

NATIONAL Assessment Centre Services			
Date In: 10/06/2019 14:21	Job description	Date & Time Completed	Done by
Ref No: NGA/Inc/19010149/Y	SAS e-filing		
Veh No: SLA 8228K	E-mail (within 4hrs. AIC 2hrs)		
DOA: 08/06/2019 08:48	i-Motor Claim Form	M1/W 8228-001	10/06/2019 14:34
OD TP: Reporting Only	i-Motor W/O (Within OD Box 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: SBS 8050D	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: (\$)	Landing: \$1,000 () / \$2,000 ()		
General Remarks:-			
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.			
() 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

NA190420Y	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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) FT: Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:-	For claiming against INC Only (wef 10 Jan 2019)		
Cal J:	6) TR: Re-inspection \$75		
Cal 2/3	7) N1: Idav DA + SMRT Survey \$160		
P. 1/1	8) NTUC Additional Services:		
	9) N1: TP (N1) - TP (N1) against INC		
	10) N12: Idav Mobile		
	11) N1: TP (N1) - TP (N1) against INC		
	12) N12: Idav Mobile		
	13) N1: TP (N1) - TP (N1) against INC		
	14) N12: Idav Mobile		
	15) N1: TP (N1) - TP (N1) against INC		
	16) N12: Idav Mobile		
	17) N1: TP (N1) - TP (N1) against INC		
	18) N12: Idav Mobile		
	19) N1: TP (N1) - TP (N1) against INC		
	20) N12: Idav Mobile		

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	10/06/2019 14:21
Date Of Accident	08/06/2019 08:45
Exact Location Of Accident	ROCHOR CANAL ROAD TOWARDS BAN SAN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8228K
Insured/Policyholder	
Name Of Registered Owner	CHAN KAM SENG
NRIC No	S1623300E
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82281668
Alternative Phone No	OTHERS-82281668
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARREIR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109094541
Cover Note Number	
Driver	
Name of Driver	CHAN KAM SENG
NRIC No	S1623300E
Date Of Birth	29/04/1963
Occupation	INDOOR
Date Of Driving Pass	22/06/1983
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82281668
Fax Number	
Contact Number	OTHERS-82281668
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 623 SENJA ROAD #17-116
Postcode	670623
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	SBS8050D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	ANG HONG CHUAN
NRIC/Passport Number	S7667018H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

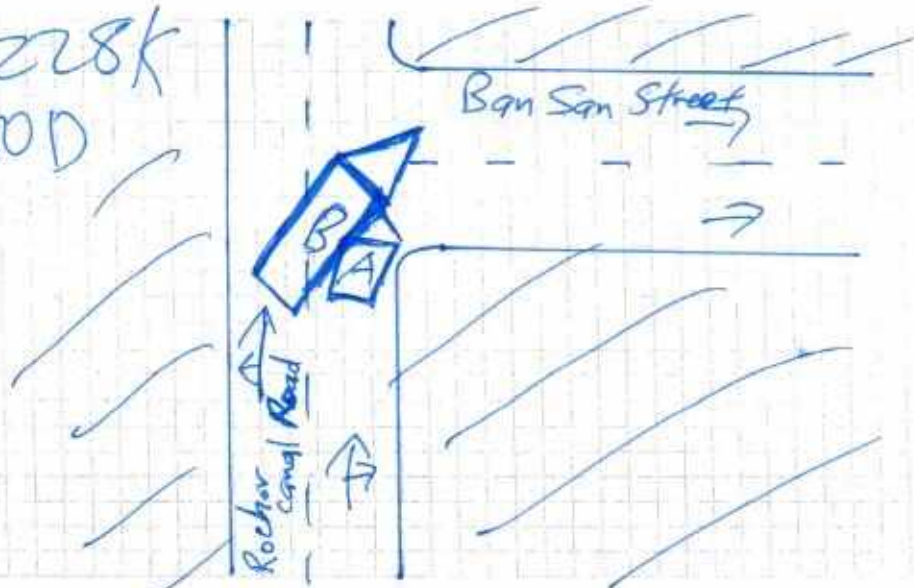
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

10/06/2019
Res L. Chong

SKETCH PLAN

(A) SLA8228K
(B) SRS8050D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Rochor Canal Road
Towards Ban San Street.

I noticed vehicle (B) cutting into my lane and I honked
him and tried my best to keep near to the kerb but
vehicle (B) still collided onto my car (A) at left
portion.


We exchanged particulars there after.

I wished to state that vehicle (B) driver kept
on apologising and because he caused the accident.

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.:

Claim Handling

Accident MT/1848278

Policy No.	510204541	Vehicle No.	SLA87786	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN KAM SENG			Policyholder NRIC	51621300E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive RESPONSIB	License	0
Contact No.(Mobile)	82281668	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
CPA	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	25	Vehicle Info	No
Accident Details					
Report Date	10/06/2019 14:31	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/06/2019	Time of Accident Return	08:45	Country of Accident	Singapore
Reporting Office		Orange Force		ICH No.	
Accident Location	ROOHOOR CANAL ROAD TOWARDS BAN SAN STREET				
Total Excess Applicable					
Excess Type	Per Accident	Withdrawn Excess	105.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
VED OD Excess	0.00	VED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00		
Benefit					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Notification History					

Policyholder Mailing Address

Address 1	623 SERIO RD	Address 2	417-118	Address 3	SINGAPORE 670623
Address 4		Address Type	Singapore address	Post Code	670623
Unit No.		Related Policy Number	510204541		
01 Driver Info					
Driver Name	CHAN KAM SENG	Driver Type	Main Driver	Driver DOB	19/04/1963
Uninsured Driver Name		Driver NRIC	51621300E	Driving Experience	35
Register Date of Driver License	22/06/1985	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)	82281668	Contact No.(Office)		Address 3	SINGAPORE 670623
Address 1	623 SERIO RD	Address 2	417-118	Post Code	670623
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLA82286	Driver Insurer Company	NTUC
Declaration					
Drugs/alcohol or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Notification History

Claim 001 **Item**

Claim Type *	OD-MK	Insured Name	CHAN KAM SENG	Insured NRIC	51621300E	
Contact No.(Mobile)		Contact No.	87627321	Contact No. (Office)		
Email Address		01		TP		
Claim Description	SLA87786 / 510204541 ON 8 Jun 2019				Vehicle Number	510204541
Preferred Workshop		Insured Liability	Not at Fault	Name of Reported Workshop		
Submit No. Evaluation	Yes	Preferred	Report Option			
Date Registered		Preferred Workshop, Name workshop	GIA report	Received		
Report Taken By		20/06/2019 14:31	Claim Date	Date Received	10/06/2019 00:00	
		ROSLI WAHAB				
Print Receipt						
Save Submit						

Attachment

Accident No.	MT/1848278	Claim No.	001		
Last Doc. Received	No Yes	Upload Date	10/06/2019 14:34		
Form *					
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Message Read					
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_300678 NATIONAL ASSESSMENT CENTRE SERVICE 8 (BUKIT MERAH) on 10 Jun 2019 14:34	Photos	Normal	Photos 2019-6-10	
	NAC_BUKIT_MERAH_300676 NATIONAL ASSESSMENT CENTRE SERVICE 8 (BUKIT MERAH) on 10 Jun 2019 14:34	Photos	Normal	Photos 2019-6-10	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jun 2019 14:34	Photos	Normal	Photos 2019-6-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jun 2019 14:34	Photos	Normal	Photos 2019-6-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jun 2019 14:34	Photos	Normal	Photos 2019-6-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jun 2019 14:33	Photos	Normal	Photos 2019-6-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jun 2019 14:33	Photos	Normal	Photos 2019-6-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jun 2019 14:33	Photos	Normal	Photos 2019-6-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jun 2019 14:33	Photos	Normal	Photos 2019-6-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jun 2019 14:33	SAS	Normal	SAS 2019-6-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jun 2019 14:33	NRC/ Driving License	Normal	NRC/ Driving License 2019-6-10

Video List

Uploaded By/Date	Folder Cont.	File Name	CS	Source	Action
			1		
		Display in New Window		Scan and uploading	

PERSONAL PARTICULARS

Date of Accident: 08/06/2019 Time of Accident: 08:45 (24Hrs)
Vehicle No: SLA8228K Vehicle Make/Model: Toyota Harrier (1986cc)
Exact Location of Accident: Rochon Canal Road towards Ban San Street
Owner's Name/NRIC: Chan kam Seng / S1623300E
Driver's Name/NRIC: Chan kam Seng / S1623300E
Driver's Contact: 82281668 Insurance Co & Policy No: NTUC / 5109094541
Driver's Email Address: hancarrepairs@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: —

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No If Yes, which police station? —

The Other Party (Vehicle B) Details S7667018H

Driver's Name/IC: Ang Hong Chuan

Vehicle No: SBS8050D

Insurance Company: —

Driver's Contact: —

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): —

Independent Witness (If Any): — Contact: —

Preferred Workshop (If Any): — Contact: —

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1623300E



Name

CHAN KAM SENG

陳 矜 成

Race

CHINESE

Date of birth

29-04-1963

Country/Place of birth

SINGAPORE

Sex

M

S1623300E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1623300E

Name

CHAN KAM SENG

Birth Date: 29 Apr 1963

Issue Date: 15 Sep 2016



002609540H

GUIDE



NRIC No. S1623300E



Date of issue

20-11-2018

Address

APT BLK 623 SENJA ROAD
#17-11B
SINGAPORE 870623

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	10 Sep 1984
Class 2A	Motorcycles between 201 cc and 400 cc	25 Jun 1992
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	22 Jun 1983

NP 428A



Licence No. S1623300E

For LKK/NAC Use Only

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: 5109094541

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLA8228K**
Chassis Number : ZSU600066812
2. Name of Policyholder : **CHAN KAM SENG**
3. Effective Date of Insurance : **19 May 2019**
4. Expiry Date of Insurance : **18 May 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHAN KAM SENG
NAMED DRIVER (1)	: TAN KWEE CHENG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)
Date of Issue : 07 May 2019 16:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive