

# NATIONAL Assessment Centre Services.

(part 1 of 2)

19/04/2019/34365

Date In: 16/10/2019 11:45	Job description	Date & Time Completed	Done by
Ref No: N/A/NC/9012887/4	SAS e-filing		
Veh No: SMG 2912P	E-mail (to John Doe, AIC 2hrs)		
OD: 16/10/2019 17:30	I-Motor Claim Form	16/10/2019 15:17	
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: SKP591GB	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) 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 > \$9000] ( )	

Injury: ( )
-------------

Date/Time: ( )
Location: ( )

NA/907647	Invoice
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 (Eng-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claim against INC Only (over 10 Jan 2000)
	6) TR: Re-inspection \$75
	7) NI: Idea DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (NI) / TP (Non INC) against INC \$10
	9) NI: Idea 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	10/10/2019 11:45
Date Of Accident	09/10/2019 17:30
Exact Location Of Accident	AYE TOWARDS JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG2912P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THONG WEI LIANG (TANG WEILIANG)
NRIC No	S8413101F
Email Address	STEVETHONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83839423
Alternative Phone No	OTHERS-83839423

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (A)
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	5106320160
Cover Note Number	

### Driver

Name of Driver	THONG WEI LIANG (TANG WEILIANG)
NRIC No	S8413101F
Date Of Birth	17/05/1984
Occupation	INDOOR
Date Of Driving Pass	11/01/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83839423
Fax Number	
Contact Number	OTHERS-83839423
Email Address	STEVETHONG@GMAIL.COM

Address	BLK 228 CHOA CHU KANG CENTRAL #07-113
Postcode	680228
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

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	SKP5910B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	HENG HUI PING, ALICIA
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.

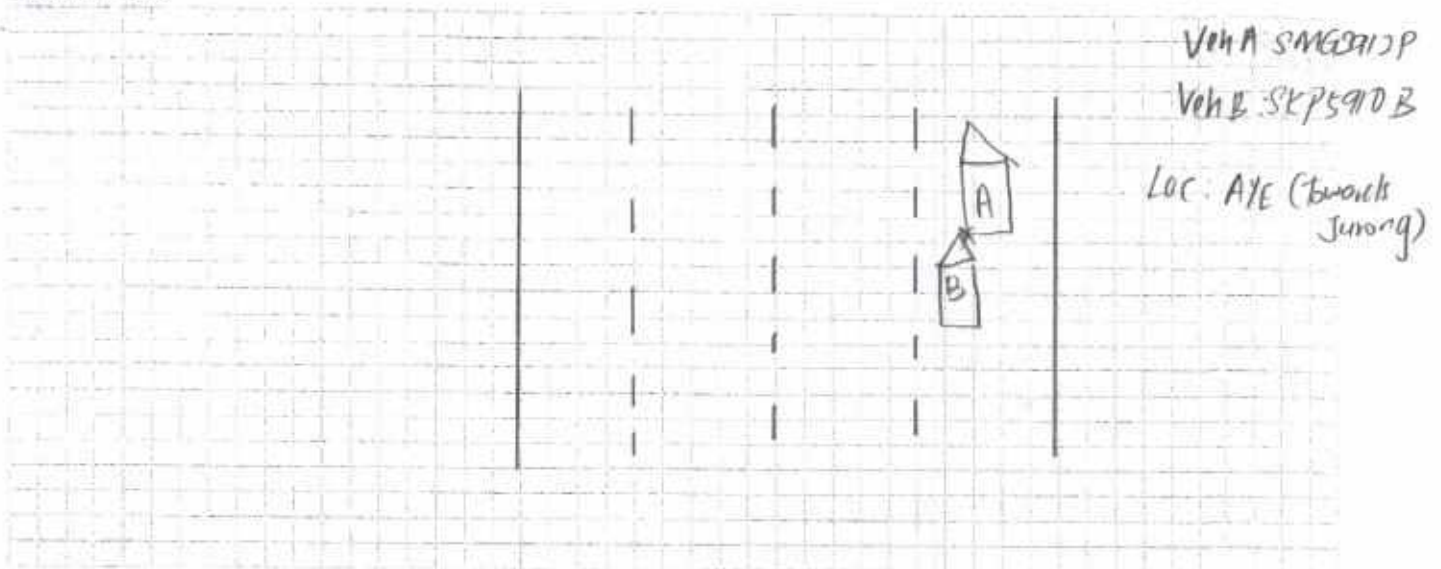
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09.10.19 at 1730hrs. I was driving my Veh A (SM62912P) at AYE (towards Junong) before Clementi Rd exit. Traffic <sup>was</sup> heavy. There was a speed camera ~~at~~ nearby (location). I was driving on the extreme right lane. I saw the vehicle ahead was slowing down. So I slow down and come to a complete stop from a distance due to the traffic. When Veh B (SKP5910B) hit my vehicle Rear Left while changing lane.

