

**NATIONAL Assessment Centre Services** (Ref: 1 Jan/09) **MAH/29086395**

Date In: <b>02/07/2019 10:56</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/MAH/29086395</b>	SAS e-filing		
Veh No: <b>SMF 8937J</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>02/07/2019 14:40</b>	i-Motor Claim Form	<b>my/1051656001</b>	<b>02/07/2019 11:12</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	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: **EV 9933Z** 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

**Claimant's Particulars:** **MAH/29086395**

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

**Invoice Preparation Checklist:**

	Am't (\$)	Am't (\$)
	In Bill	Add. Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idem DA + SMRT Survey \$160		
8) NTUC Additional Services:		
* N3: 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: Idem N11 \$0		

**Invoice dated:** \_\_\_\_\_ **For Charged:** \_\_\_\_\_

**Invoice dated:** \_\_\_\_\_ **For 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	03/07/2019 10:56
Date Of Accident	02/07/2019 14:40
Exact Location Of Accident	CROSS JUNCTION OF CASHEW ROAD AND PETIR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8937J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG PING SIONG
NRIC No	S8809393C
Email Address	XANTHUSNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98510548
Alternative Phone No	OTHERS-98510548

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	5106687160
Cover Note Number	

### Driver

Name of Driver	NG PING SIONG
NRIC No	S8809393C
Date Of Birth	28/03/1988
Occupation	INDOOR
Date Of Driving Pass	06/11/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98510548
Fax Number	
Contact Number	OTHERS-98510548
Email Address	XANTHUSNG@GMAIL.COM

Address	BLK 4 LOR 7 TOA PAYOH #06-115
Postcode	310004
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	EV9933Z
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

Veh A: SMF 8937J

Veh B: EV 9933Z

### 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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature  
Date & Time:

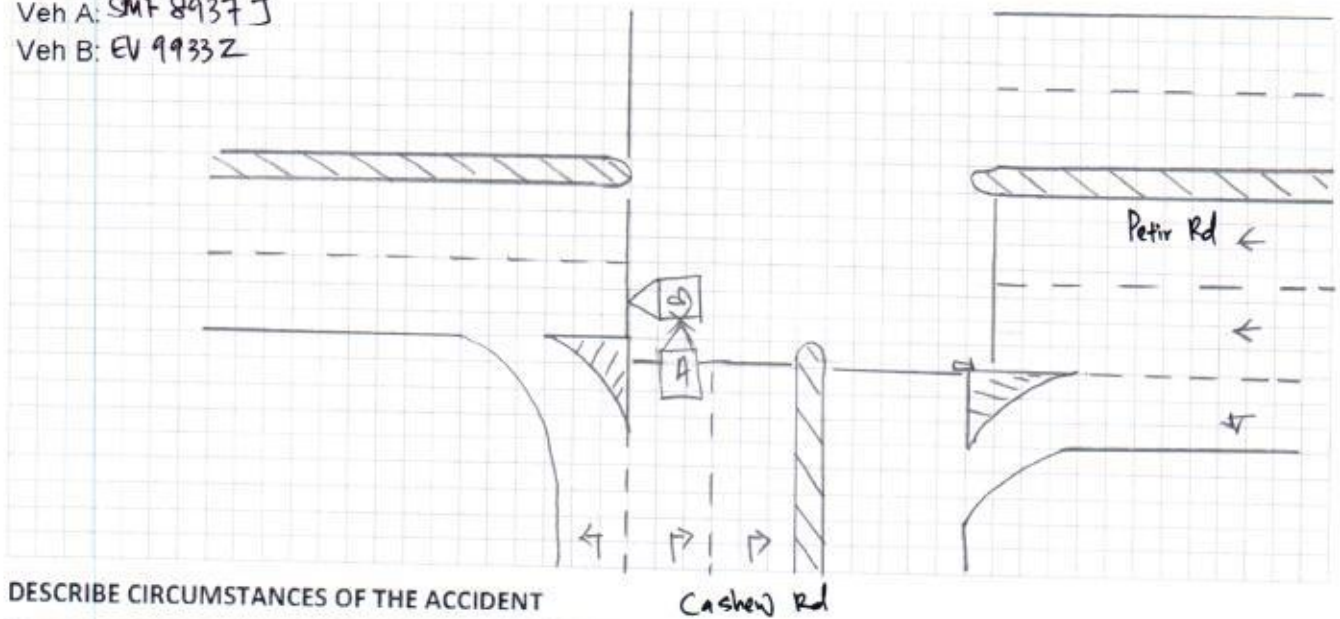
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

Veh A: SMF 8937 J

Veh B: EV 9933 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Cashew Rd

I was at the T-junction of Petr Rd heading back home. I was waiting at the traffic light for the light to go green. Eventually it turn green. I start to move off after few seconds after checking. Then out of sudden a Oncoming Vehicle dash out from my right and hit me in the front.

## 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: 03/07/2019  
NRIC/FIN No.: Roshan



## Claim Handling

Accident MT/1051656

Policy No.	5106687160	Vehicle No.	SMF89373	GST Registration No.	
Certificate No.					
Policyholder Name	NG PING SIONG			Policyholder NRIC	S8809393C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98510548	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Report Date	03/07/2019 11:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	02/07/2019	Time of Accident hh:mm	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CROSS JUNCTION OF CASHW ROAD AND PETIR ROAD				

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 4 #06-115	Address 2	LORONG 7 TDA PAYOH	Address 3	TDA PAYOH COURT
Address 4	SINGAPORE 310004	Address Type	Singapore address	Post Code	310004
Unit No.	06-72	Related Policy Number	5106687160		

OI Driver Info					
Driver Name	NG PING SIONG	Driver Type	Main Driver	Driver DOB	28/03/1988
Unnamed driver Name		Driver NRIC	S8809393C	Driving Experience	9
Register Date of Driver License	06/11/2009	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	98510548	Contact No.(Office)		Address 3	TDA PAYOH COURT
Address 1	BLK 4 #06-115	Address 2	LORONG 7 TDA PAYOH	Post Code	310004
Address 4	SINGAPORE 310004	Address Type	Singapore address		
Unit No.	06-72				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SMF89373	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	NG PING SIONG	Insured NRIC	S8809393C
Contact No.(Mobile)	98510548	Contact No.(Home)		Contact No.(Office)	
Email Address	XANTHUSNG@GMAIL.COM	Vehicle Number	SMF89373	TP Vehicle Number	EV99332
Claim Description	SMF89373 / EV99332 ON 2 Jul 2019				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair Option	Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Workshop, Name unknown			
Date Registered		GSA report	Received	Claim Close Date	03/07/2019 11:12
Report Taken By				Date Received	03/07/2019 00:00

Print AX letter

Save Submit

## Attachment

Accident No.	MT/1051656	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/07/2019 11:12
Path *			
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		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 11:12	Photos	Normal	Photos 2019-7-3	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 11:12	Photos	Normal	Photos 2019-7-3	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2019 11:12	Photos	Normal	Photos 2019-7-3	





# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 02/07/19

(1)

\*Time of Accident: 14:39pm

\*Accident Location: Petir Rd, Cross Junction  
& Cashew Rd

### Vehicle Details

\*Vehicle Number: SMF8937J

\*Make & Model: VW SCIROCCO

### Insured / Policyholder

\*Owner Name: Ng Ping Siang

\*NRIC: S8809393C

\*Address: BKK 4 TOA PAYOH LORONG 7 #06-115

\*Email: xanthusng@gmail.com

\*HP: 9851 0548

\*Occupation: Sales Executive (Indoor / Outdoor) \*Tel / H / Other:

### Driver (✓) same as above

\*Driver Name:

\*NRIC:

\*Address:

\*Date of Birth:

\*Driving Pass Date: 6/1/2009

\*HP:

\*Email:

\*Gender: Male / Female

\*Occupation: (Indoor / Outdoor) \*Tel / H / Other:

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder : )

### Passengers Details

\*P/Name: -Na-

(Male/Female) \*P/Name:

(Male/Female)

\*P/Name: -Na-

(Male/Female) \*P/Name:

(Male/Female)

### Insurance Company

\*Insurer: Ntvc

\*Coverage: C / TPFT / TPO \*Policy No:

### Detail of other vehicle / Property 1

Vehicle No.: EV 9933 Z

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

### Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others:

\*Weather conditions: Clear / Raining / others:

\*Any video cam: Yes / No

\*Road Surface: Dry / Wet / others:

\*Witness: Yes / No (Name:

NRIC :

HP:

\*Accident reported to police: Yes / No

\*Summon against whom:

\*Injured party: Yes / No

\*No. of passengers (include driver):

-I/Name:

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

-I/Name:

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8809393C**  
Name: **NG PING SIONG**

**For LKK/NAC Use Only**

Birth Date: 28 Mar 1988  
Issue Date: 16 Nov 2006

001459926J



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8809393C**



Name

**NG PING SIONG**

**黄炳祥 For LKK/NAC Use Only**

Race

**CHINESE**

Date of birth

**28-03-1988**

Sex

**M**

Country/Place of birth

**SINGAPORE**

8809393C

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

- C Class 2B Motorcycles  $\leq 200$  CC  
Class 3 Motor cars  $\leq 3000$  kg with  $\leq 7$  passengers, exclusive of the driver; and motor tractors/vehicles  $\leq 2500$  kg

PASS DATE

16 Nov 2006

06 Nov 2009

**For LKK/NAC Use Only**

S8809393C

S / No. 9000094600



6056778

ID No. **S8809393C**



**For LKK/NAC Use Only**

Date of issue

**31-10-2018**

Address

**APT BLK 4 LORONG 7 TOA PAYOH  
#06-115  
SINGAPORE 310004**

NP 428A

## 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:** 5106687160

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMF8937J**  
Chassis Number : WVWZZ13ZBV024011
2. Name of Policyholder : NG PING SIONG
3. Effective Date of Insurance : 28 Dec 2018
4. Expiry Date of Insurance : 27 Dec 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	: NG PING SIONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SING INVESTMENTS & FINANCE 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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
Date of Issue : 28 Dec 2018 17:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive