

NATIONAL Assessment Centre Services

Date In: 20/08/09	Job description	Date & Time Completed	Done by
Ref No: NA/INC19014500/13	SAS e-filing		
Veh No: SKF3738Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/08/09 1230	i-Motor Claim Form	MT/1058664 - 001	
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 Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GBE80014 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 :-	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) TP: 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:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OJ*		
	*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	
	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	20/08/2019 10:22
Date Of Accident	19/08/2019 12:30
Exact Location Of Accident	BLK 151 BEDOK RESERVOIR RD OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF3738Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO JEE CHAN
NRIC No	S0852542J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-67453236

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	5109167058
Cover Note Number	

### Driver

Name of Driver	HO CHEE SAN(HE QISHAN)
NRIC No	S7218115H
Date Of Birth	26/05/1972
Occupation	INDOOR
Date Of Driving Pass	12/04/1994
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97503028
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 613A BEDOK RESERVOIR RD #05-1356
Postcode	471613
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE8001U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YU JIANG TAO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

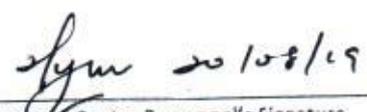
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

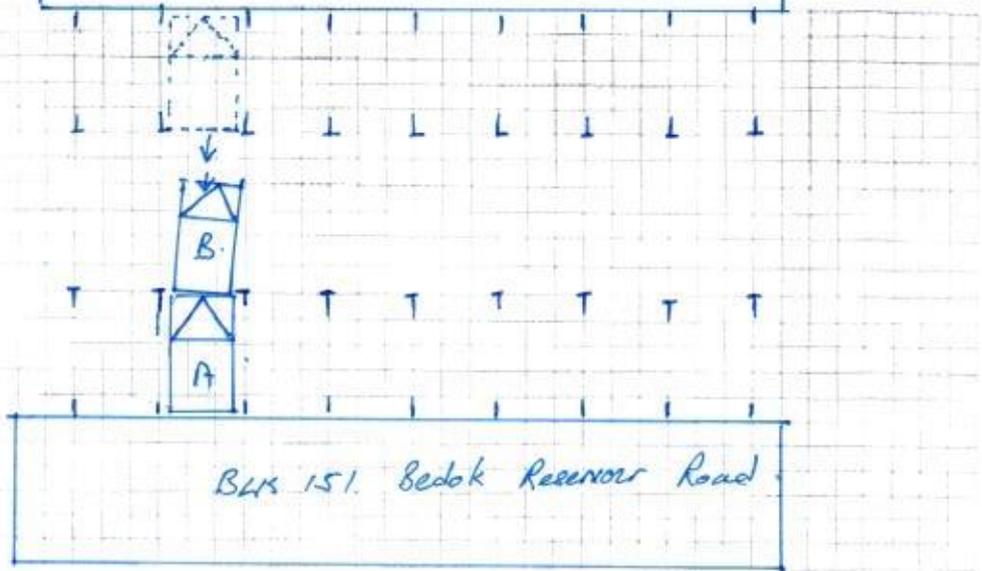
  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

BLK 148 Bedok Reservoir Road.

SKETCH PLAN

(A) SKF 3738 Z.

(B) GBE 8001 U.



BLK 151 Bedok Reservoir Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

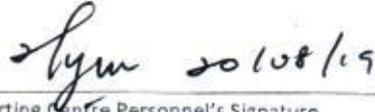
On 19/08/19 at @ 1015 hrs, I parked my car (SKF3738Z) behind the block of BLK 151, Bedok Reservoir Road and went to my shop to start business at unit #01-1741. At around 1230 hrs, my wife from 2nd floor saw a lorry (GBE 8001 U) has reversed and collided onto the front portion of my vehicle. My wife then came down and informed me. I went to my car and found that the lorry has collided onto the front portion of 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:

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

<b>Vehicle No.</b>	SKF 3738 Z	Model / Make	Honda Civic
Date of Accident	19/08/19		
Time of Accident	1230 HRS		
Location of Accident	BLK 151 Bedok Reservoir Road Open Carpark.		
Exact purpose use during accident	Private Used.		
<b>Name of Owner</b>	Ho Jee Chan.		
Telephone No.	H/P :	Home :	6745 3236 · Office :
NRIC	S 0852542 J		
Address	BLK 151 Bedok Reservoir Road #01-1741 (Q) 470451.		
Claim type	OD	<input checked="" type="radio"/> <b>THIRD PARTY</b>	REPORTING ONLY
Insurance Company	NHC		
Type of Coverage	<input checked="" type="radio"/> <b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
Policy No.	5109167058		
<b>Name of Driver</b>	As Above If No, Ho JEE SAN.		
NRIC	S 7218115 H	Any Passengers :	N.A.
Date of birth	26/05/1972		
Occupation	Outdoor	/	<input checked="" type="radio"/> <b>Indoor</b>
Driving License Pass Date	12/04/1994		
Gender	<input checked="" type="radio"/> <b>Male</b>	/	Female
Contact No.	H/P :	9750 3028 · Home :	Office :
Address	BLK 613A, Bedok Reservoir Road #05-1356 (R) 471613		
Driver have any own vehicle	<input checked="" type="radio"/> <b>No,</b>	If yes, Reg No.	
Relationship	Employee,	If no, state Son.	
Weather condition	<input checked="" type="radio"/> <b>Clear</b>	Raining	Other
Road Surface	<input checked="" type="radio"/> <b>Dry</b>	Wet	Other
Any Injuries	<input checked="" type="radio"/> <b>No,</b>	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	<input checked="" type="radio"/> <b>No,</b>	If Yes, Where?	
<b>Vehicle B No.</b>	GBE 8001 U	Any Passengers :	N.A.
Name of Driver	Yu Jiangtao	Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
Accident Portion	Front Portion		
Camera Recorder	Yes / <input checked="" type="radio"/> <b>No.</b>		
Email Address	-		
<b>PARTICULAR WORKSHOP</b>	Twincar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Teng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7218115H**  
 Name: **HO CHEE SAN (HE QISHAN)**

**For LKK/NAC Use Only**

Birth Date: **26 May 1972**  
 Issue Date: **30 Jan 2004**

001103547F




**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S7218115H**

Name: **HO CHEE SAN (HE QISHAN)**  
 何 启 善  
**For LKK/NAC Use Only**

Race: **CHINESE**  
 Date of Birth: **26-05-1972** Sex: **M**  
 Country of Birth: **SINGAPORE**





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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Apr 1994

**For LKK/NAC Use Only**

Licence No: **S7218115H**

NP 428A



**A0142833**

**For LKK/NAC Use Only**

NRIC No: **S7218115H**

Blood Group: **O+** Date of issue: **10-06-2002**

Address: **APT BLK 613A BEDOK RESERVOIR ROAD #05-1356 SINGAPORE 471613**




*Driver*



*Owner*

*Ministry*



## 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:** 5109167058

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKF3738Z**  
 Chassis Number : JHMFB1630CS201108
2. Name of Policyholder : HO JEE CHAN
3. Effective Date of Insurance : 23 May 2019
4. Expiry Date of Insurance : 22 May 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 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HO JEE CHAN
NAMED DRIVER (1)	: HO CHEE SAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : VISION ADVISORY MANAGEMENT PTE. LTD. (00000573844)  
 Date of issue : 08 May 2019 10:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

**Claim Handling**

Accident MT/1058664

Policy No.	5109167058	Vehicle No.	SKF3736Z	GST Registration No.
Certificate No.				
Policyholder Name	HO JEE CHAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	0	Contact No.(Office)	67453236	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ **Accident Details**

Report Date	20/08/2019 18:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/08/2019	Time of Accident hh:mm	12:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 151 BEDOK RESERVOIR RD OPEN CARPARK			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	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	BLK 151 #01-1741	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109167058	

▼ **OI Driver Info**

Driver Name	Ho Chee San	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7218115H	Driver DOB
Register Date of Driver License	12/04/1994	Driver Age	47	Driving Experience
Contact No.(Mobile)	97503028	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 613A	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4	SINGAPORE 471613	Address Type	Singapore address	Post Code
Unit No.	#05-1356			
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	HO JEE
Contact No.(Mobile)	91923755	Contact No. (Home)	674532
Email Address		OI Vehicle Number	SKF373
Claim Description	SKF3738Z / GBE8001U ON 19 Aug 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/08/2019 18:54	Claim Close Date	

Report Taken By

ROSINDA Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1058664 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 20/08/2019 00:00

Path *	Category *	Confidential
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Message Read		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:53	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:53	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:53	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window Scan and uploading