

NATIONAL Assessment Centre Services: [ver 1 Jan'05] MNA 1190-25625

Date In: 25/12/19 11:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19003433/h4.	SAS e-filing		
Veh No: SMF 8529 D.	E-mail (within 3hrs, AIC 2hrs)		
D.D.A: 23/12/19 11:55.	I-Motor Claim Form	MT/1033569-001	25/12/19 17:01
OD / <input checked="" type="checkbox"/> 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: GBH 8241C. 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:	Date 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

MNA1901446

Invoice Item	Amount (\$)	Ref/Adj (\$)
1) AR: Accident Reporting (\$30);	30	22
2) DA: Damage Assessment (\$100); INC (\$80)	180	
3) TP: Towing Fee 540/545	540	
4) FT: Follow-Through Survey \$120	120	
5) FT: Follow-Through Survey (Resurvey) \$30	30	
For claiming against INC Only (wof 19 Jan 2005)		
6) TR: Re-Inspection \$75	75	
7) NI: Idan DA + SMRT Survey \$160	160	
8) NTUC Additional Services:-		
Q1)*		
*N5: Courtesy Car / Tpt Allowance \$5	5	
*N6: Repair Co-ordination \$10	10	
*N7: Post Repair Inspection \$25	25	
*N8: DV / Collect Excess Coordination \$5	5	
TE (N11): TP (N-on INC) against INC \$20	20	
9) N12: Idan Mobile 30	30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Tel: 11

2/2/3

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	25/02/2019 11:28
Date Of Accident	23/02/2019 11:55
Exact Location Of Accident	CLEMENTI AVE 2 TWDS CLEMENTI RD NEAR BLK 331
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8529D
Insured/Policyholder	
Name Of Registered Owner	HO HAN MENG
NRIC No	S7930630D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97965174
Alternative Phone No	OFFICE-97965174

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (ATTRACTION)
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	5106364260
Cover Note Number	-

Driver

Name of Driver	HO HAN MENG
NRIC No	S7930630D
Date Of Birth	30/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2002
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97965174
Fax Number	
Contact Number	OFFICE-97965174
EEmail Address	NOEMAIL

Address	BLK 513 WEST COAST RD #04-465
Postcode	120513
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : HENG KAY WEE ALVIN
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
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
Remarks/ Reasons:	WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH8241C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKX8358J
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)

DETAILS OF INJURED PERSON 1

Name HO HAN MENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMF8529D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HENG KAY WEE ALVIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMF8529D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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.



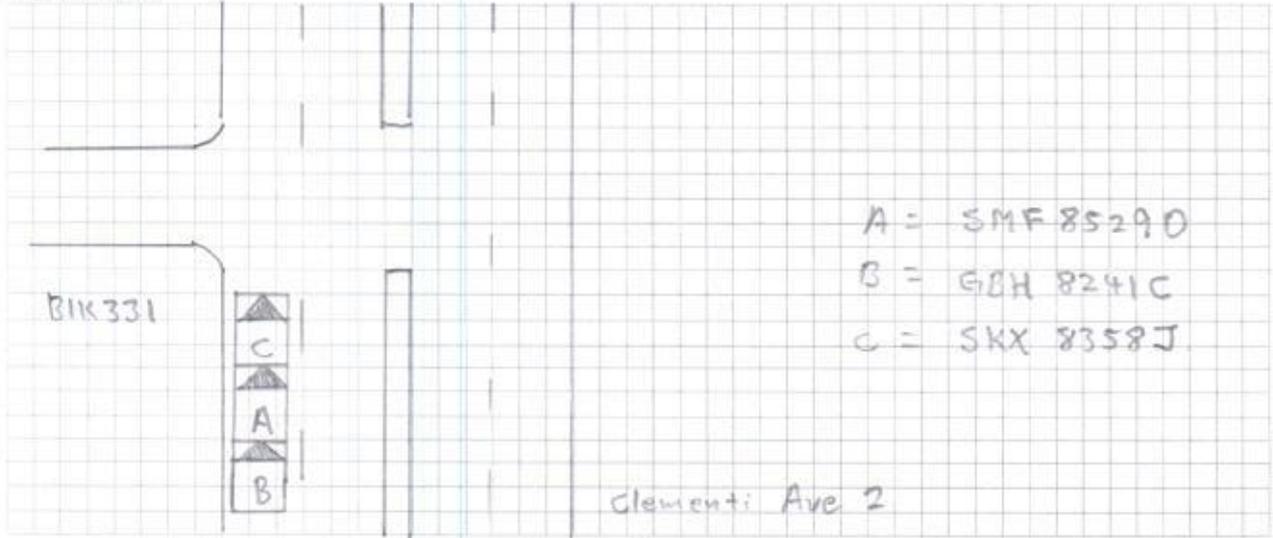
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

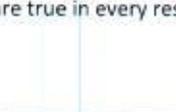
Please refer to Police Report

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/20190223/2076

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190223/2076

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF8529D	NTUC Income Insurance Co-Operative Limited	5106364260	15/12/2018	14/12/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HO HAN MENG		ID No.	S7930630D
Related Vehicle	SMF8529D (Car)		Contact No.	97965174
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Passenger				
Name	HENG KAY WEE ALVIN		ID No.	S7727446D
Related Vehicle	SMF8529D (Car)		Contact No.	88080526
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/02/2019	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious	

Brief Details.

On 23/02/2019 at about 1150hrs while I was driving SMF8529D on the left of two lanes road along Clementi Ave 2 heading towards Clementi Rd, a white BMW SKX8358J which was ahead of me slowed down as the car ahead is turning left into an open space HDB carpark. I follow suite and slowed down my car as well. While my car and SKX8358J had stopped, due to the vehicles in front turning left, suddenly my car got hit by a vehicle behind car and it resulted my car to move forward and collided my front into the rear of SKX8358J.

The collision caused me to blur for few seconds. I then stepped of my car and called for the police and ambulance. Upon ambulance arrival, my friend was assessed to have laceration on his forehead. Therefore, he was conveyed to National University Hospital. The other drivers and passenger involved was not conveyed.

The vehicle that had collided into my rear is a van GHB8241C. I exchanged particulars with the two drivers and did not gather much facts on how the collision happened. Paramedic had medically assessed



**SINGAPORE
POLICE FORCE**



T/20190223/2076

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 4

Report No. T/20190223/2076

CONTINUATION OF REPORT

me. I have informed both traffic police officer and paramedic that I will be going to the nearest hospital after I had lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20190223/2076

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

4 of 4

Report No. T/20190223/2076

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:

D /
Sgt 3 IBNU MUSALLI BIN HAMID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/02/2019 14:06

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Classification Of Case:

Authentication Stamp
NP168

<p>SINGAPORE POLICE FORCE</p>	<p>SN 37</p>
<p>SIGNATURE</p>	

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S79306300**
 Name
HO HAN MENG

Birth Date: **30 Sep 1979**
 Issue Date: **13 Aug 2003**

10007436203

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7930630D**




Name
HO HAN MENG

何 汉 明

Race
CHINESE

Date of birth **30-09-1979** Sex **M**

Country of birth
SINGAPORE

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

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE
21 Oct 2002

Licence No: **S79306300**

NP 428A

4470688



NRIC No: **S7930630D**



Date of issue
02-10-2009

APT BLK 513 WEST COAST ROAD #04-485
 SINGAPORE 120513
 NRIC No: **S7930630D** Date: **29/06/2015**

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"/>	5106364260		HO HAN MENG	S7930630D	GPC	drivo PREMIUM	SMF8529D	SMF8529D	15/12/2018	14/12/2019

Claim Handling

Accident MT/1033569

Policy No.	5106364260	Vehicle No.	SMF8529D	GST Registration No.	
Certificate No.					
Policyholder Name	HO HAN MENG			Policyholder NRIC	S79301
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	97965174	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	25/02/2019 16:55	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	23/02/2019	Time of Accident hh:mm	11:55	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVE 2 TWDS CLEMENTI RD NEAR BLK 331				

Excess

Own damage Excess	600.00	Additional Excess	500	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 513 #04-465	Address 2	WEST COAST ROAD	Address 3	WEST I
Address 4	SINGAPORE 120513	Address Type	Singapore address	Post Code	12051:
Unit No.	04-465	Related Policy Number	5106364260		

OI Driver Info

Driver Name	HO HAN MENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7930630D	Driver DOB	30/09/
Register Date of Driver License	21/10/2002	Driver Age	39	Driving Experience	16
Contact No.(Mobile)	97965174	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 513 #04-465	Address 2	WEST COAST ROAD	Address 3	WEST I
Address 4	SINGAPORE 120513	Address Type	Singapore address	Post Code	12051:
Unit No.	04-465				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HO HAN MENG
Contact No.(Mobile)	97965174	Contact No. (Home)	67758047
Email Address		DI Vehicle Number	SMF8529D
Claim Description	SMF8529D / G8H8241C ON 23 Feb 2019		
Preferred Workshop	0	Insured Liability	Not at fault
Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered	25/02/2019 16:58	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1033569	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

25/02/2019 17:01

Path *

- Choose File No file chosen
- Message Read

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 17:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 17:00	SAS	Normal	SAS 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 17:00	Photos	Normal	Photos 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 17:00	Photos	Normal	Photos 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 17:00	Photos	Normal	Photos 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 17:00	Photos	Normal	Photos 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 17:00	Photos	Normal	Photos 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 16:59	Photos	Normal	Photos 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 16:59	Photos	Normal	Photos 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 16:59	SAS	Normal	SAS 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 16:59	Photos	Normal	Photos 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 16:59	Photos	Normal	Photos 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 16:59	Photos	Normal	Photos 2019-2-25
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 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 16:59	Photos	Normal	Photos 2019-2-25
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	25 Feb 2019 16:59	Photos	Normal	Photos 2019-2-25

Video List

Uploaded By/Date	Folder Date	File Name	Source
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