

NATIONAL Assessment Centre Services. (ref 1 Jan 05) **NA19049734**

Date In: <b>16/04/2019 16:24</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA19049734</b>	SAS e-filing		
Veh No: <b>SLR 8864J</b>	E-mail (to/for site, AIC site)		
D.O.A: <b>16/04/2019 11:55</b>	I-Motor Claim Form	<b>M1604048001</b>	<b>16/04/19</b>
OID: <b>TP</b> Reporting Only	I-Motor W/O (Within OD 2hrs, TP 3hrs)		<b>16:12</b>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/WRSP		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SLW 6957K** 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:	
Location:	
Weather:	
Witness:	
Notes:	

<b>NA1902801</b>	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$60)	
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) FT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
Address/Comments:	6) TR: Re-inspection	\$75
Date:	7) NI: Idax DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON: _____	\$35
	NS: Courtesy Car / TP Allowance	\$18
	NR: Repair Co-ordination	\$25
	NP: Post-Repair Inspection	\$5
	ND: DV / Collect Excess Coordination	\$25
	TE (NI) / TP (Non-INC) e-filing	\$30
	NI: Idax Mobile	
	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	16/04/2019 16:24
Date Of Accident	16/04/2019 11:55
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR8864J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH CHAN WAH
NRIC No	S1539794B
Email Address	SOHCHANWAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91790770
Alternative Phone No	OTHERS-91790770
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095267114-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	SOH CHAN WAH
NRIC No	S1539794B
Date Of Birth	04/07/1962
Occupation	INDOOR
Date Of Driving Pass	26/10/1982
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91790770
Fax Number	
Contact Number	OTHERS-91790770
E-Mail Address	SOHCHANWAH@HOTMAIL.COM

Address	12 DERBYSHIRE ROAD #04-01
Postcode	309466
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)	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

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW6957K
Vehicle Make/Model/Colour	HONDA CRV
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)	

## 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: 16/11/2019

1610

Driver's Signature

(If driver is not the policyholder)

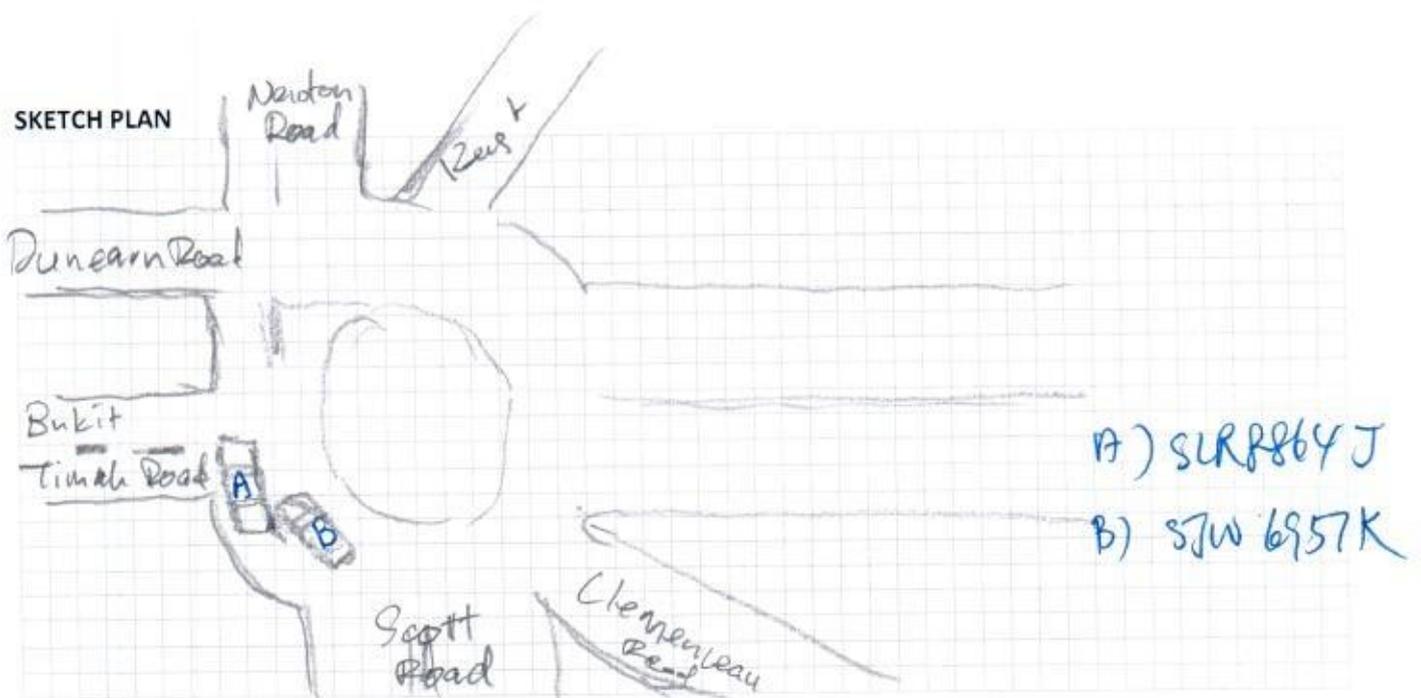
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving towards Newton Road from Newton Circle, Vehicle no. SJW 6957K hit me on my right rear <sup>side</sup> of my car. The driver was turning left towards Bukit Timah Road on the second lane.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time: 16/4/2019

*[Signature]*

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

*[Signature]* 16/04/2019  
*[Signature]*

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

**Claim Handling**

Accident MT/1040468

Policy No.	5095267114-01	Vehicle No.	SLR8864J	GST Registration No.	
Certificate No.					
Policyholder Name	SOH CHAN WAH			Policyholder NRIC	S1539794B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91790770	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

**Accident Details**

Report Date	16/04/2019 16:49	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/04/2019	Time of Accident hh:mm	11:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCUS ROUNDABOUT				

**Excess**

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	12 DERBYSHIRE ROAD	Address 2	#04-01 ADRIA	Address 3	SINGAPORE 309466
Address 4		Address Type	Singapore address	Post Code	309466
Unit No.	04-01	Related Policy Number	5095267114-01		

**DI Driver Info**

Driver Name	SOH CHAN WAH	Driver Type	Main Driver	Driver DOB	04/07/1962
Unnamed driver Name		Driver NRIC	S1539794B	Driving Experience	36
Register Date of Driver License	26/10/1982	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)	91790770	Contact No.(Office)		Address 3	SINGAPORE 309466
Address 1	12 DERBYSHIRE ROAD	Address 2	#04-01 ADRIA	Post Code	309466
Address 4		Address Type	Singapore address		
Unit No.	04-01			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SLR8864J		

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No

Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	SOH CHAN WAH	Insured NRIC	S1539794B
Contact No.(Mobile)	91790770	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Vehicle Number	SLR8864J	Vehicle Number	SJW6957K
Claim Description	SLR8864J / SJW6957K ON 16 Apr 2019				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Workshop Contact No.		Repair Option	Preferred Workshop, Name unknown	Claim Close Date	16/04/2019 16:52
Finalisation	Yes			Date Received	16/04/2019 00:00
Date Registered				Report Taken By	ROSLI WAHAB

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1040468	Claim No.	001																												
Last Doc. Received	Yes No	Upload Date	16/04/2019 16:52																												
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Category *	Confidential	Urgency *	Description *	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	
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**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 16:52	Photos	Normal	Photos 2019-4-16	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 16:52	Photos	Normal	Photos 2019-4-16	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 16:52	Photos	Normal	Photos 2019-4-16	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 16:52	Photos	Normal	Photos 2019-4-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 16:52	Photos	Normal	Photos 2019-4-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 16:52	Photos	Normal	Photos 2019-4-16
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 16:52	Photos	Normal	Photos 2019-4-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 16:52	SAS	Normal	SAS 2019-4-16
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Apr 2019 16:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-16

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window    Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: 16/4/2019 (DD/MM/YYYY), TIME: 11:54 (HH:MM)

LOCATION: Newton Circle

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 8864J  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: 5095267114-01  
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA AITIS  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
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: SOH CHAN WAH (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1539794B CONTACT: 91790770  
c) ADDRESS: 12, Derbyshire Road #04-01 (309466)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- d) NAME: As above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 4/7/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/10/1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SJW 6957K MODEL: HONDA CRV  
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)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

email = [sohchanwah@hotmail.com](mailto:sohchanwah@hotmail.com)

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1539794B



Name  
SOH CHAN WAH

苏 田 华

Race  
CHINESE

Date of birth  
04-07-1962

Sex  
M

Country/Place of birth  
SINGAPORE



5772689



NRIC No. S1539794B



Date of issue  
06-07-2017

Address  
12 DERBYSHIRE ROAD  
#04-01  
SINGAPORE 309466

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1539794B

Name  
SOH CHAN WAH

Birth Date: 04 Jul 1962

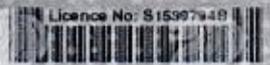
Issue Date: 01 Aug 2003



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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Oct 1962
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	25 Oct 1965

NP 42BA



Licence No: S1539794B

