

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 22/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19009042/13	SAS e-filing		
Veh No: SKC10A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 22/05/19 1320	i-Motor Claim Form	MT/1045623-001	
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: 5GQ5945T	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

NA1903809	Invoice Preparation Checklist		Amt (\$)	Amt (\$)	
			1st Bill	Add Bill	
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);				
	2) DA : Damage Assessment (\$100); INC (\$30)				
	3) TF : Towing Fee \$40/\$45				
	4) FT : Follow-Through Survey \$120				
	5) RT : Follow-Through Survey (Resurvey) \$30				
	For claiming against INC Only (wef 10 Jan 2005)				
	6) TR : Re-inspection \$75				
	7) N1 : Idac DA + SMRT Survey \$160				
Driver/Owner:	8) NTUC Additional Services:-				
	OD*				
Contact No:	*N5: Courtesy Car / Tpt Allowance	\$5			
Damaged Portion:	*N6: Repair Co-ordination	\$10			
QC Checked by (Engr-In-Charge):	*N7: Post Repair Inspection	\$25			
	*N8: DV / Collect Excess Coordination	\$5			
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC	\$20			
	9) N12: Idac Mobile	\$0			
Cat. 1:	Invoice dated	Fee Charged			
Cat. 2 / 3:	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	22/05/2019 17:09
Date Of Accident	22/05/2019 13:20
Exact Location Of Accident	X JUNG OF JOO CHIAT PLACE / TEMBELING RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKC10A
Insured/Policyholder	
Name Of Registered Owner	NAH CHIT MENG CHUCK
NRIC No	S7334456E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90080010
Alternative Phone No	OTHERS-90080010
Vehicle Particulars	
Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	PRIAVTE 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096669630-01
Cover Note Number	
Driver	
Name of Driver	YAK KIAN CHIONG(YI JIANQIONG)
NRIC No	S8235393C
Date Of Birth	06/11/1982
Occupation	INDOOR
Date Of Driving Pass	11/04/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90172783
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	201F JOO CHIAT PLACE
Postcode	427921
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	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)	3
Passenger 1	NAME: : NAH KAI LUN GENDER: : MALE
Passenger 2	NAME: : NAH KAI WEI GENDER: : MALE

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	SGQ5945T
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 YAK KIAN CHIONG(YI JIANQIONG)
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKC10A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NAH KAI LUN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKC10A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name NAH KAI WEI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKC10A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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:

