

NATIONAL Assessment Centre Services. [wef 1 Jan'03] **MNA 119123346.**

Date In: 17/1/19 16:25	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 19016432164	SAS e-filing		
Veh No: SJU 4665 B	E-mail (within 3hrs, AIC 2hrs)		
TPA: 16/1/19 17:00	I-Motor Claim Form	MT/1062843²¹	17/1/19 17:35
(ID) TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wk311		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: CCV power Box, 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: YBS () / 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:	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

MA1906986

Claimant's Particulars:	Invoice Preparation Checklist	Am (S)	PAID (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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: Idao 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	17/09/2019 16:25
Date Of Accident	16/09/2019 17:00
Exact Location Of Accident	ECP(CITY) SLIP RD KPE(TPE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU4665B
Insured/Policyholder	
Name Of Registered Owner	HUANG SHIMIN
NRIC No	G7781574R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91768606
Alternative Phone No	OFFICE-91768606

Vehicle Particulars

Manufacturer	CITROEN
Model	C5
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	5104616690
Cover Note Number	-

Driver

Name of Driver	HUANG SHIMIN
NRIC No	G7781574R
Date Of Birth	22/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91768606
Fax Number	
Contact Number	OFFICE-91768606
Email Address	NOEMAIL

Address	BLK 336 SEMBAWANG CRESCENT #15-184
Postcode	750336
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190917/2012

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	
Vehicle Make/Model/Colour	CCTV POWER BOX
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

TREE

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

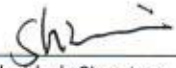
SKETCH PLAN

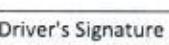
IMPORTANT NOTICE

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:

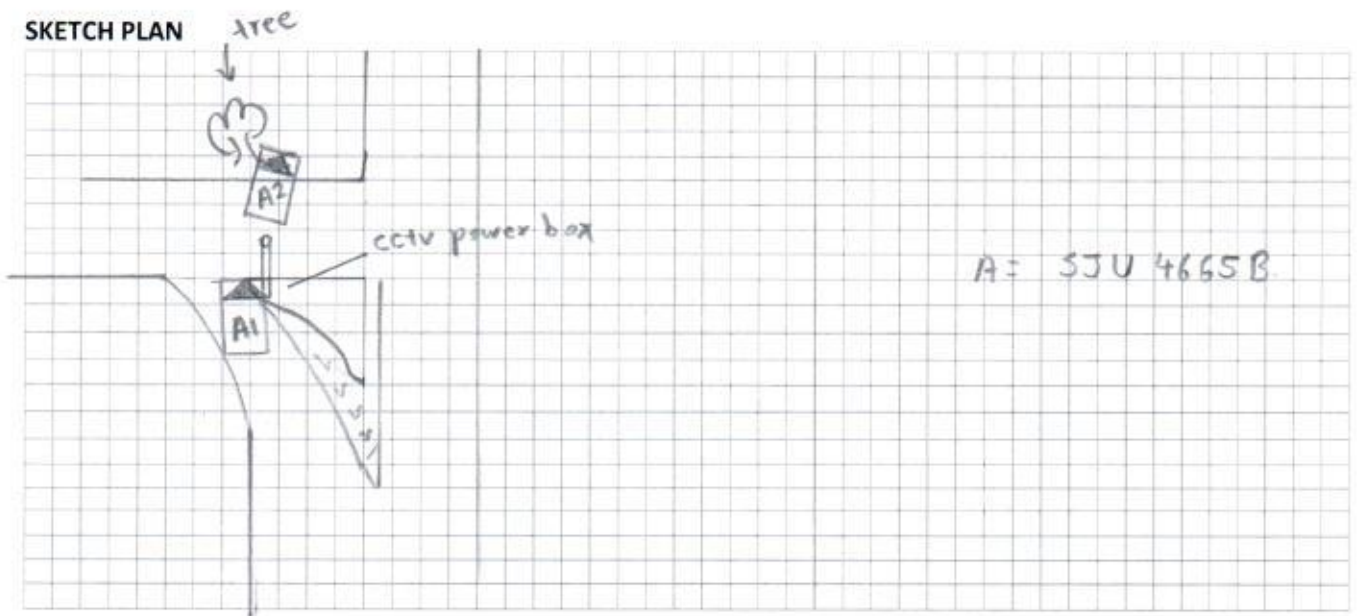
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 2019 09 17 / 2012

DECLARATION

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

Chris

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.:



SINGAPORE POLICE FORCE



T/20190917/2012

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20190917/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2019 00:47		Vide Report No.: G/20190916/0131		Station Diary No.: 6	
Informant's Particulars					
Name of Informant: HUANG SHIMIN			Address: APT BLK 336 SEMBAWANG CRESCENT #15-184 SINGAPORE 750336		
ID Type / ID No.: FIN NO / G7781574R			Contact No.: Home/Office: Mobile: 91768606		
Nationality: CHINESE			Email:		
Sex: Male	Age: 31	Date of Birth: 22/09/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SYSTEM MAINTAINANCE			Driving Licence Information: Class: 2B,3		Date of Expiry: 11/04/2022

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 16/09/2019 17:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 EAST COAST EXPRESSWAY KALLANG PAYA LEBAR EXPRESSWAY ECP (CITY) , SLIP RD KPE (TPE)				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU4665B	Car	CITROEN	C5 CONFORT 2.0L BVA AT ABS D/AB 2WD 4DR	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20190917/2012

2 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20190917/2012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU4665B	NTUC Income Insurance Co-Operative Limited	5104616690	11/10/2018	10/12/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HUANG SHIMIN	ID No.	G7781574R
Related Vehicle	NIL	Contact No.	91768606
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 11/04/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/09/2019 at about 1700hrs, I was driving my vehicle SJU4665B along ECP. As I approached the slip road into KPE, I slowed down my vehicle. I checked my right side mirror and saw a lorry moving closer to my vehicle. I accelerate my speed however I lost controlled of my vehicle and skidded onto the grass area. My vehicle hit onto a tree and also a CCTV power box. The tree and the CCTV Power Box were damaged. No one was injured. My vehicle was towed to IDEC located at 51 Ubi Industrial Park. Traffic police was also at scene.

This is the 1st time such incident had happened. I am lodging this report that is required by traffic police and insurance claims.



**SINGAPORE
POLICE FORCE**



T/20190917/2012

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20190917/2012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

L /

Sgt 2 MUHAMMAD SADLI BIN RAZALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

17/09/2019 00:47

Classification Of Case:

Authentication Stamp

NP168



Signature:

SN 085

Singapore Police Force

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/09/2019 16:09"/>
Vehicle No.(For Motor)	<input type="text" value="SJU4665B"/>	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 checked="" type="radio"/>	5104616690		HUANG SHIMIN	G7781574R	GPC	drive CLASSIC	SJU4665B	SJU4665B	11/10/2018	10/12/2019

Claim Handling

Accident MT/1062843

Policy No.	S104616690	Vehicle No.	SJU46658	GST Registration No.	
Certificate No.					
Policyholder Name	HUANG SHIMIN	Policyholder NRIC	G7781574R		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91768606	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	17/09/2019 17:31	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	16/09/2019	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECPI(CITY) SLIP RD KPE(TPE)				
Excess					
Own damage Excess	600.00	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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 336 #15-184	Address 2	SEBBAWANG CRESCENT	Address 3	SINGAPORE 750336
Address 4		Address Type	Singapore address	Post Code	750336
Unit No.	15-184	Related Policy Number	S104616690		
O1 Driver Info					
Driver Name	HUANG SHIMIN	Driver Type	Main Driver	Driver DOB	22/09/1987
Unnamed driver Name		Driver NRIC	G7781574R	Driving Experience	2
Register Date of Driver License	12/04/2017	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	91768606	Contact No.(Office)		Address 3	SINGAPORE 750336
Address 1	BLK 336 #15-184	Address 2	SEBBAWANG CRESCENT	Post Code	750336
Address 4		Address Type	Singapore address		
Unit No.	15-184				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HUANG SHIMIN	Insured NRIC	G7781
Contact No.(Mobile)	91768606	Contact No. (Home)		Contact No. (Office)	
Email Address	SHIMINHUANG@RUJITECHNO	O1 Vehicle Number	SJU46658	TP Vehicle Number	CCTV F
Claim Description	SJU46658 / CCTV POWER BOX ON 16 Sept 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault		
Workshop No.	0	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/09/2019 17:34	Claim Close Date		Date Received	17/09/
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1062843	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/09/2019 17:35		
Path *					
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Message Read		Clear	Please Select		
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_PAYA_USI_800601	NATIONAL ASSESSMENT CENTRE SERVICES) 0 17 Sep 2019 17:35	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2019-9-17



Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	SAS	Normal	SAS 2019-9-17
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	Photos	Normal	Photos 2019-9-17
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	Photos	Normal	Photos 2019-9-17
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	Photos	Normal	Photos 2019-9-17
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	Photos	Normal	Photos 2019-9-17
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	Photos	Normal	Photos 2019-9-17
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	Photos	Normal	Photos 2019-9-17
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	Photos	Normal	Photos 2019-9-17
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	Photos	Normal	Photos 2019-9-17
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	Photos	Normal	Photos 2019-9-17
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	Photos	Normal	Photos 2019-9-17
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2019 17:35	Photos	Normal	Photos 2019-9-17

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