

# NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MAA419130873

Date In: 03/10/2009 11:27	Job description	Date & Time Completed	Done by
Ref No: N/A/ACC/9017413/Y	SAS e-filing		
Veh No: 8427X	E-mail (w/da 2hrs, A/C 2hrs)		
DOA: 03/10/2009 16:20	I-Motor Claim Form	M71065167-001	03/10/2009 12:03
OD: (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 8MA91475	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 repolior.	
( ) 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:	

MAA907394	Invoice
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/143
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpl Allowance \$5
	*NS: Repairs Coordination \$20
	*NT: Post Repair Inspection \$5
	*NS: DV / Collect Excess Coordination \$20
	TP (NU): TP (Non INC) against INC \$0
	9) NI: 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	03/10/2019 11:27
Date Of Accident	02/10/2019 16:20
Exact Location Of Accident	ALONG SLE TOWARDS BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCH27X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PATRICK CHUA CHIN SHIONG
NRIC No	S1527538C
Email Address	PATRICKCHUA27@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98771313
Alternative Phone No	OTHERS-98771313

### Vehicle Particulars

Manufacturer	BMW
Model	X1
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	5075932870-03
Cover Note Number	

### Driver

Name of Driver	PATRICK CHUA CHIN SHIONG
NRIC No	S1527538C
Date Of Birth	13/10/1962
Occupation	INDOOR
Date Of Driving Pass	25/01/1983
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98771313
Fax Number	
Contact Number	OTHERS-98771313
Email Address	PATRICKCHUA27@HOTMAIL.COM

Address	5 DAIRY FARM ROAD #04-01
Postcode	679036
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	RAINING
Road Surface	WET

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA9147S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAWRENCE LOW
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	GBB8444R
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Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

03/10/2019

11:30 am

Driver's Signature

(If driver is not the policyholder)

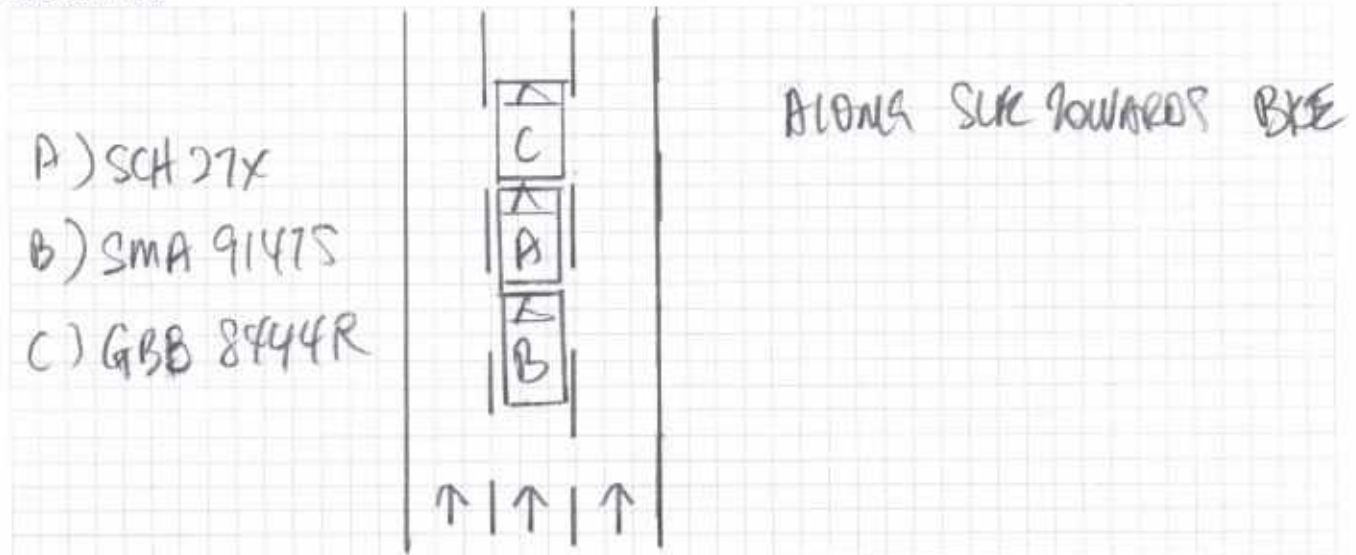
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 02/10/2019 Time: 4-20pm

I was travelling along SLE towards BKE. Suddenly the vehicle in front stopped. I braked hard and stopped. The vehicle behind hit me and my vehicle surged forward and hit the vehicle in front.

## DECLARATION

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

*Blu*  
Policyholder's Signature  
Date & Time: 03/10/2019  
11-30am

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

*03/10/2019*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Claim Handling

Accident HT/1065167

Policy No.	SD75932670-03	Vehicle No.	SCH27X	GST Registration No.	
Certificate No.					
Policyholder Name	PATRICK CHUA CHIN SHONG			Policyholder NAIC	91527538C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Single PREMIUM	Lossing	0
Contact No.(Mobile)	98771313	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	Yes	NCD Endowment(%)	50	Private Hire	No

## Accident Details

Report Date	03/10/2019 11:15	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	03/10/2019	Time of Accident (hr:min)	14:20	Country of Accident	Singapore
Reporting Centre		Damage Force		ICH No.	
Accident Location	ALONG SLE TOWARDS BWE				

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OO Excess	500.00		
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		
Modification History					

## Policyholder Mailing Address

Address 1	5 DAIRY FARM ROAD	Address 2	#04-01 THE DAIRY FARM	Address 3	SINGAPORE 679036
Address 4		Address Type	Singapore address	Post Code	679036
Unit No.		Related Policy Number	SD75932670-03		

## Q1 Driver Info

Driver Name	Patrick Chua	Driver Type	Main Driver		
Unnamed driver Name		Driver NAIC	91527538C	Driver DOB	13/10/1982
Register Date of Driver License	23/06/1983	Driver Age	36	Driving Experience	36
Contact No.(Mobile)	98771313	Contact No.(Office)		Contact No.(Home)	
Address 1	5 DAIRY FARM ROAD	Address 2	#04-01 THE DAIRY FARM	Address 3	SINGAPORE 679036
Address 4		Address Type	Singapore address	Post Code	679036
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SCH23H	Driver Insurer Company	NTAC

Declaration					
Methamphetamine or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 New

Claim Type *	OO-PK	Insured Name	PATRICK CHUA CHIN SHONG	Insured NAIC	91527538C
Contact No.(Mobile)	98771313	Contact No.(Home)	67969105	Contact No.(Office)	
Email Address	patrickchua27@hotmail.com	Q1 Vehicle Number	SCH27X	Vehicle Number	SM691479
Claim Description	SCH27X / SM691479 ON 2 Oct 2019				
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received
Date Registered	03/10/2019 12:03	Claim Close Date		Date Received	03/10/2019 00:00
Report Taken By	ROSLI WANAB				

Print AK letter

Save Submit

## Attachment

Accident No.	HT/1065167	Claim No.	001
List Doc. Received	* Yes No	Upload Date	03/10/2019 12:03
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)	A
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2019 12:03	Photo	Normal	Photos 2019-10-3		
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2019 12:03	Photo	Normal	Photos 2019-10-3		
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2019 12:03	Photo	Normal	Photos 2019-10-3		



 **Video List**



# ACCIDENT STATEMENT

ACCIDENT DATE: (02/10/2019) (DD/MM/YYYY), TIME: (16:23) (HH:MM)

LOCATION: SLE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCH 27X  
 b) INSURANCE COMPANY: NTHC INCOME  
 c) POLICY NUMBER: 5075932870-03  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW X1  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: PATRICK CHUA CHIN SHIONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S15275386 CONTACT: 98771313  
 c) ADDRESS: 5 Dairy Farm Road #04-01 Singapore 679036

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 d) NAME: as above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\*d) DATE OF BIRTH: (13/10/1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/01/1983

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: SMA 91475 MODEL: Toyota  
 b) DRIVER'S NAME: Lawrence Low  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GBB 8444 R MODEL: Nissan  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = patrickchua27@hotmail.com

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:** 5075932870-03

**Cover :** drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SCH27X**  
 Chassis Number : WBAHS72030P895698
2. Name of Policyholder : PATRICK CHUA CHIN SHIONG
3. Effective Date of Insurance : 30 Nov 2018
4. Expiry Date of Insurance : 29 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: PATRICK CHUA
NAMED DRIVER (1)	: CATHERINE CHOONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : CATHERINE CHOONG (00000522180)  
 Date of Issue : 12 Nov 2018 14:39 hrs  
 Reprint : 12 Nov 2018 14:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive