

# NATIONAL Assessment Centre Services. [ref 1 Jan 03] MNA 119034010.

Date In: 13/1/19 18:00	Job description	Date & Time Completed	Done by
Ref No: MA/INC19004609164	SAS e-filing		
Veh No: S65 39250	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/1/19 15:55	I-Motor Claim Form	MT/1035862-001	14/1/19 11:32
OD / TP / 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: SHA 83 21 X	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	( )
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Not-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 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

MA1901890

Claimant's Particulars:	Invoice Preparation Checklist	Am. (\$)	PAID (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	20.00	
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		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Ref 1:	For claiming against INC Only (ref 10 Jan 2003)		
Ref 2/3:	6) TR: Re-Inspection \$75		
	7) N1: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idan 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	13/03/2019 18:00
Date Of Accident	13/03/2019 15:55
Exact Location Of Accident	SIMEI ST 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGS3925D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NGOH LIANG KIYO
NRIC No	S0194742G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97639529
Alternative Phone No	OFFICE-97639529
<b>Vehicle Particulars</b>	
Manufacturer	DAIHATSU
Model	M301RS-GQGEW
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5019678002-12
Cover Note Number	-
<b>Driver</b>	
Name of Driver	NGOH LIANG KIYO
NRIC No	S0194742G
Date Of Birth	10/05/1947
Occupation	INDOOR
Date Of Driving Pass	02/10/1974
Driving Experience	44 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97639529
Fax Number	
Contact Number	OFFICE-97639529
Email Address	NOEMAIL

Address	BLK 295 TAMPINES ST 22 #08-518
Postcode	520295
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 PARKED VEHICLE
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)	2
Passenger 1	NAME: : WANG AN NAN
	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

I WAS PARKED INTO THE PARALLEL PARKING AT THE SIMEI ST 2, WHEN ADJUSTING MY VEH, MY VEH MISJUDGED TOUCH ONTO A TAXI WHICH WAS INFRONT OF ME.

#### 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	SHA8321X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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


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:

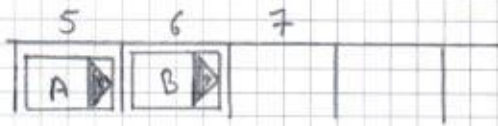
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



A = SG5392SD.

B = SHA 8321X

Simei St 2

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## 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.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0194742G



Name  
NGOH LIANG KIYO  
吴良侨

Race  
CHINESE

Date of Birth  
10-05-1947

Sex  
M

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number S0194742G

Name  
NGOH LIANG KIYO

Birth Date 10 May 1947

Issue Date 04 Aug 2003

1000719172K

1643668



NRIC No. S0194742G



Blood Group O+ Date of issue 01-02-1994

Address  
APT BLK 295 TAMPINES STREET 22  
#08-518  
SINGAPORE 1852

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	Valid Until
Class 2B	Motorcycles net exceeding 200 cc	01 Dec 1975
Class 2C	Motorcycles between 201 cc and 400 cc	01 Dec 1978
Class 2D	Motorcycles exceeding 400 cc	01 Dec 1975
Class 3	Motor Cars and Motor Trucks the weight of which together does not exceed 2500 kilograms	02 Oct 1974

NP428A

1000719172K

## 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:** 5019678002-12

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **SGS3925D**

Chassis Number

: **JDAM301S001056095**

2. Name of Policyholder

: **NGOH LIANG KIYO**

3. Effective Date of Insurance

: **13 Mar 2019**

4. Expiry Date of Insurance

: **12 Mar 2020**

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 business or profession.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) 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) : N/A

EXCESS (SECTION 2) : N/A

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : N/A

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO

INSURE WITH COE : YES

NCD PROTECTION : YES (FREE)

PRIMARY DRIVER : **NGOH LIANG KIYO**

NAMED DRIVER (1) : **WU YUXIN**

NAMED DRIVER (2) : **PANG SOON LE GABRIEL ALOYSIUS**

HIRE PURCHASE COMPANY : N/A

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 : **SIN TIEN SENG PTE LTD (00000570019)**

Date of Issue : **14 Feb 2019 13:24 hrs**

Reprint : **14 Feb 2019 13:24 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Claim Handling

Accident MT/1035862

Policy No.	5019678002-12	Vehicle No.	SGS3925D	GST Registration No.	
Certificate No.					
Policyholder Name	NGOH LIANG KIYO			Policyholder NRIC	S0194
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97639529	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	14/03/2019 11:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	13/03/2019	Time of Accident hh:mm	15:55	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMEI ST 2				
▼ Excess					
Own damage Excess	0.00	Additional Excess		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	BLK 295 #08-518	Address 2	TAMPINES STREET 22	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	520291
Unit No.		Related Policy Number	5019678002-12		
▼ O1 Driver Info					
Driver Name	NGOH LIANG KIYO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0194742G	Driver DOB	10/05/
Register Date of Driver License	02/10/1974	Driver Age	71	Driving Experience	44
Contact No.(Mobile)	97639529	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 295 #08-518	Address 2	TAMPINES STREET 22	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	520291
Unit No.					
Does he own a Singapore Registered car?	<input checked="" 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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NGOH LIANG KIYO
Contact No.(Mobile)	97639529	Contact No.(Home)	67828672
Email Address		OI Vehicle Number	SGS3925D
Claim Description	SGS3925D / SHA8321X ON 13 Mar 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Contract No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered			14/03/2019 11:32
Report Taken By			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1035862 Claim No. 001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

14/03/2019 11:32

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

NO

Urgency \*

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	SAS	Normal	SAS 2019-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 11:32	Photos	Normal	Photos 2019-3-14

## Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			