No injury. No police report.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: *Rohit*  
NRIC/FIN No.:

10/10/2019

### Claim Handling

Accident MT/1066378

Policy No.	5106220180	Vehicle No.	5MG2812P	GST Registration No.	
Certificate No.		Cover Type	Drive CLASSIC	Policyholder NRIC	98413101F
Policyholder Name	THONG WEI LIANG	Contact No. (Office)		Leading	0
Product Code	PRIVATE CAR INSURANCE	Special Remark		Contact No. (Home)	
Contact No. (Mobile)	63829423	TCA	No Yes	eCode	No
Email Address		NCD Entitlement(%)	0	eCode Reason	NA
KTC	No	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
NCD Protection	No	Time of Accident (h:mm)	17:30	Country of Accident	Singapore
Report Date	10/10/2019 15:10	Orange Force		ICM No.	
Date of Accident	09/10/2019				
Reporting Centre					
Accident Location	AYE TOWARDS JURONG				
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	500.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information	No	GST Registration Date		GST Status Verified	Yes
GST Registered	No				
GST Registration No.					
Modification History					

Address 1	BLK 228 #07-113	Address 2	CHOA CHU KANG CENTRAL	Address 3	SINGAPORE 660228
Address 4		Address Type	Singapore address	Post Code	660228
Unit No.	07-113	Related Policy Number	5106220180		
Driver Name	THONG WEI LIANG	Driver Type	Main Driver	Driver DOB	11/05/1984
Unnamed Driver Name		Driver NRIC	98413101F	Driving Experience	7
Register Date of Driver License	11/01/2012	Driver Age	35	Contact No. (Home)	
Contact No. (Mobile)	63829423	Contact No. (Office)		Address 3	SINGAPORE 660228
Address 1	BLK 228 #07-113	Address 2	CHOA CHU KANG CENTRAL	Post Code	660228
Address 4		Address Type	Singapore address		
Unit No.	07-113	Driver Vehicle No.	5MG2812P	Driver Insurer Company	KTC
Does he own a Singapore Registered Car?	Yes / No				
Declaration		Any injury?	Yes / No		
Smotherless or Blind Test Reading?	0 mg				

Modification History

Claim 001

Claim Type \*

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	Claim Close Date	10/10/2019 15:12	Date Received	10/10/2019 00:00
Excess No.	Excess Option	Preferred Workshop, Name unknown						
Finalisation	Yes							
Date Registered								
Report Taken By								

### Attachment

Accident No.	MT/1066378	Claim No.	001	Upload Date	10/10/2019 15:17
Last Doc. Received	Yes / No				
Path *		Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Message Read					Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (GCS)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Oct 2019 15:17	Photos	Normal	Photos 2019-10-10	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Oct 2019 15:17	Photos	Normal	Photos 2019-10-10	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 10 Oct 2019 15:17	Photos	Normal	Photos 2019-10-10	

SMG2912P

Particulars of Insured / Driver & Details of this Accident

(Pls circle where applicable)

Location Of Accident: Aye (Towards Junng)

Date & Time Of Accident: 09/10/19 @ 1730hrs

Purpose when vehicle was used at the time of accident: \_\_\_\_\_  
(e.g Going home)

Details of Own Vehicle

Vehicle Registration number: SMG2912P

Make / Model: Honda Vezel Hybrid

Vehicle Category: \_\_\_\_\_

Claim Own Insurance: YES / NO

If No. Reporting only Third Party Claim

Name of Preferred Workshop: \_\_\_\_\_

Contact: \_\_\_\_\_

Insured / Policy Holder

Name of Registered Owner: THONG WEI LIANG (TANG WEILIANG)

NRIC No.: S8413101F

Address: BLK 228 CHOA CHU KANG CENTRAL #07-113 SINGAPORE 680228

Mobile No: 83839423

Other Contact: Home / Office no: \_\_\_\_\_

Email: stevethong@gmail.com

Driver

Name of Driver: THONG WEI LIANG (TANG WEILIANG)

NRIC / Fin No.: S8413101F

Driving Licence Pass Date: 11 JAN 2012

D.O.B: 17.05.1984

Address: BLK 228 CHOA CHU KANG CENTRAL #07-113 SINGAPORE 680228

Occupation: INDOOR / OUTDOOR

Mobile No: 83839423

Gender: MALE / FEMALE

Other Contact: Home / Office no: \_\_\_\_\_

Email: stevethong@gmail.com

Driver an employee: YES / NO If no, what is the relationship with the policyholder: \_\_\_\_\_

If Driver is a policyholder, please ignore this question

Insurance Company

Fleet Policy: YES / NO

Policy number: 5106320160

Type Of Coverage: DRIVE CLASSIC

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: \_\_\_\_\_

Weather Conditions: CLEAR / RAINING / DRIZZLING / OTHERS: \_\_\_\_\_

Road Surface: DRY / WET

Any video captured by car camera? YES / NO

\*Any witness?: YES / NO

Any police report made: YES / NO

\*Injured party: YES / NO (if yes, pls provide name & Tel)

No. of Passenger (including Driver): \_\_\_\_\_

Details of Passenger 1

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Passenger 2

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Passenger 3

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Passenger 4

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Other Vehicle Property 1

Vehicle Registration No: SKP5910B

Vehicle Make/Model/Color: \_\_\_\_\_

Name Of Driver: Heng Hui Ping, Alicia

No. of Passenger (including Driver): \_\_\_\_\_

NRIC: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Nature of Damage: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Details of Other Vehicle Property 2

Vehicle Registration No: \_\_\_\_\_

Vehicle Make/Model/Color: \_\_\_\_\_

Name Of Driver: \_\_\_\_\_

No. of Passenger (including Driver): \_\_\_\_\_

NRIC: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Nature of Damage: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_



## 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:** 5106320160

**Cover :** drive CLASSIC

- |   |                   |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle  | : SMG2912P        |
| Chassis Number  | : RU31318900      |
| 2. Name of Policyholder   | : THONG WEI LIANG |
| 3. Effective Date of Insurance  | : 13 Dec 2018     |
| 4. Expiry Date of Insurance   | : 12 Dec 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	: THONG WEI LIANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : DQ INSURE (00000572952)  
Date of Issue : 12 Dec 2018 15:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive