

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 01/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19011566/13	SAS e-filing		
Veh No: SKW8734L	E-mail (within 8hrs. AIC 2hrs)		
D.O.A 01/07/19 0905	i-Motor Claim Form	07/1051385-001	
OD <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: (HUP SOON) Tel: () Fax: ()

TP Particulars: Veh No: SKC8009E 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)

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

NA1904962 Invoice Preparation Checklist

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) NI: 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	

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	01/07/2019 11:41
Date Of Accident	01/07/2019 09:05
Exact Location Of Accident	KIM CHUAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8734L
Insured/Policyholder	
Name Of Registered Owner	CHIEW SIEW LING
NRIC No	S7876181D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91839263
Alternative Phone No	OTHERS-91839263

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	5075500421-03
Cover Note Number	

Driver

Name of Driver	CHIEW SIEW LING
NRIC No	S7876181D
Date Of Birth	15/12/1978
Occupation	INDOOR
Date Of Driving Pass	16/01/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91839263
Fax Number	
Contact Number	OTHERS-91839263
Email Address	NOEMAIL

Address	23 LORONG 24 GEYLANG #05-01
Postcode	398628
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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8029E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIM BOON CHUAN
NRIC/Passport Number	S7310718J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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:

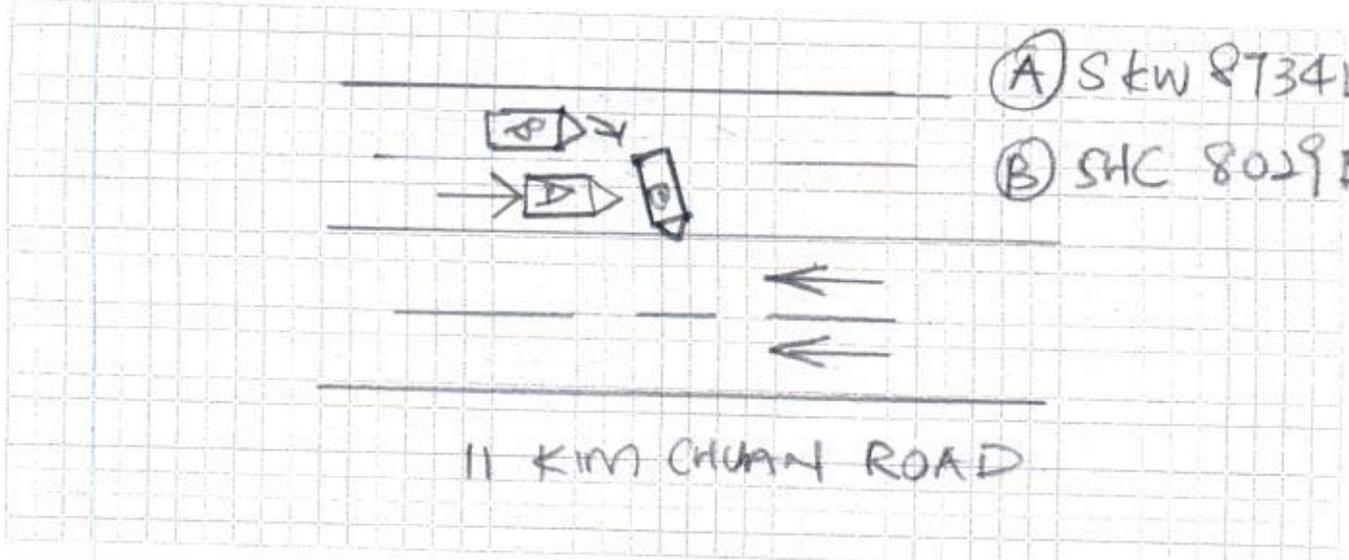


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG KIM CHUAN ROAD,
WHEN SUDDENLY VEHICLE B MADE AN ILLEGAL U-TURN
AND HIT ONTO MY VEHICLE.

