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

26/12/2018 11:09

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Please Select ▼

Confidential

Urgency *

Clear

Please Select ▼

NO ▼

Normal ▼

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Please Select ▼

NO ▼

Normal ▼

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NO ▼

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Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

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Please Select ▼

NO ▼

Normal ▼

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 11:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 11:08	SAS	Normal	SAS 2018-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 11:08	Photos	Normal	Photos 2018-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 11:08	Photos	Normal	Photos 2018-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 11:08	Photos	Normal	Photos 2018-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 11:08	Photos	Normal	Photos 2018-12-26
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 11:08	Photos	Normal	Photos 2018-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 11:08	Photos	Normal	Photos 2018-12-26

▼ Video List

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

Scan and uploading