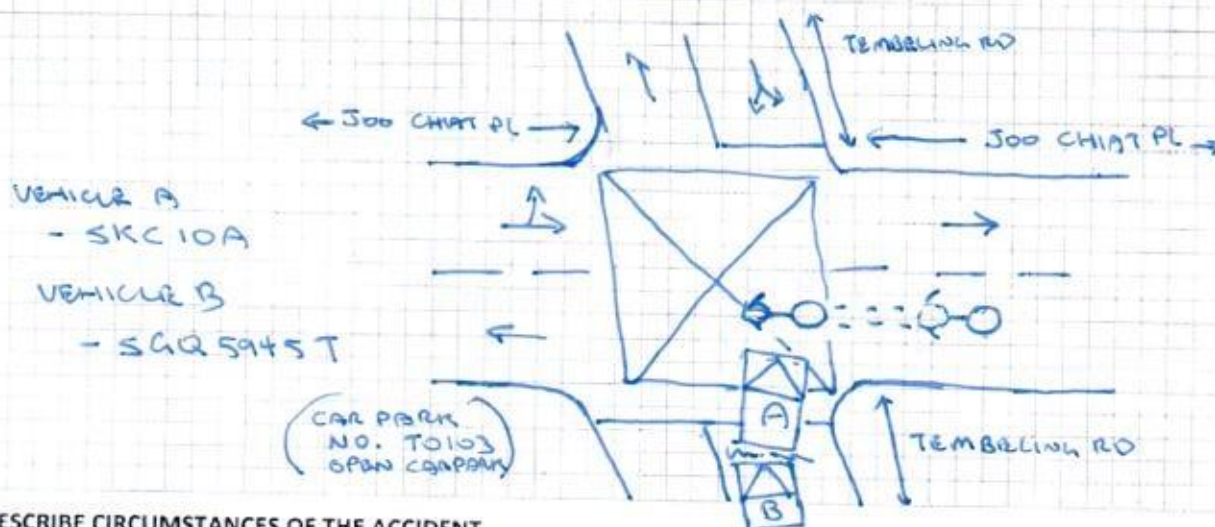


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG TEMBELING ROAD TOWARD JOO CHIAT PLACE, WHILE AT THE CROSS JUNCTION (TOWARDING JOO CHIAT TERRACE DIRECTION) I CAME TO A STOP, AT THE STOP LINE. AND DUE TO THE BLIND SPOT OF THE BUILDING ON MY RIGHT, I INCHED FORWARD TO CHECK ON THE ON-GOING VEHICLE ON THE RIGHT, HENCE A MOTORCYCLE WAS ALONG JOO CHIAT PLACE ON-GOING, AND SO I APPLIED BRAKE TO GIVE WAY TO THE MOTORCYCLE.

SUDDENLY I FELT A IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SGQ 5945T) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - (SKC 10A)

VEHICLE B - (SGQ 5945T)

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)


Reporting Centre Personnel's Signature
Name:

Vehicle No.	SKC 10A	Model / Make	BMW 523i
Date of Accident	22/05/2019		
Time of Accident	1320 HRS		
Location of Accident	CROSS JUNCTION OF JOO CHIAT PLACE / TIMBELINH RD		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	NAH CHIT MENG, CHUCK		
Telephone No.	H/P: 90080010	Home :	Office :
NRIC	S7334456E		
Address	201F JOO CHIAT PLACE S(427921)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	SUA6669630-01		
Name of Driver	As Above If <u>No</u> , YAK KIAN CHIONG		
NRIC	68235393C	Any Passengers :	2 (CHILDREN)
Date of birth	06/11/1982	(BOTH MALE)	
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	11 APR 2006		
Gender	Male / <u>Female</u>		
Contact No.	H/P: 90172783	Home :	Office :
Address	201F JOO CHIAT PLACE S(427921)		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee,	If no, state	SPOUSE
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	<u>No</u> , If <u>Yes</u> , Who? MONITORING		
Name And Contact No.	NAH KAI LUN, NAH KAI WEI (BOTH CHILDREN)		
Name And Contact No.	YAK KIAN CHIONG, 90172783		
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SGQ 5945T	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8235393C**
Name:

YAK KIAN CHIONG
(YI JIANQIONG)

Birth Date: **06 Nov 1982**
Issue Date: **11 Apr 2006**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8235393C**



Name

YAK KIAN CHIONG
(YI JIANQIONG)

易 健 琼

Race

CHINESE

Date of birth

06-11-1982

Sex

F

Country of birth

SINGAPORE

S8235393C

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 **11 Apr 2006**



Licence No: **S8235393C**

NP 428A



4904089

NRIC No: **S8235393C**



Date of issue

09-11-2012

201F JOO CHIAT PLACE
SINGAPORE 427921

NRIC No: **S8235393C**

Date: **24/07/2015**



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: 5096669630-01

Cover : drive CLASSIC

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : SKC10A |
| Chassis Number | : WBAFR720X0C958337 |
| 2. Name of Policyholder | : NAH CHIT MENG CHUCK |
| 3. Effective Date of Insurance | : 31 Jan 2019 |
| 4. Expiry Date of Insurance | : 30 Jan 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NAH CHIT MENG, CHUCK
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)
 Date of Issue : 07 Jan 2019 16:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1045623

Policy No.	5096669630-01	Vehicle No.	SKC10A	GST Registration No.
Certificate No.				
Policyholder Name	NAH CHIT MENG CHUCK			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90080010	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	40	Private Hire
▼ Accident Details				
Report Date	22/05/2019 18:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/05/2019	Time of Accident hh:mm	13:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	X JUNG OF JOO CHIAT PLACE / TEMBELING RD			
▼ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	
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	201F JOO CHIAT PLACE	Address 2	JC VILLE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5096669630-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	YAK KIAN CHIONG(YI JIANQION	Driver NRIC	S8235393C	Driver DOB
Register Date of Driver License	11/04/2006	Driver Age	36	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	201F JOO CHIAT PLACE	Address 2	JC VILLE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NAH CHIT MENG CHUCK
Contact No.(Mobile)	90080010	Contact No.(Home)	622300
Email Address		OI Vehicle Number	SKC10A
Claim Description	SKC10A / SGQ5945T ON 22 May 2019		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	22/05/2019 18:08	Received	
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/1045623

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

22/05/2019 00:00

Path *

Category *

Confidential

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 18:07	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 18:07	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 18:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2019 18:07	Photos	Normal	Photos

Video List

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