

NATIONAL Assessment Centre Services.

(ver 1 Jan 08)

NA/190/19825

Date In: 12/07/2019 19:05	Job description	Date & Time Completed	Done by
Ref No: NA/190/19825/10/17	SAS e-filing		
Veh No: SUM 4877 A	E-mail (3-10 hrs, A/C 2 hrs)		
D.O.A: 12/07/2019 08:20	I-Motor Claim Form	11/1031752-001	12/07/2019 19:26
OID: TP 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: UNKNOWN BIKK. 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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA/190/19825

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120
Assessor's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30
Est. 1:	For claiming against INC Only (ver 10 Jan 2008)	
2/3:	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*N6: Repairs Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (Nil): TP (in INC) against INC	\$10
	9) NI: 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	12/02/2019 19:05
Date Of Accident	12/02/2019 08:20
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4877A
Insured/Policyholder	
Name Of Registered Owner	JACKIE CHEN
Co Reg No	53356290B
Email Address	JACKIECHEN76@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91250950
Alternative Phone No	OFFICE-91250950

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099055067
Cover Note Number	

Driver

Name of Driver	CHEN CHING SHYONG
NRIC No	S7684314G
Date Of Birth	29/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2006
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91250950
Fax Number	
Contact Number	OTHERS-91250950
Email Address	JACKIECHEN76@YAHOO.COM

Address	BLK 861 WOODLANDS STREET 83 #08-166
Postcode	730861
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	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?	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: : PASSENGER GENDER: : FEMALE

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 SKETCH PLAN

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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:

12/2/2019

1030AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

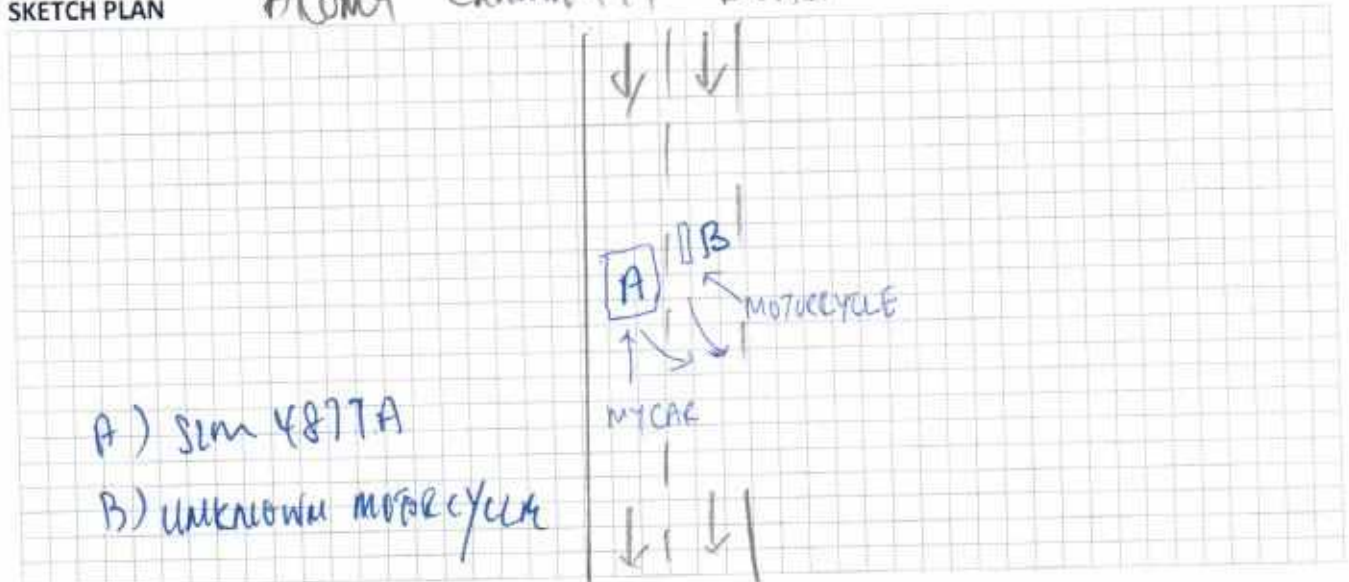
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALONG CLAMKUN ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

12/2/2019, 8:20 AM I was driving Joke with 1 female passenger
we drove along the Clamkun road.
I was switched Lane From right to left, Unknown motorcycles
drive and hit my car of the back.

The motorcycle was fall and I heard the noise. Immediately, I stop
my car and help the motorcycles and the man ~~ate~~ asked
me to go Infront to settle due to heavy traffic,

I was driving ahead hope the motorcycles will follow me
yet he didn't.
I unable to capture his number plate due to his previous conversation
to settle Infront.


I have Video Clip front & back to capture to motorcycles

DECLARATION

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


Policyholder's Signature

Date & Time: 12/2/2019
10:30 AM


Driver's Signature
(If driver is not the policyholder)

Date & Time: 12/2/2019
10:30 AM


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

Claim Handling

Accident MT/1031753

Policy No.	5099055067	Vehicle No.	SLH4877A	GST Registration No.	
Certificate No.				Policyholder NRIC	533562908
Policyholder Name	JACKIE CHEN	Cover Type	Other CLASSIC	Leading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	91250950	Special Remark		eCode	No
Email Address		TGA	No Yes	eCode Reason	
RFK	No Yes	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	12/02/2019 19:01	Accident Report Within 24 hrs	Yes	Accident Type	Bike Swipe
Date of Accident	12/02/2019	Time of Accident (hh:mm)	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CLEMENTI ROAD				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 861 #08-166	Address 2	WOODLANDS STREET #3	Address 3	SINGAPORE 730861
Address 4		Address Type	Singapore address	Post Code	730861
Unit No.	08-166	Related Policy Number	5099055067		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/11/1976
Unnamed driver Name	CHEN CHENG SHYONG	Driver NRIC	S7584314G	Driving Experience	12
Register Date of Driver License	17/09/2006	Driver Age	42	Contact No.(Office)	
Contact No.(Mobile)	91250950	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 861 #08-166	Address 2	WOODLANDS STREET #3	Address 3	SINGAPORE 730861
Address 4		Address Type	Foreign address	Post Code	730861
Unit No.	08-166				
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.	SLH4877A	Driver Insurer Company	NTUC

Declaration

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

Claim 001 New

Claim Type *	DO-PR	Insured Name	JACKIE CHEN	Insured NRIC	533562908
Contact No.(Mobile)	912	Contact No.(Office)		Contact No.(Home)	
Email Address		OT Vehicle Number	SLH4877A	TP Vehicle Number	UNKNOWN BIKE
Claim Description	SLH4877A / UNKNOWN BIKE ON 12 Feb 2019			Name of Preferred Workshop	
Preferred Workshop Name No. Registration	Yes	Insured Liability	Not at Fault	GIA report	Received
Data Registered		Repair Option	Preferred Workshop, Name unknown	Claim Date	12/02/2019 19:01
Report Taken By	ROSLI WAHAB			Date Received	12/02/2019 00:00

Print all letter

Save Submit

Attachment

Accident No.	MT/1031753	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/02/2019 19:26
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Has Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:26	NRIC Driving License	Normal	NRIC Driving License 2019-2-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:26	SAS	Normal	SAS 2019-2-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:26	Photos	Normal	Photos 2019-2-12	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:26	Photos	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:05	Photos	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:05	Photos	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:05	Photos	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:05	Photos	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:05	Photos	Normal	Photos 2019-2-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Feb 2019 19:05	Photos	Normal	Photos 2019-2-12	
Video List					
Uploaded By/Date	Folder/Date	File Name		Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 02 / 2019) (DD/MM/YYYY). TIME: (08 : 20) (HH:MM)

LOCATION: Along Chiaman Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 4877A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5099055067
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KIA K3 FORTE
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: CHEN CHING JAYNIE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S96843146 CONTACT: 91250950
c) ADDRESS: 801, 4002405 ST 83, H08-166

1 FEMALE

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: - AS ABOVE - (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* No of passenger
(Including driver)
(2)

* d) DATE OF BIRTH: (29 / 11 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17/08/2006

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: - UNKNOWN MOTORCYCLE - 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 passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = JACKIECHENT6@YAHOO.COM

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7684314G



Name

CHEN CHING SHYONG

曾庆雄

Race

CHINESE

Date of birth

29-11-1976

Sex

M

Country of birth

MALAYSIA



S7684314G



4854210

59917

NRIC No. S7684314G



Date of issue

17-04-2012

Address

APT BLK 861 WOODLANDS STREET 83
#08-166
SINGAPORE 730861

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

17 Sep 2005

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers,
exclusive of the driver; and motor tractors
/vehicles \leq 2500 kg

59917



Licence No: S7684314G

NP 425A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099055067

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLM4877A**
Chassis Number : KNAFZ411MH5666362
2. Name of Policyholder : JACKIE CHEN
3. Effective Date of Insurance : 31 Mar 2018
4. Expiry Date of Insurance : 30 Mar 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AUTOSHIELD PTE. LTD. (00000573469)
Date of Issue : 19 Mar 2018 11:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive