

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 03/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19007827/13	SAS e-filing		
Veh No: PC814M	E-mail (w/don 8hrs, AIC 2hrs)		
D.O.A: 02/05/19 0800	i-Motor Claim Form	MT/1042846-002	
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: GBJ16924	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%; F: 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

NA/1903032	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	03/05/2019 15:54
Date Of Accident	02/05/2019 08:00
Exact Location Of Accident	UNKNOWN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC814M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AURORA WORLD PTE. LTD.
Co Reg No	201002992D
Email Address	ERICLIMTN@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91188517

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101288407
Cover Note Number	

### Driver

Name of Driver	CHONG EK FOO@CHONG HOCK LIN
NRIC No	S7064030I
Date Of Birth	10/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	29/05/2003
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81515965
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 22 MARSILING DRIVE
	#07-115
Postcode	730022
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	UNKNOWN
Road Surface	UNKNOWN

#### 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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: J/20190502/2104

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT RECORDED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ1692U
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)



## 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.:

N/O SKETCH AVAILABLE

P/s refer to the police report: J/20190502/2104

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

**DECLARATION**  
We declare the foregoing

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

of 03/05/19





**SINGAPORE  
POLICE FORCE**



J/20190502/2104

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**POLICE REPORT (NP299)**

Report No. J/20190502/2104

Police Station Of Origin  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

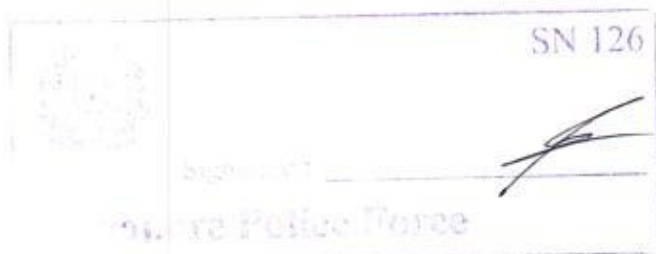
Date/Time Report Made 02/05/2019 18:58	Vide Report No.	Station Diary No. 187
Name Of Informant KOH RUIMING	Address APT BLK 359 BUKIT BATOK STREET 31 #03-407 SINGAPORE 650359	
ID Type / ID No. NRIC NO / S8122562A	Contact No. Home/Office Mobile 98809688	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Transport operations manager	Sex Male	Age 37
Institution/School Name	Date of Birth 12/07/1981	Race Chinese
Date/Time Of Incident 02/05/2019 05:00	Location Of Incident 47 JALAN PEMIMPIN HALCYON 2 SINGAPORE 577200	

**Brief details.**

On 02/05/2019 at about 0500hrs, I saw that my van driver namely; Chong Ek Foo was not online on the Grab App thus I called him as per our company protocol but to no avail. Me and my colleagues kept trying to call him but his phone was switched off. Around 12.00pm, he called back to inform that the company phone issued to him is facing some issues and subsequently he mentioned that he got into an accident. I told him to proceed back to the company to settle the accident issue by 1pm but he could not make it. He claimed to be from Woodlands area and could not make it in time so I told him to come back as soon as possible but he did not show up. I continue to contact him but he did not respond to my

Signature Of Officer Recording The Report: J / Staff Sgt AMZAR HAZWAN BIN MOHARI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2019 18:58
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Staff Sgt TAN YU REN Contact No.: 68966895	Classification Of Case:

Authentication Stamp





# SINGAPORE POLICE FORCE



J/20190502/2104

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190502/2104

messages and phone calls. At about 3.pm, he sent messaged three pictures of the accident and subsequently he refused to respond again. My colleagues tried to look for our van; PC814M at his residence but to no avail.

I am making this report for IDAC reporting of the accident that took place earlier between my company van and a third party.

Subjects Involved			
Defendant			
Person Name	Chong Ek Foo		
ID Type	NRIC NO	ID No	S7064030I
Gender	Male	Nationality	SINGAPORE CITIZEN
Race	Chinese	Language	English
Occupation	Van driver	Address Type	Apt Blk
Address	APT BLK 22 Marsiling Drive #07-115 SINGAPORE	Mobile No	81515965

Signature Of Officer Recording The Report:  
J / Staff Sgt AMZAR HAZWAN BIN MOHARI

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
J / Jurong Police Divisional Investigation Branch /  
Staff Sgt TAN YU REN  
Contact No.: 68966895

Authentication Stamp

Signature Of Informant:

Date/Time:  
02/05/2019 18:58

Classification Of Case:



8151 5965

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 29 May 2003  
Class 4A Omnibuses 15 Jul 2003

NP 428A



Licence No. S7064030I



Y36U33:

NRIC No. S7064030I



Nationality

MALAYSIAN

Date of Issue

03-02-2015

APT BLK 22 MARSILING DRIVE #07-115  
SINGAPORE 730022

NRIC No. S7064030I

Date: 22/01/2019

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	23/10/2017





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8630739A



Name  
LIM TING NAN, ERIC  
(LIN TINGNAN)  
林庭楠

Race  
CHINESE

Date of birth  
17-10-1986

Sex  
M

Country/Place of birth  
SINGAPORE



REPORT ON BEHALF

5827650



NRIC No. S8630739A



Date of issue  
14-11-2017

Address  
APT BLK 808 TAMPINES AVENUE 4  
#10-143  
SINGAPORE 520808



Hello, NAC\_PAYA\_UBI\_800601

[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="02/05/2019 05:00"/>
Vehicle No.(For Motor)	<input type="text" value="PC814M"/>	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="radio"/>	5101288407		AURORA WORLD PTE. LTD.	201002992D	GBS	Comprehensive	PC814M	PC814M	08/06/2018	23/08/2019



## Claim Handling

Accident MT/1042846

Policy No.	5101288407	Vehicle No.	PC814M	GST Registration No.
Certificate No.				
Policyholder Name	AURORA WORLD PTE. LTD.			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
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

▼ Accident Details

Report Date	03/05/2019 17:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/05/2019	Time of Accident hh:mm	11:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 17 WOODLANDS CARPARK			

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	3,000.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/20
GST Registration No.	201002992D	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	39A WEST COAST PARK	Address 2	#10-01 THE INFINITI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-05	Related Policy Number	5108602807	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	AURORA
Contact No.(Mobile)	93837638	Contact No. (Home)	
Email Address		OI Vehicle Number	PC814M
Claim Description	PC814M / GBJ1692U ON 2 May 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered		Claim Close Date	04/05/2019 10:15
Report Taken By		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

## Attachment



Accident No.	MT/1042846	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/05/2019 00:00

Choose File	No file chosen	<div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div>	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read				

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:15	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:15	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:15	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:15	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 May 2019 10:14	Photos	Normal	Photos

## Video List

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