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:

 01/07/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SKW 8T34L MAKE/MODEL: HARRIER TOYOTA

DATE OF ACCIDENT: 01/07/2019 TIME: 9 HR 07 MIN AM/PM

LOCATION OF ACCIDENT: KIM CHUAN RD

EXACT PURPOSE USE DURING ACCIDENT: GOING TO WORK

CAR OWNER

NAME OF CAR OWNER: CHOW SIEW LING

CONTACT NO: 9183 9263

NRIC: S7876181D

CLAIM TYPE: OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY: NTUC

TYPE OF COVERAGE: COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO: 5075500421-03

ACCIDENT DRIVER: AS ABOVE IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER: _____

NRIC: _____ NO OF PASSENGER/S: 1

DATE OF BIRTH: 15.12.1978

OCCUPATION: PRINTER OUTDOOR INDOOR

DATE OF DRIVING PASS: 16/01/2009

GENDER: MALE FEMALE

CONTACT NO: _____

ADDRESS: 23 LOR 24 GEYLANG #05-01 (S) 3P 8628

DRIVER OWN ANY VEHICLE: NO IF YES- REGISTRATION NO: _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT:

WEATHER CONDITION: CLEAR RAINING OTHER: _____

ROAD SURFACE: DRY WET OTHER: _____

ANY INJURIES: NO IF YES- NAME: _____

CONTACT NO: _____

POLICE REPORT: NO IF YES- LOCATION: _____

VIDEO FOOTAGE: NO YES

3RD PARTY INFO

VEHICLE B NO: SHC 802PA NO OF PASSENGER/S: 1

NAME: SIM BOON CHUAN S7310718J

CONTACT NO: _____

VEHICLE C NO: _____ NO OF PASSENGER/S: _____

VEHICLE D NO: _____ NO OF PASSENGER/S: _____

VEHICLE E NO: _____ NO OF PASSENGER/S: _____

VEHICLE F NO: _____ NO OF PASSENGER/S: _____

ANY WITNESS: _____

WITNESS CONTACT NO: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7876181D



Name
CHIEW SIEW LING

周秀玲

Race
CHINESE

Date of birth Sex
15-12-1978 F

Country of birth
MALAYSIA

For LKK/NAC Use Only



NRIC No. S7876181D



Nationality
MALAYSIAN
Date of issue
11-09-2010

For LKK/NAC Use Only

23 LORONG 24 GEYLANG #05-01
SINGAPORE 398628

NRIC No: S7876181D

Date: 25/03/2017 (R)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7876181D
Name:

CHIEW SIEW LING

Birth Date: 15 Dec 1978
Issue Date: 16 Jan 2009



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Motorcycles <= 200 cc	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	PASS DATE
Class 2			16 Jan 2009
Class 3			16 Jan 2009

NP 428A



Licence No: S7876181D

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: 5075500421-03

Cover : drivo CLASSIC

- | | |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle | : SKW8734L |
| Chassis Number | : ZSU60-0055714 |
| 2. Name of Policyholder | : CHIOW SIEW LING |
| 3. Effective Date of Insurance | : 19 Nov 2018 |
| 4. Expiry Date of Insurance | : 18 Nov 2019 |
| 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	: CHIOW SIEW LING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)
Date of Issue : 07 Nov 2018 12:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1051385

Policy No.	5075500421-03	Vehicle No.	SKW8734L	GST Registration No.
Certificate No.				
Policyholder Name	CHIOU SIEW LING			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91839263	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	30	Private Hire

▼ Accident Details

Report Date	01/07/2019 18:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/07/2019	Time of Accident hh:mm	09:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KIM CHUAN ROAD			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	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	NIL	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-76	Related Policy Number	5075500421-03	

▼ O1 Driver Info

Driver Name	CHIOU SIEW LING	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7876181D	Driver DOB
Register Date of Driver License	16/01/2009	Driver Age	40	Driving Experience
Contact No.(Mobile)	91839263	Contact No.(Office)	0	Contact No.(Home)
Address 1	23 LORONG 24 GEYLANG	Address 2	THE OCTET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-01			
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CHIOU
Contact No.(Mobile)	91839263	Contact No. (Home)	
Email Address		O1 Vehicle Number	SKW87
Claim Description	SKW8734L / SHC8029E ON 1 Jul 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No.		Repair Option	Preferred Workshop (refer below)
Finalisation	Yes	GIA report	Received
Date Registered	01/07/2019 18:21	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1051385 Claim No. 001
 Last Doc. Received Yes No Upload Date 01/07/2019 00:00

- Choose File No file chosen
- Message Read

Path *	Category *	Confidential
	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2019 18:21	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2019 18:21	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2019 18:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2019 18:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2019 18:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2019 18:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2019 18:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2019 18:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2019 18:21	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2019 18:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2019 18:21	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window Scan and uploading