

NATIONAL Assessment Centre Services [ver 1 Jan'08]

Date to: 8/8/19	Job description	Date & Time Completed	Done by
Ref No: NGA/INC/901350/T1	SAS e-filing	8/8/19 1741	MT4
Veh No: SF9 5221M	E-mail (within 2hrs, ATC 2hrs)	8/8/19 1750	MT4
D.O.A: 8/8/19	i-Motor Claim Form	8/8/19 1800	MT4
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 / MNC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No:	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 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	Action

1A/906033	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		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection \$75		
	7) NI: (incl DA + SMRT Survey) \$160		
	8) NTUC: Additional Services:		
	(21)		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* N11: TP (N/A INC) against INC \$20		
	* N12: Idm Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated:	Fee Charged	
	Invoice dated:	Fee Charged	
Assessor's Comments:			
Car J:			
Car 2/3:			
1/1/19			

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	08/08/2019 17:41
Date Of Accident	08/08/2019 13:10
Exact Location Of Accident	ALONG CAIRNHILL ROAD SLIP ROAD OF BIDEFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG5221M
Insured/Policyholder	
Name Of Registered Owner	STH CAR SERVICE
Co Reg No	53322435K
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93854333
Alternative Phone No	OFFICE-93854333

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088637722-02
Cover Note Number	

Driver

Name of Driver	SIM TIAM HUAT
NRIC No	S1429050H
Date Of Birth	29/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2001
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93854333
Fax Number	
Contact Number	
EEmail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 850 JURONG WEST ST 81 #03-275
Postcode	640850
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	SLC518R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN POH SENG
NRIC/Passport Number	S0003646C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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.

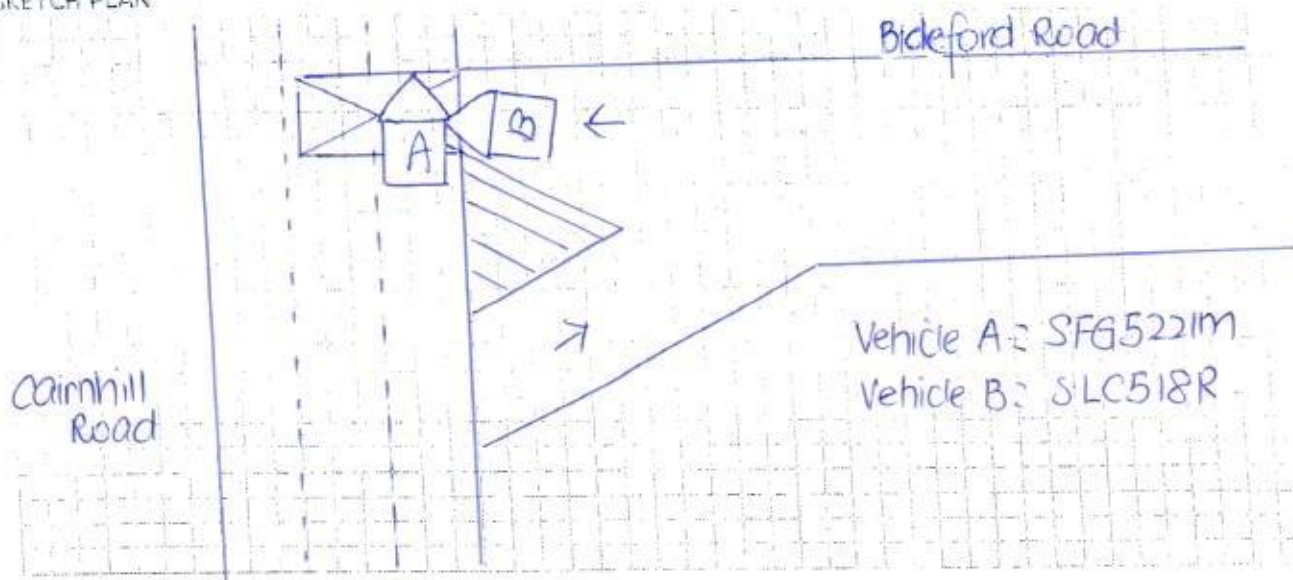


Policyholder's Signature
Date & Time:

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

8/8/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Cairnhill Road on 08/08/19 at about 13.12pm
 (minor road)
 when vehicle B came from the Bideford Road on ~~the~~ ^{my} right and
 hit onto me (major Road)

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: *Taylor*
 NRIC/FIN No.:

Claim Handling

Accident MT/1057098

Policy No.	508637722-02	Vehicle No.	SFG5221M	GST Registration No.	
Certificate No.					
Policyholder Name	STH CAR SERVICE			Policyholder NRIC	53322435K
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93854333	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	08/08/2019 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	08/08/2019	Time of Accident hh:mm	13:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CAIRNHILL ROAD SLIP ROAD OF BIDEFORD ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	08/08/2019 18:05:35 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 850 #03-275	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640850
Address 4		Address Type	Singapore address	Post Code	640850
Unit No.	03-275	Related Policy Number	508637722-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIM TIAM HUAT	Driver NRIC	SL429050H	Driver DOB	29/04/1960
Register Date of Driver License	04/12/2001	Driver Age	39	Driving Experience	17
Contact No.(Mobile)	93854333	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 850 #03-275	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640850
Address 4		Address Type	Singapore address	Post Code	640850
Unit No.	03-275				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SFG5221M	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		
-------------------------------------	------	-------------	--------	--	--

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	STH CAR SERVICE	Insured NRIC	53322435K
Contact No.(Mobile)	93854333	Contact No.(Office)		Contact No.(Home)	
Email Address		Vehicle Number	SFG5221M	TP Vehicle Number	SLC518R
Claim Description	SFG5221M/SLC518R ON 08 AUG 2019			Name of Preferred Workshop	HAN CAR REPAIR
Preferred Workshop	62741311	Insured Liability	Not at Fault	GIA report	Received
Damage No. Finalisation	No	Repair Option	Preferred Workshop (refer below)	Claim Close Date	08/08/2019 18:12
Date Registered		Workshop Repairer	TAUFKIH	Date Received	08/08/2019 00:00
Report Taken By				Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1057098	Claim No.	001		
Last Doc. Received	* Yes No	Upload Date	08/08/2019 00:00		
Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Message Read					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
		Photos	Normal	Photos 2019-8-8	
		Photos	Normal	Photos 2019-8-8	

S (BUKIT MERAH)) on 08 Aug 2019 18:11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:11	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:11	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:11	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:11	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:11	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:10	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:10	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:10	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:10	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:10	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:10	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:10	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:10	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:10	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:10	Photos	Normal	Photos 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2019 18:09	SAS	Normal	SAS 2019-8-8

Video List

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

PERSONAL PARTICULARS

1 Driver
0 passenger

Date of Accident: 08/08/2019

Time of Accident: 13:12 (24Hrs)

Vehicle No: SFG5221M

Vehicle Make/Model: Honda Stream (1.8)

Exact Location of Accident: Along Cairnhill Road, Slip road of Bideford Road

Owner's Name/NRIC: STH Car Service (53322435K)

Driver's Name/NRIC: Sim Tiam Huat (S1429050H)

Driver's Contact: 93854333

Insurance Co & Policy No: NTUC Income

Driver's Email Address: hancorrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Employer/Employee

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? _____

1 Driver
0 passenger

The Other Party (Vehicle B) Details S0003646C

Driver's Name/IC: Tan Ah Seng

Vehicle No: SLC518R

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. S1429050H



Name
SIM TIAM HUAT



沈 天 发
Race
CHINESE
Date of Birth
29-04-1960
Sex
M
Country of Birth
SINGAPORE

For LKK/MAC Use Only

REPUBLIC OF SINGAPORE DRIVING LIC

License Number: S1429050H
Name
SIM TIAM HUAT

Birth Date: 29 Apr 1960
Issue Date: 01 Jul 2003



000618604G

For LKK/MAC 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: 5088637722-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SFG5221M**
Chassis Number : RN61065266
2. Name of Policyholder : STH CAR SERVICE
3. Effective Date of Insurance : 30 Jul 2019
4. Expiry Date of Insurance : 29 Jul 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 24 Jul 2019 10:34 hrs
Reprint : 24 Jul 2019 10:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive