

# NATIONAL Assessment Centre Services. part 1 Jan'03 MRA 119064703.

Date In: 18/5/19 13:59	Job description	Date & Time Completed	Done by
Ref No: NA/IMC19008837/64	SAS e-lling		
Veh No: 56Y 52408	E-mail (within 3hrs, AIC 2hrs)		
DLA: 18/5/19 01:20.	I-Motor Claim Form	18/5/19 16:03	
(H) <input checked="" type="radio"/> 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: SKH 2014 A 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: (INC 10011-67886616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

NA1903643

Client's Particulars:	Invoice Description	Amount (\$)	Amount (\$)
Driver/Owner:	1) AIR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
Auditors' Comments:	5) LT: Follow-Through Survey (Resurvey)	\$30	
Ref 1:	For claiming against INC Only (wef 10 Jan 2003)		
Ref 2/3:	6) TR: Re-inspection	\$75	
	7) NI: Ideal DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11): TP (85% INC) against INC	\$20	
	9) N12: Ideal Mobile	\$0	
	Invoice dated	Fee Charged	Amount Paid
	Invoice dated	Fee Charged	Amount Paid



## 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	18/05/2019 13:59
Date Of Accident	18/05/2019 01:20
Exact Location Of Accident	HOUGANG AVE 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGY5240B
Insured/Policyholder	
Name Of Registered Owner	NG SIOW MIN
NRIC No	S1727470H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96533012
Alternative Phone No	OFFICE-96533012
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5093868220-01
Cover Note Number	-
Driver	
Name of Driver	NG JUN SIANG
NRIC No	T0007887A
Date Of Birth	05/03/2000
Occupation	INDOOR
Date Of Driving Pass	09/11/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96148383
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 439 HOUGANG AVE 8 #03-1553
Postcode	530439
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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?	YES
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
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:	ONLY FRONT CAMERA
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH2014A
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 NG JUN SIANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGY5240B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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

436.

A = SGY 5240B  
B = SKH 2014A

Hougang Ave 8.

A

B

## 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/20190518/2018

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20190518/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/05/2019 03:27	Vide Report No.:	Station Diary No.: 39
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**Informant's Particulars**

Name of Informant: NG JUN SIANG			Address: APT BLK 439 HOUGANG AVENUE 8 #03-1553 SINGAPORE 530439		
ID Type / ID No.: NRIC NO / T0007887A			Contact No.: Home/Office: Mobile: 96148383		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 05/03/2000	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name: ITE Collge East	
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/05/2019 01:20	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY5240B	Car				Slightly Damaged	0
SKH2014A	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190518/2018

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20190518/

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	NG JUN SIANG	ID No.	T0007887A
Related Vehicle	SGY5240B (Car)	Contact No.	96148383
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 18/05/2019 at about 0122hrs, I was driving along Hougang Ave 8 at lane 2 and preparing to turn to the left into my carpark. As I applied my brakes lightly, I suddenly felt an impact from the rear of my car. As a result my car was pushed forward further down the road and missed the entrance. I then stepped out of the vehicle and discovered that the said driver of a car bearing no. SKH2014A drove into the said carpark.

I proceeded to call for the police. The said vehicle plate number was detached from car and dropped on the road.

Soon after that, the traffic police arrived and made a search at the carpark. I was then instructed to park my car inside the carpark. The traffic police managed to apprehend the said driver.

The driver was subsequently arrested and I was informed to lodge a traffic accident report.

I will be proceeding to see a doctor as I am feeling unwell.





**SINGAPORE  
POLICE FORCE**



T/20190518/2018

3 of 3

Report No. T/20190518/2018

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE  
545025

Tel No: 1800-343 8999

**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

F /

Staff Sgt MUHAMMAD SYAZWAN BIN  
MOHAMAD YASIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Signature Of Informant:

Date/Time:

18/05/2019 03:27

Classification Of Case:

SN 00

Authentication Stamp

NP168

Signature

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

002667529A

NG JUN SIANG

05 Mar 2000

09 Nov 2018

002667529A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. T0007887A

NG JUN SIANG

黄俊翔

CHINESE

05-03-2000

M

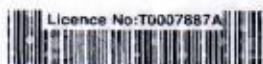
SINGAPORE

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  09 Nov 2018

NP 428A



5421251

T0007887A

03-02-2015

APT BLK 439 HOUGANG AVENUE 8  
#03-1553  
SINGAPORE 530439



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

18/05/2019 13:52

Vehicle No.(For Motor)

SGY5240B

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"/>	5093868220-01		NG SLOW MIN	S1727470H	GPC	Third Party	SGY5240B	SGY5240B	28/09/2018	27/09/2019

## Claim Handling

Accident MT/1045151

Policy No.	5093868220-01	Vehicle No.	SGY5240B	GST Registration No.	
Certificate No.					
Policyholder Name	NG SIOW MIN			Policyholder NRIC	S1727
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96533012	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	* No Yes	TCA	* No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	18/05/2019 15:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	18/05/2019	Time of Accident hh:mm	01:20	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 8				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 439 #03-1553	Address 2	HOUGANG AVENUE 8	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53043
Unit No.		Related Policy Number	5093868220-01		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/03/
Unnamed driver Name	NG JUN SIANG	Driver NRIC	T0007887A	Driving Experience	0
Register Date of Driver License	09/11/2018	Driver Age	19	Contact No.(Home)	
Contact No.(Mobile)	96148383	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 439 #03-1553	Address 2	HOUGANG AVENUE 8	Post Code	53043
Address 4		Address Type	Singapore address		
Unit No.	03-1553				
Does he own a Singapore Registered car?	Yes * No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	* Yes No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NG SIOW MIN
Contact No.(Mobile)	95068121	Contact No. (Home)	63873645
Email Address		OI Vehicle Number	SGY5240B
Claim Description	SGY5240B / SKH2014A ON 18 May 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By	18/05/2019 16:03	Claim Close Date	
	LIEW SHAN HUI		
Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1045151	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

18/05/2019 16:03

Path \*

Choose File No file chosen

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Message Read

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Category \*

Confidential

Urgency \*

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NO ▼

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 May 2019 16:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 May 2019 16:03	SAS	Normal	SAS 2019-5-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 May 2019 16:03	Photos	Normal	Photos 2019-5-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 May 2019 16:03	Photos	Normal	Photos 2019-5-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 May 2019 16:03	Photos	Normal	Photos 2019-5-18
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 May 2019 16:03	Photos	Normal	Photos 2019-5-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 May 2019 16:03	Photos	Normal	Photos 2019-5-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 May 2019 16:03	Photos	Normal	Photos 2019-5-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 May 2019 16:03	Photos	Normal	Photos 2019-5-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 May 2019 16:03	Photos	Normal	Photos 2019-5-18

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

