

NATIONAL Assessment Centre Services

[Print Name] **MAY 19 2019**

Date In: 18/06/2019 10:49	Job description	Date & Time Completed	Done by
Ref No: NA1904597	SAS e-filing		
Veh No: SFF 280 E	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 29/05/2019 20:50	i-Motor Claim Form	18/06/2019 11:09	
OD: TP (Reporting Only)	i-Motor W/O (within OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **UKR National CAR** 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:	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

NA1904597	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	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) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	6) TR: Re-inspection \$75			
Cal. J:	7) N1: Idm DA + SMRT Survey \$160			
Est. 2/3	8) NTUC: Additional Services:			
P. 1/1	*N3: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idm Mobile \$0			
	Invoice date:	Pen Charged		
	Invoice time:	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	18/06/2019 10:49
Date Of Accident	29/05/2019 20:50
Exact Location Of Accident	JUNCTION OF CAIRNHILL ROAD AND ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF280E
Insured/Policyholder	
Name Of Registered Owner	VROOM ONE
Co Reg No	53351158E
Email Address	PHANGCB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96372001
Alternative Phone No	OFFICE-96372001
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086262558-02
Cover Note Number	
Driver	
Name of Driver	PHANG CHEE BOON
NRIC No	S2564972I
Date Of Birth	05/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1984
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96372001
Fax Number	
Contact Number	OTHERS-96372001
EMail Address	PHANGCB@GMAIL.COM

Address 20 WILBY ROAD
#07-05
Postcode 276305
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident NO COLLISION
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? YES
If Yes, Please state which Police Station
Police Station Name COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4749999 - FAX NO: 64715297
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 UNKNOWN
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)

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

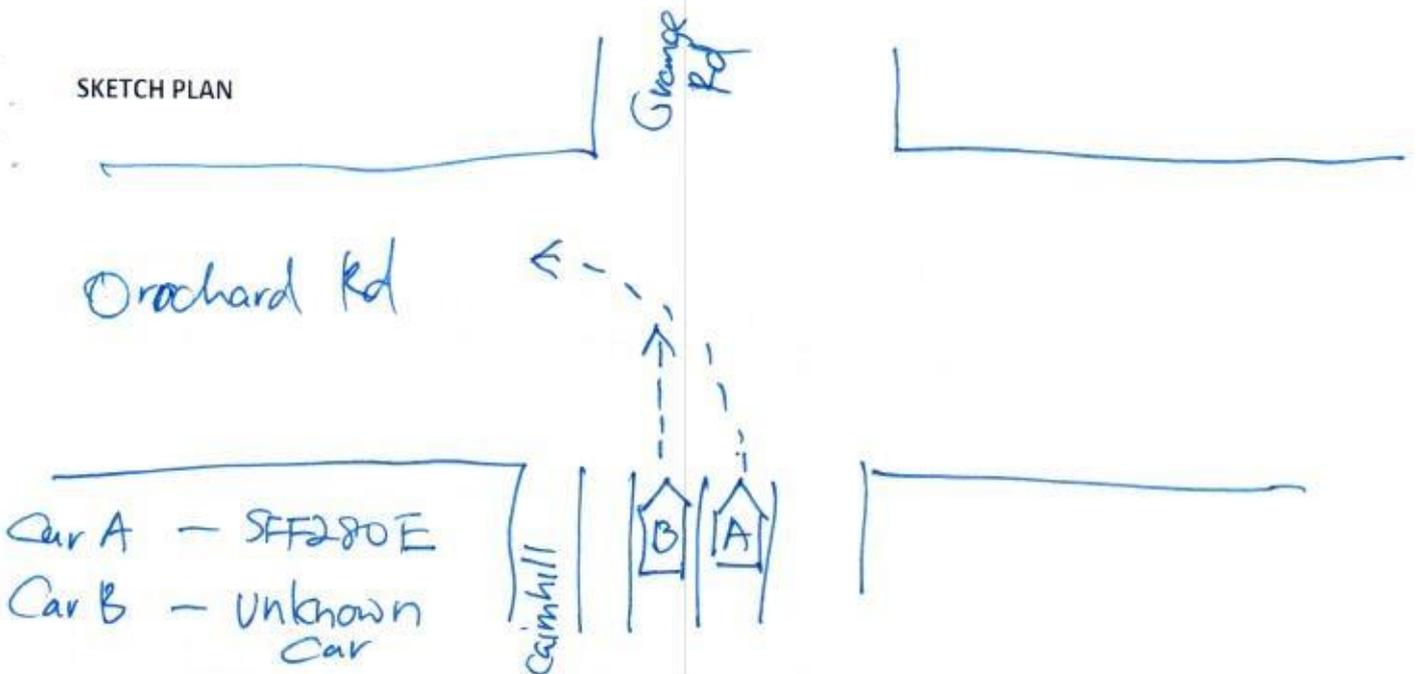
Policyholder's Signature
Date & Time:

VR00M One
ACRA Registration
53351158E

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

On 29/5/19 8.50pm I (Car A) was at junction of Cairnhill & Orchard waiting to turn left onto Orchard. When the light turn green I slowly turn left but ~~Car A~~ Car B went straight at a much faster speed. I brake & left him pass and I assessed that it was a near miss.

Police Report 7/20/90615/2019

DECLARATION

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

 Policyholder's Signature
 Date & Time:

VRoom One
 ACRA Registration
 53351158E
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

 18/06/2019
 Reporting Centre Personnel's Signature
 Name: Resh
 NRIC/FIN No.:



Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PHANG CHEE BOON	ID No.	S2564972I
Related Vehicle	SFF280E (Car)	Contact No.	96372001
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 29/05/2019 at 2050hrs, I was driving car SFF280E along Cairnhill Road along the middle lane. As the traffic lights at the junction turns 'green', I proceeded to make a left turn into Orchard Road. As I was doing so, an unknown vehicle which was on my left side drove straight past me. I then make the left turn and moved on behind the vehicle. To the best of my knowledge, my vehicle did not hit the unknown vehicle while I was making the left turn. I received a letter from Traffic Police on 15/06/2019 reference to TP reference no: TP/IP/36123/2019 asking me to lodge a accident police report.



**SINGAPORE
POLICE FORCE**



T/20190615/2094

3 of 3

Report No. T/20190615/2094

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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:
D /
Sr Staff Sgt SUREIND MISHRA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/06/2019 15:05

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/1049450

Policy No.	5086262558-02	VEHICLE No.	SFF280E	GST Registration No.	
Certificate No.					
Policyholder Name	VRROOM ONE	Cover Type	drive CLASSIC	Policyholder NRIC	S3351158E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96372001	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	#Code	No
KFK	- No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	18/06/2019 11:00	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	29/05/2019	Time of Accident (hh:mm)	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF CAIRNHILL ROAD AND ORELAND ROAD				
Excess					
Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	20 WILBY ROAD	Address 2	#07-05 THE TESSARINA	Address 3	SINGAPORE 276305
Address 4		Address Type	Singapore address	Post Code	276305
Unit No.	07-05	Related Policy Number	5086262558-02		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/01/1953
Unnamed driver Name	PHANG CHEE BOON	Driver NRIC	S2564972I	Driving Experience	35
Register Date of Driver License	17/03/1984	Driver Age	66	Contact No.(Home)	
Contact No.(Mobile)	96372001	Contact No.(Office)		Address 1	
Address 1	20 WILBY ROAD	Address 2	#07-05 THE TESSARINA	Address 3	SINGAPORE 276305
Address 4		Address Type	Foreign address	Post Code	276305
Unit No.	07-05				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SFF280E	Driver Insurer Company	NTUC
Declaration					
Spitalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	VRROOM ONE	Insured NRIC	S3351158E
Contact No.(Mobile)	96372001	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SFF280E	TP Vehicle Number	UNKNOWN CAR
Claim Description	SFF280E / UNKNOWN CAR ON 29 May 2019				
Preferred Workshop		Insured Liability	Not at Fault	Preferred Workshop	Name of Preferred Workshop
Estimate No Finalisation	Yes	Preferred Repair Option		Preferred Workshop, Name unknown	
Date Registered		GIA report	Received		
Report Taken By		Claim Close Date		Date Received	18/06/2019 00:00
					ROSIT WAHAB

Save Submit

Attachment

Accident No.	MT/1049450	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/06/2019 11:09
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2019 11:09	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2019 11:09	Photos	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jun 2019 11:09	Photos	Normal

ACCIDENT STATEMENT

ACCIDENT DATE: (29, 05, 19) (DD/MM/YYYY), TIME: (20:50) (HH:MM)

LOCATION: Junction of Cairnhill & Orchard Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFF280E
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: C08626258-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Vios
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab
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: VROOM ONE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: 20 WILBY ROAD #7-05

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Phang CB (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S25649727 CONTACT: 96372001
c) ADDRESS: 20 WILBY ROAD #07-05

* d) DATE OF BIRTH: (05/01/53) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: CL 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: Commonwealth

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: UNKNOWN MODEL: _____

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)
()

* No. of passenger
(including driver)
()

* No. of passenger
(including driver)
()

email =
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S25649721



Name
PHANG CHEE BOON

馮智文

Race
CHINESE

Date of birth
05-01-1953

Country/Place of birth
MALAYSIA

Sex
M

For LKK/NAC Use Only



5971049



NRIC No. S25649721



Date of issue
16-06-2018

Address
**20 WILBY ROAD
#07-05
SINGAPORE 276305**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	17 Mar 1984
Class 2A Motorcycles between 201 cc and 400 cc	17 Mar 1984
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	17 Mar 1984

For LKK/NAC Use Only

NP 428A



Hello, NAC_BUKIT_MERAH_800676

[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="29/05/2019 11:11"/>							
Vehicle No.(For Motor)	<input type="text" value="SFF280E"/>	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 checked="" type="checkbox"/>	5086262558-02		VROOM ONE	53351158E	GPC	drive CLASSIC	SFF280E	SFF280E	15/11/2018	14/11/2019
<input type="button" value="Continue"/>										