

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

NA/9128635

Date In: 28/09/2009 17:15	Job description	Date & Time Completed	Done by
Ref No: NA/MC/90/71054	SAS e-filing		
Veh No: STH 9139P	E-mail (within 3hrs, AIC 2hrs)		
DOA: 28/09/2009 14:20	I-Motor Claim Form	MM/1464506-00	28/09/2009 17:31
OID (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SKF 9288S	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 In:	Job description:	Date & Time Completed:	Done by:

NA/907278

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: 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) NTUC Additional Services:	
	ON:	
	* N1: Courtesy Car / Tpl Allowance \$5	
	* N6: Repair Co-ordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$5	
	* N9: DV / Collect Excess Coordination \$20	
	TP (N11): TP (N11) INC against INC \$30	
	9) N12: Idas Mobile	
	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	28/09/2019 17:15
Date Of Accident	28/09/2019 14:20
Exact Location Of Accident	ALONG CTE TOWARDS TOWN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH9139P
Insured/Policyholder	
Name Of Registered Owner	NG THIM LEE (HUANG DINGLI)
NRIC No	S7897177J
Email Address	SYLVES_NG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97203512
Alternative Phone No	OTHERS-97203512

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103119709-01
Cover Note Number	

Driver

Name of Driver	NG THIM LEE (HUANG DINGLI)
NRIC No	S7897177J
Date Of Birth	12/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97203512
Fax Number	
Contact Number	OTHERS-97203512
Email Address	SYLVES_NG@YAHOO.COM.SG

Address	BLK 455 YISHUN STREET 41 #10-59
Postcode	760455
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	CHAIN 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	3
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

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
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE9298S
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JORDAN CHANG KA YONG
NRIC/Passport Number	S7634050A
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN3085H
Vehicle Make/Model/Colour	VOLKSWAGEN BEETLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN YEW WAI
NRIC/Passport Number	S8334206D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG THIM LEE (HUANG DINGLI)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJH9139P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

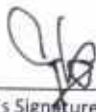
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 28/09/2019

14.22



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

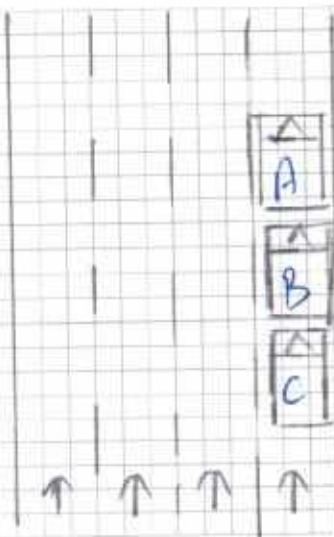
NRIC/FIN No.:

SKETCH PLAN

A) SJH 9139P

B) SKE 9298S

C) SMN 3085H



CTE TOWARDS TOWN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There is a car stop in front of me. So I have to brake. To avoid the accident. So the car behind me couldn't brake in time. So there's an accident.

DECLARATION

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

Policyholder's Signature

Date & Time: 14.22

28 09 2019

GRANIC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14.22

28 09 2019.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/09/2019

Rafiq Rahman

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7897177J

For LKK/NAC Use Only



NG THIM LEE
(HUANG DINGLI)
黄鼎利

Race
CHINESE
Date of birth
12-07-1978
Country of birth
INDONESIA

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7897177J

Name
NG THIM LEE
(HUANG DINGLI)

For LKK/NAC Use Only

Birth Date: 12 Jul 1978
Issue Date: 07 Dec 2006

001463907H

4735284



NRIC No. S7897177J

For LKK/NAC Use Only



Date of issue
01-06-2011

APT BLK 455 YISHUN STREET 41 #10-59
SINGAPORE 760455
NRIC No: S7897177J Date: 20/01/2012 No: 7030115

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

PASS DATE

Class 2B	Motorcycles <= 200 CC	07 Dec 2006
Class 2A	Motorcycles between 201 CC and 400 CC	28 May 2006
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	08 Dec 2017

For LKK/NAC Use Only

S / No. 9000276300

S7897177J

NP 428A

Licence No: S7897177J

Claim Handling

Accident MT/1064506

Policy No.	5103119709-01	Vehicle No.	SJH9139P	GST Registrati
Certificate No.				
Policyholder Name	NG THIM LEE			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97203512	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFR	<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(%)	10	Private Hire
▼ Accident Details				
Report Date	28/09/2019 17:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/09/2019	Time of Accident hh:mm	14:20	Country of Acc
Reporting Centre		Orange Force		ICH No.
Accident Location	ALONG CTE TOWARDS TOWN			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	
▼ 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 455 #10-59	Address 2	YISHUN STREET 41	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103119709-01	
▼ OI Driver Info				
Driver Name	NG THIM LEE	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	57897177J	Driving Experi
Register Date of Driver License	08/12/2017	Driver Age	41	Contact No.(Hi
Contact No.(Mobile)	97203512	Contact No.(Office)		Address 3
Address 1	BLK 455 #10-59	Address 2	YISHUN STREET 41	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJH9139P	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim 001

New

Claim Type *	OD-MX	Insured Name	NG
Contact No.(Mobile)	96506464	Contact No. (Home)	
Email Address	SYLVES_NG@YAHOO.COM.SG	OI Vehicle Number	SJH9139P
Claim Description	SJH9139P / SKE9298S ON 28 Sept 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			28/09/2019 17:30
			ROSLI WAHAB

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1064506 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 26/09/2019 17:31

Choose File No file chosen

Choose File No file chosen

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Message Read

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Category *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:31	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:31	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:31	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:31	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:30	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:30	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:30	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:30	Photos	Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:30	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:30	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:30	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:30	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 17:30	SAS	Normal	S

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading



ACCIDENT STATEMENT

ACCIDENT DATE: 28/09/2019 (DD/MM/YYYY), TIME: 14:22 (HH:MM)

LOCATION: CTR TOWARD TOWN

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSH9139P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5103119709
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CIVIC
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE / WORKING
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: NG THIM LIE (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S78971773 CONTACT: 99203512
C) ADDRESS: BLK 455 Yishun ST 41 #10-59
S 760 455

* 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: 12/07/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08 Dec 2018

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 Clear)
b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

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: SKE92983 MODEL: BMW
b) DRIVER'S NAME: Jordan Chang Ka Yeng
c) NRIC/FIN/PASSPORT: S2634050A CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMN3085H MODEL: _____
b) DRIVER'S NAME: Chan Yew Wai
c) NRIC/FIN/PASSPORT: S83342060 CONTACT: _____

email = Sylvester-ng@yahoo.com.sg

VIDEO

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: 5103119709-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SJH9139P

Chassis Number

: JHMF046208S202227

2. Name of Policyholder

: NG THIM LEE

3. Effective Date of Insurance

: 28 Aug 2019

4. Expiry Date of Insurance

: 27 Aug 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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\$2,000

EXCESS (SECTION 2)

: S\$1,500

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

: NG THIM LEE

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: EFIZZIG CREDIT PTE LTD

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 : MAGNI INSURANCE AGENCY (00000572198)

Date of Issue : 22 Jul 2019 11:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive