

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005] MNR 19109525

Date In:	Job description	Date & Time Completed	Done by
20/08/2019 16:37	SAS e-filing		
Ref No: NBA/INC 1901462A/F	E-mail (John Sims, AIC 2hrs)		
Veh No: SJE 6717G	I-Motor Claim Form	20/08/2019	15/19
DOA: 20/08/2019 07:40	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP (Reporting Only)	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

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

TP Particulars: Vch No: PC 363Y 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%. P: 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: ()

Repairer's Instructions:

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date	Time	Location	Remarks

Category	Description	Amount	
Driver/Owner:	1) All: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$10)	
	3) TP: Towing Fee	\$40/\$45	
	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (over 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idan DA + SMRT Survey	\$180	
	8) NTUC Additional Services:-		
	OIL:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (NI1): TP (Non INC) against IPIC	\$20	
Warranty:	9) NI2: Idan Mobile	\$0	
	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 16:37
Date Of Accident	20/08/2019 07:40
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE6717G
Insured/Policyholder	
Name Of Registered Owner	JEANNE ENG CHER FONG
NRIC No	S7170039I
Email Address	JEANNEHSI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81387931
Alternative Phone No	OFFICE-81387931
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104656916
Cover Note Number	
Driver	
Name of Driver	JEANNE ENG CHER FONG
NRIC No	S7170039I
Date Of Birth	20/09/1971
Occupation	INDOOR
Date Of Driving Pass	27/07/2007
Driving Experience	12 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81387931
Fax Number	(LOCAL) +65-81387931
Contact Number	OFFICE-81387931
Email Address	JEANNEHSI@HOTMAIL.COM

Address	23 LOTUS AVE SINGAPORE
Postcode	277606
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	COLLISION - HEAD TO REAR
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

REFER TO SKETCH PLAN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC363Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QUEK HWEE HENG
NRIC/Passport Number	S1291798H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

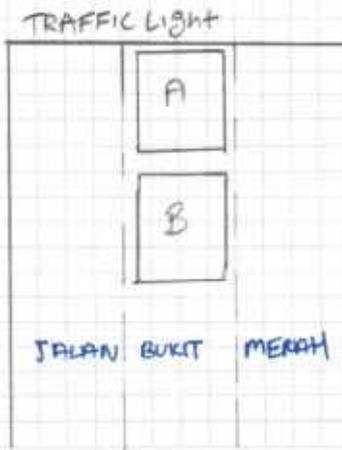
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

VEH A : SJE 6717G
VEH B : PC 363 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was slowing down approaching a traffic along Jalan Bukit Merah. and came to a stop. veh B bang me in the rear portion of my veh.

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.:

Claim Handling

Accident MT/1094774

Policy No.	1104658514	Vehicle No.	S1667170	GST Registration No.	
Certificate No.					
Policyholder Name	JEANNE ENG CHER FONG	Driver Type	DRIVER CLASSIC	Policyholder NRIC	S71700291
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	91387931	Special Remark		Contact No. (Home)	
Email Address		TCA	= No Yes	eCode	No *
ETX	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	21/08/2019 15:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to rear
Date of Accident	20/08/2019	Time of Accident hh:mm	07:40	Country of Accident	Singapore
Reporting Centre		Orange Feltz		ICN No.	
Accident Location	JALAN BUKIT MERAH				

Excess

Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
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
HighFlowon History			

Policyholder Mailing Address

Address 1	23 LOTUS AVENUE	Address 2	LUCKY PARK	Address 3	SINGAPORE 277606
Address 4		Address Type	Singapore address	Post Code	277606
Unit No.		Related Policy Number	1104658514		

OS Driver Info

Driver Name	JEANNE ENG CHER FONG	Driver Type	Non Driver	Driver DOB	20/09/1971
Unnamed driver Name		Driver NRIC	S71700291	Driving Experience	12
Register Date of Driver License	27/07/2007	Driver Age	47	Contact No. (Home)	
Contact No. (Mobile)	91387931	Contact No. (Office)		Address 1	SINGAPORE 277606
Address 1	23 LOTUS AVENUE	Address 2	LUCKY PARK	Post Code	277606
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	S1667170	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001 **View**

Claim Type *	OD-MR	Insured Name	JEANNE ENG CHER FONG	Insured NRIC	S71700291
Contact No. (Mobile)	96614238	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	S1667170	TP Vehicle Number	PC36TY
Claim Description	S1667170 / PC36TY ON 20 Aug 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Benefit No. Preference	Yes	Preferred Repair	Preferred Workshop, Name unknown	Claim Close Date	21/08/2019 15:18
Date Registered				Date Received	21/08/2019 00:00
Report Taken By	POSLI WANAR				

Print Ack Letter

Save Submit

Attachment

Accident No.	MT1094774	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/08/2019 15:18

Category *	Confidential	Urgency *	Description *
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:19	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:19	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:19	Photos	Normal	Photos 2019-8-21	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:19	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:19	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:19	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:19	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:19	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:18	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:18	SAS	Normal	SAS 2019-8-21

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

ACCIDENT STATEMENT

ACCIDENT DATE: (20/08/19) (DD/MM/YYYY), TIME: (07:40) (HH:MM)

LOCATION: Jalan bukit merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE 6717G
b) INSURANCE COMPANY: afuc income
c) POLICY NUMBER: 5104656916
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA FIT 1.3GA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: JEANNE ENG LHER FONG (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S71700391 CONTACT: 81387931
C) ADDRESS: 23 LOTUS AVE
SINGAPORE 277606

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (20/09/1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) TYPE OF DRIVING PASS _____

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

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: PC 363 Y MODEL: _____
b) DRIVER'S NAME: QUEK HWEE HENG
c) NRIC/FIN/PASSPORT: S1291798H CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = jeannehsi@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S71700391**



Name

JEANNE ENG CHER FONG

For LKK/NAC Use Only



Race

CHINESE

Date of birth

20-09-1971

Country of birth

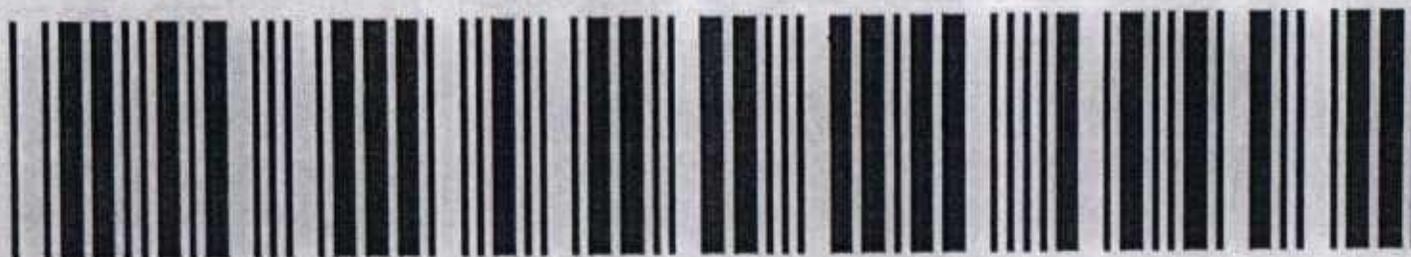
MALAYSIA

Sex

F



391336



NRIC No. **S7170039I**

For LKK/NAC Use Only

Date of issue
31-07-2006

**23 LOTUS AVE
SINGAPORE 277606**

NRIC No: **S7170039I**

Date: **04/07/2016**

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S71700391

Name: JEANNE ENG CHER FONG

For LKK/NAC Use Only

Birth Date: 20 Sep 1971

Issue Date: 03 Apr 2018



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

		EFFECTIVE DATE
Class 2B	Motorcycles \leq 200 cc	27 Jul 2007
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	27 Jul 2007

For LKK/NAC Use Only



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:** 5104656916 **Cover :** drive CLASSIC
1. Index mark and Registration Number of Vehicle : **SJE6717G**
 Chassis Number : **GE61053716**
 2. Name of Policyholder : **JEANNE ENG CHER FONG**
 3. Effective Date of Insurance : **15 Oct 2018**
 4. Expiry Date of Insurance : **01 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	: JEANNE ENG CHER FONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(/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 : INSURE LINK PTE LTD (00000614836)
 Date of Issue : 15 Oct 2018 13:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



 Authorised Officer



 Chief Executive