

NATIONAL Assessment Centre Services. [ver 1 Jan 03]

2/22/19/2010

Date In: 10/09/2008 14:56	Job description	Date & Time Completed	Done by
Ref No: NCA/INCL901600014	SAS e-filing		
Veh No: SKV 2150R	E-mail (within 2hrs, AIC 2hrs)		
OD: 10/09/2008 10:20	I-Motor Claim Form	MP/11061831-001	10/09/2008
TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		16:09
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Visor		

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

TP Particulars: Vch No: SKL 1227M 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: ()

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

Injury: _____

Date/Time	Location	Completed	Done by

X1A1906873

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil) / TP (Non INC) against INC \$30	
	9) N11: Idas 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 GI&A Records Management Centre established by the General Insurance Association of Singapore (GI&A) 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	10/09/2019 14:56
Date Of Accident	10/09/2019 10:20
Exact Location Of Accident	OUTSIDE JACOB BALLAS AT 481 BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2150R
Insured/Policyholder	
Name Of Registered Owner	CHOW SIEW FONG
NRIC No	S7328108C
Email Address	DALFIN.CHOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98808200
Alternative Phone No	OTHERS-98808200
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARREIR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102962377-01
Cover Note Number	
Driver	
Name of Driver	CHOW SIEW FONG
NRIC No	S7328108C
Date Of Birth	08/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1995
Driving Experience	24 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98808200
Fax Number	
Contact Number	OTHERS-98808200
Email Address	DALFIN.CHOW@GMAIL.COM

Address	BLK 143 BISHAN STREET 12 #03-564
Postcode	570143
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	NO COLLISION
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL1227M
Vehicle Make/Model/Colour	CITROEN PICASSO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DENNIS LYE BGIAC SEONG
NRIC/Passport Number	S7039673D
Contact Number	97412984
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

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:

10th
September
2019

2pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

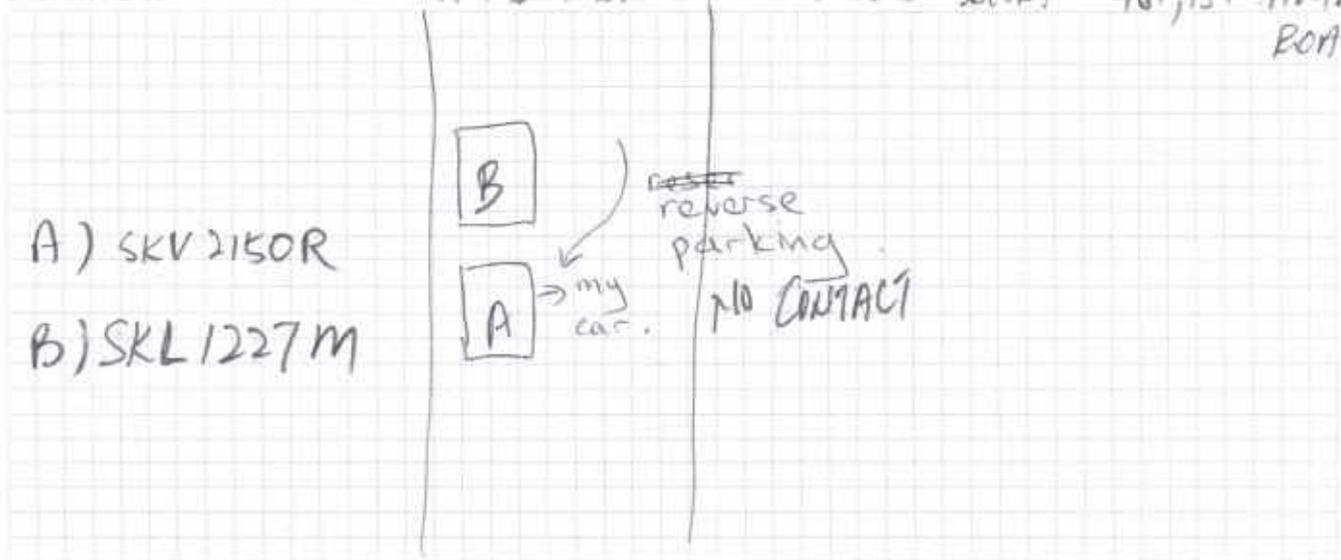
Name:

NRIC/FIN No.:

10/09/2019

[Signature]

SKETCH PLAN OUTSIDE MAIN ENTRANCE OF JACOB BALLAS 481, 1ST TIMAH ROAD.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parking my car in a parallel lot outside the main entrance of Jacob Ballas Children's Garden. The driver of the car parked in front of me alleged that I came into contact with him but I did not contact his car. and it may be that he is attempting to make a false claim by alleging that I did.

I have a video of this when he had his reverse ^{or brake} light on as I was ~~parking~~ adjusting my car.

The marks on his car are white and 2 independent witnesses can testify that they did not after inspecting both our cars that the damage on his car did not appear to be made by my car as his marks were white and my car is black. They can confirm that I did not come into contact with his car.

DECLARATION

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

Policyholder's Signature
Date & Time:
10th September
2019.

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

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

Claim Handling

Accident NT/1001831

Policy No.	3102982277-01	Vehicle No.	8KV2150R	GST Registration No.	
Certificate No.					
Policyholder Name	CHOW SIEW FONG			Policyholder NRIC	S7228109C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	98808200	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFC	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	00	Private Hire	No

Accident Details

Report Date	10/09/2019 16:08	Accident Report Within 24 hrs.	Yes	Accident Type	No collision
Date of Accident	10/09/2019	Time of Accident hh:mm	10:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTSIDE JACOBS GALLAS AT 491 BUKIT TIMAH ROAD				

Total Excess Applicable

Excess Type	Per Accident	Written-off Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver Is Covered?	Covered
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured	9999999.99
Excess Waiver		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Notification History			

Policyholder Mailing Address

Address 1	BLK 143 #01-504	Address 2	BISHAN STREET 12	Address 3	BISHAN GREEN
Address 4	SINGAPORE 570143	Address Type	Singapore address	Post Code	570143
Unit No.		Related Policy Number	5102982277-01		

01 Driver Info

Driver Name	CHOW SIEW FONG	Driver Type	Main Driver	Driver DOB	05/08/1973
Unnamed driver Name		Driver NRIC	S7228109C	Driving Experience	24
Register Date of Driver License	19/08/1995	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	98808200	Contact No.(Office)		Address 3	BISHAN GREEN
Address 1	BLK 143 #01-504	Address 2	BISHAN STREET 12	Post Code	570143
Address 4	SINGAPORE 570143	Address Type	Singapore address		
Unit No.		Driver Vehicle No.	8KV2150R	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
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Modification History

Claim 001 **New**

Claim Type *

Contract No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Ref at Fault

Repair Option

Preferred Workshop, Name unknown

GA report

Received

Claim Close Date

Date Received

Print AA letter

Save Submit

Attachment

Accident No.	NT/1001831	Claim No.	001
Last Doc. Received	Yes No	Upload Date	10/09/2019 16:08

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Has Sent? (CO)	
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	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read						

Attachment	Uploaded By/Date	Category	Urgency	Description	Has Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Sep 2019 16:08	Photos	Normal	Photos 2019-9-10	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 10 Sep 2019 15:09	Photos		Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 10 Sep 2019 15:09	Photos		Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 10 Sep 2019 15:09	Photos		Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 10 Sep 2019 15:09	Photos		Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 10 Sep 2019 15:09	Photos		Normal	Photos 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 10 Sep 2019 15:09	NRIC Driving License	Y	Normal	NRIC Driving License 2019-9-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 10 Sep 2019 15:09	SAS		Normal	SAS 2019-9-10

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"/>		

NBA / INC 19016000 / F

ACCIDENT STATEMENT

ACCIDENT DATE: (10/09/2019) (DD/MM/YYYY), TIME: (10:17) (HH:MM)

LOCATION: Outside main entrance of Jacob Ballas Children's Garden
481, Bukit Timah Rd, Singapore 259 769

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 2150R
- b) INSURANCE COMPANY: NTUC Income
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: Toyota Harrier
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private use
- 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: Chow Siew Fong (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: S1328108C CONTACT: 98508200
- C) ADDRESS: Blk 143, Bishan St 12 #03-564
Singapore 248196

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: Chow Siew Fong (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

- *d) DATE OF BIRTH: (08/08/1973) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 19th August 1995

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

- 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: SKL 1227M MODEL: Picasso
- b) DRIVER'S NAME: Dennis Lye Ngjac Seong
- c) NRIC/FIN/PASSPORT: S1039673D CONTACT: 9741 2984

9. THIRD PARTY VEHICLE

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

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

Witnesses: (SKV 1224E)

email = 1) Serena Toh
Telephone number: 90031666

VIDEO 2) Sam

dalfin.chow@gmail.com

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/09/2019 14:25"/>							
Vehicle No.(For Motor)	<input type="text" value="SKV2150R"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102962377-01		CHOW SIEW FDNG	57328108C	GPC	drive CLASSIC	SKV2150R	SKV2150R	03/09/2019	02/09/2020
<input type="button" value="Continue"/>										