

NATIONAL Assessment Centre Services. (ver 1 Jan 2005)

Date In: 08/03/2019 16:38	Job description: SAS e-filing	Date & Time Completed: MT/1037783-001 28/3/19 10:51	Done by: ubi
Ref No: NBA/INC19004297/K	E-mail (Update 3hrs, A/C 3hrs)	MT/1030226	BM
Vch No: SJN 4850U	I-Motor Claim Form		
D.O.A: 23/01/2019 17:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OID / TP / Reporting Only	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:	Vch No: SGB60H	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:	Completed by:
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
Date/Time: 11/3/19 16:15	Action: E-bay cannot submit system problems
Date/Time: 28/3/19 11:05AM	Action: E-mail to Kenleong.feng@income.com / waiting for reply?

NA 1902768		Invoice Itemization (Gross)		Amount	
Client Particulars:	1) AR: Accident Reporting (\$30)				
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)				
Contact No:	3) TP: Towing Fee \$10/\$45				
Damaged Portion:	4) PT: Follow-Through Survey \$120				
	5) PT: Follow-Through Survey (Resurvey) \$30				
	Parallelism against INC Only (ver 10 Jan 2005)				
	6) TR: Re-inspection \$75				
	7) NI: I/O DA + SMRT Survey \$160				
	8) NTUC Additional Services:				
	ON:				
	9) AS: Courtesy Car / TP Allowance \$5				
	10) NR: Repairs Coordination 28/03/2019 \$10				
	11) NR: Post-Repair Inspection \$25				
	12) NR: DV / Collateral Excess Coordination \$5				
	13) TR: TP (N-INC) against INC \$10				
	14) NI: I/O Mobile \$0				
	Invoice done	Fee Charged			
	Invoice done	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	08/03/2019 16:38
Date Of Accident	23/01/2019 17:00
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4850U
Insured/Policyholder	
Name Of Registered Owner	HUBERT PETER CRAIG
NRIC No	G5448631L
Email Address	PETERHUBERT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97247314
Alternative Phone No	OTHERS-97247314

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5100684852
Cover Note Number	

Driver

Name of Driver	CRAIG REBECCA VICTORIA
Passport No/FIN	G5447736N
Date Of Birth	09/11/1985
Occupation	INDOOR
Date Of Driving Pass	04/06/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91111744
Fax Number	
Contact Number	OTHERS-91111744
E-Mail Address	RVCRAIG@HOTMAIL.COM

Address	17J MOUNT SINAI RISE
Postcode	276917
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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)	1

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

PLS REFER TO THE ATTACHED STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGB60H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NIELSEN JAN CILIUS
NRIC/Passport Number	G3272102N
Contact Number	96224266
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

8/3/19

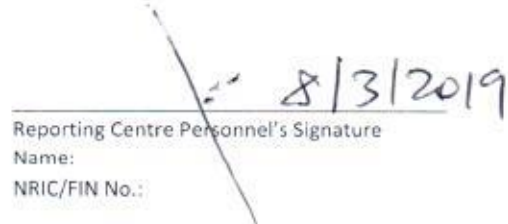
4:30pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:

 8/3/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A-SJN4850H

B-SGB60H A

B

holland rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

car stopped at dotted line give way
intersection, 10s gap in traffic but car
in front (SGB60H) did not move
and I rolled our car (took foot off
brake only, no accelerator) into back of
their. very minor, aesthetic impact
only to both cars.

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.:

8/3/2019

Our Ref: MT/CA/TP/001/1030226-002/HT/VU

15 Feb 2019

HUBERT PETER CRAIG
17J MOUNT SINAI RISE
RIDGEWOOD CONDOMINIUM
SINGAPORE 276917

Dear Policyholder

CLAIM NUMBER: MT/1030226-002
ACCIDENT INVOLVING SJN4850U / SGB60H on 23 Jan 2019

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance



TOY MACHINE

101, Branksome Road, Singapore 439623

Tel: 82000001 Fax: 63450404

PURCHASE AGREEMENT

本人 I / We	Hubert Peter Lim	日期 Date:	18/01/19
地址 of:	173 Mount Sneyd Rd #02-26917	居民证 NRIC/R.C.B. No:	6504867L
兹收到 Received from	TOY MACHINE	电话 Tel:	97247318
注册号码 Regn. No.	STN48504	居民证 NRIC/R.C.B. No:	53000736C
引擎号码 Engine No.	R18A14018130	年份/款式 Year/Model	18/02/09 Honda Civic 1.8i
路稅 Road Tax	17/02/19	车身号码 Chassis No.	JHMFD153095202939
车价议明 Price Agreed		到期 Expired on	17/02/2019
来銀 Deposit			\$ 14,068/-
贷款尚欠 Full Settlement (H.P. Co.)			\$ 2,000/-
结計 Balance Due			\$ 13,068/-
限至 Limited To	10/02/19		
交車日期 / 時間 Date & Time of Delivery of Vehicle		賣主必須交車給于買主 Seller must Handover The Vehicle To Buyer	
am/ pm Free From All Encumbrances Whatsoever			

注：賣主若于收訂金之后反悔，須賠償双倍訂金給買主。

Note: If The Seller Do Not Fulfill The Agreement To Sell The Vehicle, The Seller Has To Compensate The Buyer An Amount Equal To Twice The Amount Of The Deposit Paid By The Buyer.

\$ 2,000/-
現款 Cash / 支票 Cheque
Cheque No:
Bank

賣主簽名 Signature of Seller
姓名
Name: Peter Lim

買主簽名 Signature of Buyer
姓名
Name: P. Y. Moh

備註:

Remarks:



Pure Motors Pte Ltd

Office: Blk 254A, Serangoon Central Drive, #01-153, Singapore 551254
Showroom: 210, Turf Club Road, Lot B49, The Grandstand, Singapore 287995
Tel: 6463 3343 Fax: 6467 3343

No. 40610

Co. Reg. No. / GST Reg. No.: 198904469H

AGREEMENT

Date: 18/1/19

I/We HUBERT PETER CRAIG NRIC No. G5448631L D.O.B. _____
Address: 17 J Moun7 Sina Rise 8(276917)
Tel (Res): _____ (Off): _____ (HP): 9724 7314 Pass Date: _____

Hereby agree to "buy/sell vehicle" from /to Pure Motors Pte Ltd

Particulars of vehicle as detailed in the schedule below:

Registration No.	: <u>SKD5342D</u>	Reg Date	: <u>27/10/10</u> *PARF Eligibility / COE
Make & Model	: <u>Suzuki SX4 Sedan</u>	Color	: <u>White</u>
Chassis No.	: <u>JSAGYC21S00331034</u>	Road Tax	: _____
Engine No.	: <u>M16A1509984</u>	No. of Transfer	: _____
Price Agreed	: S\$ <u>21,800</u>	It is agreed that the buyer will be fully responsible for the vehicle for any illegal acts which may arise from the use thereof including traffic offences as from the handover time/date stated below. I/We hereby agree to purchase from you the above mentioned vehicle and accept the conditions of sale printed.	
Deposit	: S\$ <u>(2,000) CASH</u>		
Balance	: S\$ <u>19,800</u>		
Finance / Loan	: S\$ <u>-</u>		
Downpayment	: S\$ <u>-</u>		
Transfer Fee	: S\$ <u>-</u>	Date: _____ Time: _____ am / pm	
Adv. Instalment	: S\$ <u>-</u>	Remarks: _____	
Road Tax	: S\$ <u>-</u>	_____	
Agreement Fee	: S\$ <u>-</u>	_____	
Others	: S\$ <u>-</u>	_____	
Add / Less: Trade in: S\$	: _____	EMAIL: _____
Total Due	: S\$ <u>19,800</u>	NO OF KEYS ISSUED: _____	

The balance due must be settled within 7 days falling which the deposit shall be forfeited.

Insurance: _____

Authorised Signatory
Name: [Signature]

Manager
Name: _____

Signed by the Buyer / Seller
Name: PETER CRAIG HUBERT
NRIC No: _____

Reported on 08/3/2019
@ 16 25 #29

ACCIDENT STATEMENT

ACCIDENT DATE: (23/01/2019) (DD/MM/YYYY), TIME: (17:00) (HH:MM)
LOCATION: Holland Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STW 4850U
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: _____
b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE)
c) ADDRESS: _____ CONTACT: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____
b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE)
c) ADDRESS: _____ CONTACT: 91111744

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) Spouse

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzling

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: SGB 60H MODEL: _____
b) DRIVER'S NAME: NIELSEN JAN CILJUS
c) NRIC/FIN/PASSPORT: G 3272102N CONTACT: 96224266

9. THIRD PARTY VEHICLE

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

Vehicle not present? → X Scape Letter Attached

Email = Peter.hubert@hotmail.com ✓

fax =

video =

Photos taken
from phone

REPUBLIC OF SINGAPORE

FIN G5447736N



Name
CRAIG REBECCA VICTORIA

Date of Birth 09-11-1985 Sex F
Nationality AUSTRALIAN



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number G5447736N

Name
CRAIG REBECCA VICTORIA

Birth Date: 09 Nov 1985
Issue Date: 04 Jun 2018
Valid Till: 03/06/2023



FA1951260

DEPENDANT'S PASS
Immigration Regulations



FIN G5447736N

Date of Issue 02-10-2017 Date of Expiry 10-09-2019



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 04 Jun 2018

NP 428A



eBaoTech

General Claim

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="23/01/2019 17:00"/>
Vehicle No. (For Motor)	<input type="text" value="SJN4850U"/>	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 type="checkbox"/>	5100684852		HUBERT PETER CRAIG	G5448631L	GPC	Third Party	SJN4850U	SJN4850U	13/05/2018	12/05/2019

Claim Handling

[Task Transfer](#)
[Exit](#)
[Accident MT/1030226](#)
[LOS](#)
[SAL](#)
[SUB](#)

Policy No.	5100684852	Vehicle No.	SJN4850U	GST Registration No.	
Certificate No.					
Policyholder Name	HUBERT PETER CRAIG			Policyholder NRIC	G5448631L
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	
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	Not available

[Accident Details](#)

Report Date	30/01/2019 17:18	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Others
Date of Accident	23/01/2019	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	OLD HOLLAND ROAD / HOLLAND ROAD JUNCTION				

[Excess](#)

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			0.00
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	17J MOUNT SINAI RISE	Address 2	RIDGEWOOD CONDOMINIUM	Address 3	SINGAPORE 276917
Address 4		Address Type	Singapore address	Post Code	276917
Unit No.		Related Policy Number	5107125392		

[OI Driver Info](#)

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)	
Address 1	Address 2	Address 3	

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Thursday, 28 March 2019 11:15 AM
To: 'kenleong.teng@income.com'
Subject: REGARDING VEHICLE NO: SJN4850U / CREATED 2 / CLAIM NO : MT/1030226 ON 11/03/2019/ AT BM / CLAIM NO: MT/1037783-001 AT UBI /

Hi

May I know if you can kindly correct for me the error for this vehicle no SJN4850U / Reporting only / 1st claim no: MT/1030226 AT BM ON 11032019 @ 1615 /
2 th claim no: MT/1037783-001 AT UBI ON 28032019 @ 10:51 .

Thank You,

Krishnasamy (Admin)

NATIONAL ASSESSMENT CENTRE SERVICES
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933 Tel: 68410055 Fax : 68416315