

NATIONAL Assessment Centre Services

[not a tariff]

MMN8419/06475

Date In: 14/08/2019 19:18	Job description	Date & Time Completed	Done by
Ref No: N84/ZUC9014159/4	SAS e-filing		
Veh No: SJP 1762A	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 12/08/2019 10:25	I-Motor Claim Form	m71057682-001	14/08/2019
OD (TP) Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		18.09
	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 / Non-INC	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

N81906206

Claimant's Particulars	Invoice Preparation Checklist	Am (\$)	Am (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
Additional Comments:	5) PT: Follow-Through Survey (Resurvey)	\$20	
Cal. 1:	For claimant analysis INC Only (wef 10 Jan 2019)		
Cal. 2/3:	6) TR: Re-inspection	\$75	
	7) N1: Idm DA + SMRT Survey	\$100	
	8) N12: Idm Mobile	\$0	
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07-MAY-2018 18:10

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	14/08/2019 17:18
Date Of Accident	12/08/2019 10:25
Exact Location Of Accident	CAUSEWAY JOHOR BAHRU TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1762A
Insured/Policyholder	
Name Of Registered Owner	HUANG XUETING, PAMELA
NRIC No	S8335668E
Email Address	PAMELA_HX@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87163379
Alternative Phone No	OTHERS-87163379

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
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	5070838626-04
Cover Note Number	

Driver

Name of Driver	HUANG XUETING, PAMELA
NRIC No	S8335668E
Date Of Birth	07/11/1983
Occupation	INDOOR
Date Of Driving Pass	14/03/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87163379
Fax Number	
Contact Number	OTHERS-87163379
Email Address	PAMELA_HX@HOTMAIL.COM

Address	BLK 435C FERNVALE ROAD #23-232
Postcode	793435
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	3
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)	5
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : FEMALE

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	SKM3634C
Vehicle Make/Model/Colour	TOYOTA WISH
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)	4
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :
Passenger 3	NAME: : GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML3376P
Vehicle Make/Model/Colour	NISSAN QASHQAI
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)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

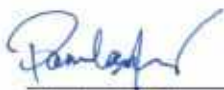
SKETCH PLAN

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: 14/10/2019
5.09 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

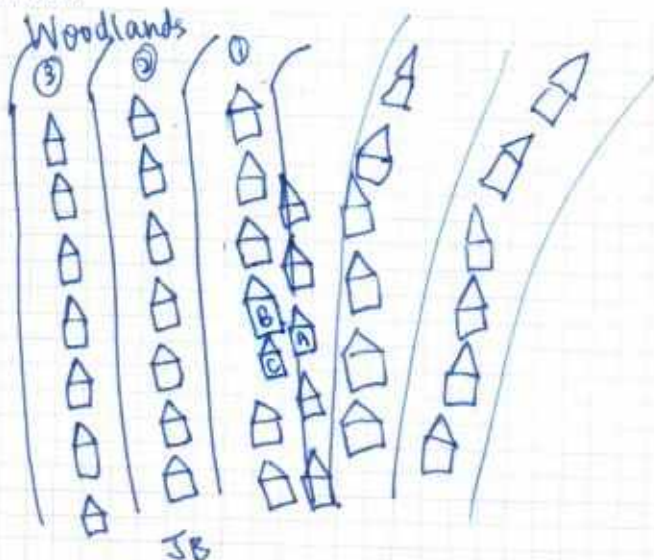


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



- A SJP1762A (Self)
- B SKM3634C
- C SML3376P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (vehicle A) signal and was waiting for a driver to give in to me (engine on at a stationary position) to move into the left (lane 1) lane when I heard a metal scratching sound. I immediately alight to check on the car, I saw some chipped paint (caused by vehicle C, with an identical marking on the car front) and scratch mark (caused by vehicle B, with identical scratch on the lower right body).

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 14/8/2019
5.04pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 14/8/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MY/1057693

Policy No.	1070828625-04	Vehicle No.	51P1762A	GST Registration No.	
Certificate No.					
Policyholder Name	HUANG XUEJING, PAMELA	Cover Type	drive CLASSIC	Policyholder NRIC	S6135688E
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	87163379	Special Remark		Contact No. (Home)	
Email Address		TCA	- No Yes	eCode	No
RFA	- No Yes	NCD Endowment(%)	50	eCode Reason	
NCD Protection	No			Private Info	No
Accident Details					
Report Date	14/08/2019 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Side Impact
Date of Accident	12/08/2019	Time of Accident (approx)	10:35	Country of Accident	Singapore
Reporting Centre		Charge Force		ICM No.	
Accident Location	CAUSE JOHOR BAHRU TOWARDS SINGAPORE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver Is Covered?	Covered
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess	0.00	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				
Benefit					
GST Registered Information					
GST Registered	No	GST Registration Date		Yes	
GST Registration No.		GST Status Verified			
Modification History					
Policyholder Mailing Address					
Address 1	BLK 435C s23-232	Address 2	FERNVALE ROAD	Address 3	FERNVALE RESIDENCE
Address 4	SINGAPORE 793435	Address Type	Singapore address	Post Code	793435
Unit No.		Related Policy Number	5750838625-04		
OD Driver Info					
Driver Name	HUANG XUEJING PAMELA	Driver Type	Main Driver	Driver DOB	07/11/1983
Uninsured driver Name		Driver NRIC	S6135688E	Driving Experience	13
Register Date of Driver License	14/03/2007	Driver Age	35	Contact No. (Office)	
Contact No. (Mobile)	87163379	Contact No. (Office)		Contact No. (Home)	
Address 1	BLK 435C s23-232	Address 2	FERNVALE ROAD	Address 3	FERNVALE RESIDENCE
Address 4	SINGAPORE 793435	Address Type	Singapore address	Post Code	793435
Unit No.		Driver Vehicle No.	51P1762A	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				
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	HUANG XUEJING, PAMELA	Insured NRIC	S6135688E
Contact No. (Mobile)	87163379	Contact No. (Office)		Contact No. (Home)	
Email Address	pamelaxh@hotmail.com	Vehicle Number	51P1762A	Vehicle Number	S6M2C34C
Claim Description	51P1762A / S6M2C34C ON 12 Aug 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Reported	Yes	Repair Option	Preferred Workshop, Name unknown	OD report	Received
Date Registered	14/08/2019 17:52	Claim Date		Date Received	14/08/2019 18:09
Report Taken By	HOSLI WARRA	Workshop Repaired		Total Loss Not Repaired	

Print All Detail

Save Submit

Attachment

Accident No.	MY/1057693	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/08/2019 18:09
Path *			
Choose File	No file chosen	Clear	Please Select
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Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUNIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 14 Aug 2019 18:09		SAG	Normal
NAC_BUNIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE NRIC/ Driving License		NRIC/ Driving License	Normal

S (BUKIT MERAH)) on 14 Aug 2019 18:09

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 2 (BUKIT MERAH)) on 14 Aug 2019 18:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 2 (BUKIT MERAH)) on 14 Aug 2019 18:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14
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Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 08 / 2019) (DD/MM/YYYY), TIME: (10 : 28) (HH:MM)
 LOCATION: CAUSEWAY (JB to SG)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SG SJPI762A
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5070838626-04
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA / STREAM 1.8 RSZ
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Traveling Home
 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: HUANG XUETING PAMELA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: HUANG XUETING PAMELA
 b) NRIC/FIN/PASSPORT: S835668E (MALE / FEMALE)
 c) ADDRESS: BLK 952 HOUGANG AVENUE 9 #04-698
 d) DATE OF BIRTH: (07 / 11 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14/03/2007

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

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKM3634C MODEL: TOYOTA WISH
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SML3376P MODEL: NISSAN QASHQAI
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
 (including driver)
 (5)
 3 F / 2 M

No of passenger
 (including driver)
 (4)

No of passenger
 (including driver)
 (3)
 2 F / 1 M

Email = pamela_hx@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8335668E



Name

HUANG XUETING, PAMELA

For LKK/NAC Use Only

黃雪婷

Race

CHINESE

Date of birth

07-11-1983

Sex

F

Country/Place of birth

SINGAPORE



S8335668E

5254776



NRIC No. S8335668E



For LKK/NAC Use Only

Date of issue

09-01-2014

Address

APT BLK 435C FERNVALE ROAD
#23-232
SINGAPORE 793435

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a woman

License Number: **S8335668E**

Holder: **HUANG XUETING, PAMELA**

For LKK/NAC Use Only

Birth Date: 07 Nov 1983
Issue Date: 14 Mar 2007

Barcode: 1001485587H

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

	PASS DATE
Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg	14 Mar 2007

For LKK/NAC Use Only

NP 428A

Barcode: License No: S8335668E

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Policy Query

Policy No.		Date of Accident	12/08/2019 17:15
Vehicle No. (For Motor)	SIP1762A	Certificate Number	
Search			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	5070838626-04		HUANG XUETING, PAMELA	S8335668E	GPC	drive CLASSIC	SJP1762A	SJP1762A	17/04/2019	16/04/2020