

NATIONAL Assessment Centre Services.

[verf 1 Jan 2005] MNA119018173

Date In: 09/02/2019 16:30	Job description	Date & Time Completed	Done by
Ref No: NAI/INC19002316/Y	SAS e-filing		
Veh No: SJV 6885P	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 07/02/2019 13:25	I-Motor Claim Form	MT/1031252-001	09/02/2019
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:28
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: /	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 1000000 67886616)

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: Ref: 1: 2/3:	Invoice Preparation	
	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$80)
	3) TP: Towing Fee	\$40/\$45
	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (verf 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
ON:		
*N5: Courtesy Car / Tpl Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (Nil): TP (N-in INC) against INC	\$20	
9) NI2: Idao Mobile	\$0	
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	09/02/2019 16:30
Date Of Accident	07/02/2019 13:25
Exact Location Of Accident	OUTSIDE UNITY PRI SCHOOL OPPOSITE BLOCK 672
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV6885P
Insured/Policyholder	
Name Of Registered Owner	CHUA MONG HIONG
NRIC No	S7100474J
Email Address	DE_DERRICK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82239298
Alternative Phone No	OTHERS-82239298

Vehicle Particulars

Manufacturer	BMW
Model	520I-2.0 ABS AIRBAG 2WD XENON HEADLAMP (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	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	5082439982-02
Cover Note Number	

Driver

Name of Driver	CHUA MONG HIONG
NRIC No	S7100474J
Date Of Birth	12/01/1971
Occupation	INDOOR
Date Of Driving Pass	27/10/1992
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82239298
Fax Number	
Contact Number	OTHERS-82239298
Email Address	DE_DERRICK@YAHOO.COM.SG

Address	BLK 690A CHOA CHU KANG CRESCENT #09-112
Postcode	681690
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	COLLIDED INTO PROPERTY
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	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

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

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.

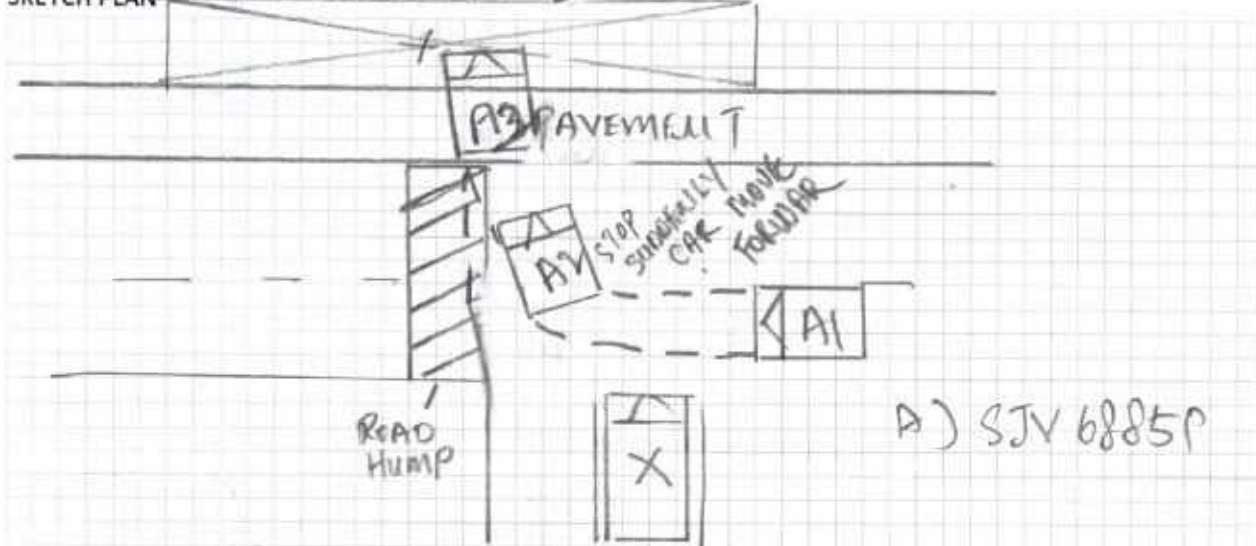
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

SCHOOL FENCE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER 2 POLICE REPORT
1/20190209/2015

DECLARATION

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

Policyholder's Signature
Date & Time:

9/2/19

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

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

9/2/2019
Rashid Hassan



**SINGAPORE
POLICE FORCE**



T/20190209/2055

1 of 3

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

Report No. T/20190209/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2019 12:04	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: CHUA MONG HIONG		Address: APT BLK 690A CHOA CHU KANG CRESCENT #112 SINGAPORE 681690	
ID Type / ID No.: NRIC NO / S7100474J		Contact No.: Home/Office: Mobile: 82239298	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 12/01/1971	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/02/2019 13:25	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG CRESCENT OUTSIDE UNITY PRIMARY SCHOOL, OPPOSITE BLOCK 672				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: COLLIDE ONTO FENCE				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV6885P	Car	BMW	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP	Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20190209/2055

3 of 3

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

Report No. T/20190209/2055

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:
TP /
NG JIN SHENG

Signature Of Interpreter:
Not applicable

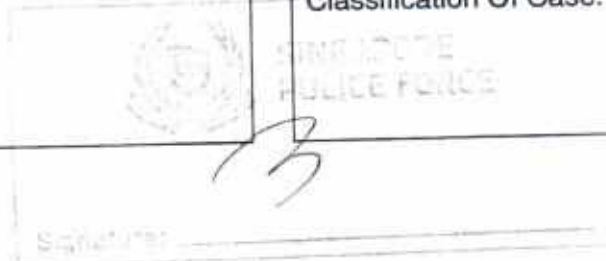
Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/02/2019 12:04

Classification Of Case:





**SINGAPORE
POLICE FORCE**



T/20190209/2055

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

2 of 3

Report No. T/20190209/2055

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV6885P	NTUC Income Insurance Co-Operative Limited	5082439982-02	05/08/2018	04/08/2019

Brief Details.

On 7/2/2019, while I was on my way to pick up my daughter at Unity Primary School at Choa Chu Kang. I wanted to do a reverse parking, however, it was at that moment where I lost control of my vehicle and it went forward and collide onto the fence. I was puzzled as to how it happened as well. My vehicle does not have any mechanical fault as far as I'm concerned. I did step on the brake, sadly, my vehicle did not stop at all. I then parked my vehicle and alerted the school's personnel that I have damaged the fence surrounding the school. I'm lodging this report mainly for the sole purpose of recording only.

Claim Handling

Accident MT/1031252

Policy No.	5082439982-02	Vehicle No.	SJV6885P	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA MONG HIONG			Policyholder NRIC	S7100-
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82239298	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
WPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
MCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	09/02/2019 17:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	07/02/2019	Time of Accident hh:mm	13:25	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTSIDE UNITY PRI SCHOOL OPPOSITE BLOCK 672				
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 690A #09-112	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	681691
Unit No.		Related Policy Number	5082439982-02		
DI Driver Info					
Driver Name	CHUA MONG HIONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S71004741	Driver DOB	12/01/
Register Date of Driver License	27/10/1992	Driver Age	48	Driving Experience	26
Contact No.(Mobile)	82239298	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 690A #09-112	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	681691
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SJV6885P	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHUA MONG HIONG
Contact No.(Mobile)	82239298	Contact No.(Home)	
Email Address	ide_derrick@yahoo.com.sg	OT Vehicle Number	SJV6885P
Claim Description	SJV6885P / - ON 7 Feb 2019		
Preferred Workshop		Insured Liability	Not at Fault
Estimate No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	09/02/2019 17:27
			ROSLI WAHAB
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1031252	Claim No.	001
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ACCIDENT STATEMENT

ACCIDENT DATE: 07/02/2019 (DD/MM/YYYY), TIME: 13:25 (HH:MM)

LOCATION: Chao Chu Kang Crescent B#01

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDV 6885P
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5082439982-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 520I
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: CHUA MONG HIONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7100474J CONTACT: 82239298
 c) ADDRESS: B1K 690A Chao Chu Kang Crescent
#09-112 Singapore 681690

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHUA MONG HIONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7100474J CONTACT: 82239298
 c) ADDRESS: B1K 690A Chao Chu Kang Crescent
#09-112 Singapore 681690

*d) DATE OF BIRTH: 12/01/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 27/10/92

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: TRAFFIC POLICE

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: _____

*No of passengers
(including driver)
(1)

*No of passengers
(including driver)
()

*No of passengers
(including driver)
()

email = de_derrick@yahoo.com.sg
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7100474J



Name
CHUA MONG HIONG

蔡茂雄

Race
CHINESE

Date of birth
12-01-1971

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

licence Number S7100474J

Name
CHUA MONG HIONG

Valid From 12 Jan 1971

Issue Date 22 Sep 2003




5048812



NRIC No. S7100474J



Date of issue
13-06-2012

Address
APT BLK 690A CHOA CHU KANG CRESCENT
#09-112
SINGAPORE 681690

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2 Motor Cars and Motor Tractors the weight of which inclusion does not exceed 3500 kilograms

Valid From 27 Oct 1993

NP42BA

License No. S7100474J



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

07/02/2019 12:41

Vehicle No.(For Motor)

SJV6885P

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5082439982-02		CHUA MONG HIONG	S71004743	GPC	drive CLASSIC	SJV6885P	SJV6885P	05/08/2018	04/08/2019