

NATIONAL Assessment Centre Services. [ver 1 Jan'03]

290419160081

Date In: 04/15/2015 15:01	Job description	Date & Time Completed	Done by
Ref No: NBB/INC/902438/Y	SAS e-filing		
Veh No: SGT 705 J	E-mail (Within 3hrs, AIC 2hrs)		
DOA: 02/15/2015 09:10	I-Motor Claims Form	04/15/2015 16:04	
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Whse		

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

TP Particulars: Vch No: 8CG 34338 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 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 > \$3000] ()		

Injury: _____

Date/Time	Assign	Done by

Claimant: ()	1) AIR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PF: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: I/O DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TP (NI); TP (Non-INC) against INC \$20	
	9) NI: I/O Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

MPF 2015

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	04/12/2019 15:01
Date Of Accident	02/12/2019 09:10
Exact Location Of Accident	ALONG JALAN MUHIBBAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ7705J
Insured/Policyholder	
Name Of Registered Owner	NG KIM CHUAN
NRIC No	S0138116D
Email Address	NG_KIM_CHUAN@PA.GOV.SG
Mobile Phone No	(LOCAL) +65-97996165
Alternative Phone No	OTHERS-97996165
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	BRINGING FOOD BACK HOME
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	5087466550-02
Cover Note Number	
Driver	
Name of Driver	NG KIM CHUAN
NRIC No	S0138116D
Date Of Birth	15/09/1951
Occupation	INDOOR
Date Of Driving Pass	12/01/1976
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97996165
Fax Number	
Contact Number	OTHERS-97996165
EMail Address	NG_KIM_CHUAN@PA.GOV.SG

Address	BLK 528 JELAPANG ROAD #11-91
Postcode	670528
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	SIDE SWIPE
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCG3433S
Vehicle Make/Model/Colour	TOYOTA SPORT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

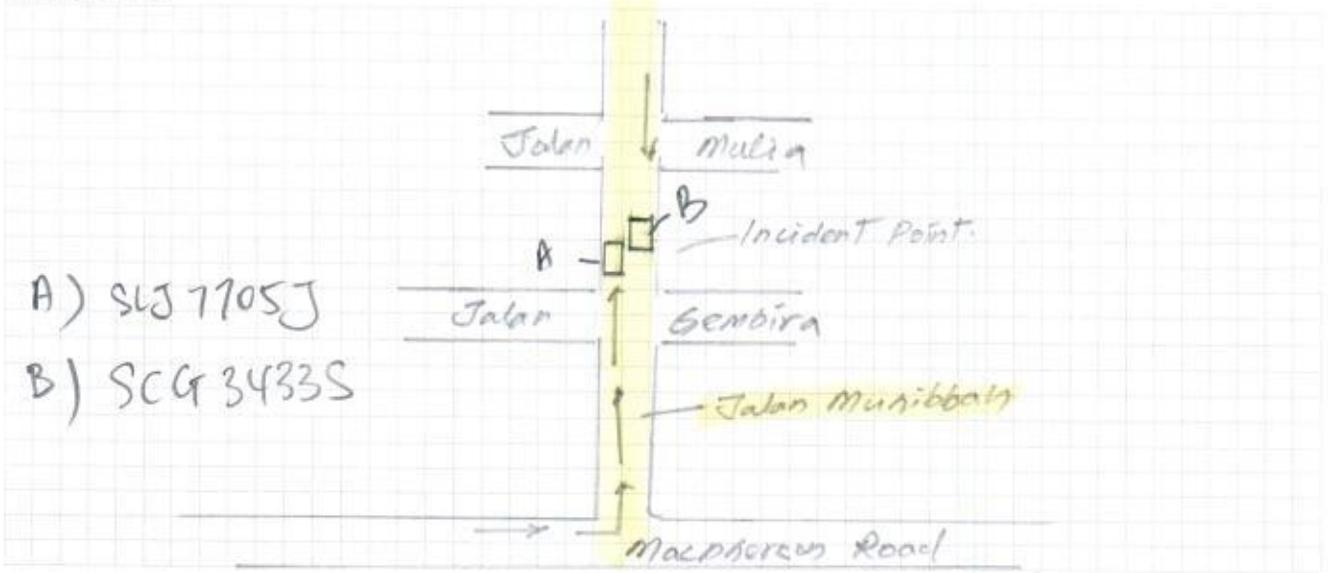


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



- A) SLJ 7705J
- B) SCG 3433S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 Dec 2019 at about 9:00am, I travelled from Macpherson Road and turned into Jalan Muhibbah. I saw a vehicle, Number: SCG 3433S, Toyota Sport. Black car moving from opposite lane of Kapit to my lane and moved on. When I passed the junction of Jalan Muhibbah & Jalan Sembira/~~Jalan Mulia~~, I heard my driver side side mirror was hit. Then I realized was hit by the owner of SCG 3433S. I stopped my car and came out to check my side mirror. It was functioning. The owner of the SCG 3433S turned and parked behind my car. He claimed that I hit on his car. I told him that I drove in my lane, though was closed to central white line. I could be he also drove too near to the white line. Thus caused the incident. As this was not my fault. I refused to settle on the spot. He's car only suffered from the side mirror could not control automatically. He should keep a distance from the white line as he saw my car turning into Jalan Muhibbah from far. I went to Henderson Police Station on 2 Dec 2019 at 11pm and was told to make a report with my insurance company.

DECLARATION

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

Clavelle → 4/12 2:50pm
 Policyholder's Signature
 Date & Time:

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

04/12/2019
 Reporting Centre Personnel's Signature
 Name: Rashid
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (02/12/2019) (DD/MM/YYYY), TIME: (09:10) (HH:MM)

LOCATION: Jalan Muhibbah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ 7705T
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota A115
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Bringing food back home
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) No
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) Reporting Only

2. INSURED / POLICY HOLDER

- A) NAME: NG KIM CHUAN (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S0138116D CONTACT: 97996163
C) ADDRESS: BK 528 Jelapang Road
11-91 Singapore 760528

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Aboke (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (15/09/1951) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Manager

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NA

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear
b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES/NO) No

7. a) REPORTED TO POLICE (YES/NO) Yes
IF YES, PLEASE STATE WHICH POLICE STATION: Henderson Police Station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SCG 3433S MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: NA MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email: ng-kim-chuan@pa.gov.sg
VIDEO

Claim Handling

Accident MT/1074348

Policy No.	5087466550-02	Vehicle No.	SLJ7705J	GST Registrati
Certificate No.				
Policyholder Name	NG KIM CHUAN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97996165	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	04/12/2019 16:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/12/2019	Time of Accident hh:mm	09:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG JALAN MUHIBBAH			

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Ex
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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	44 JALAN KEMAJUAN	Address 2	MACPHERSON GARDEN ESTATE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5087466550-02	

OI Driver Info

Driver Name	NG KIM CHUAN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	50138116D	Driving Exper
Register Date of Driver License	12/01/1976	Driver Age	68	Contact No.(Hi
Contact No.(Mobile)	97996165	Contact No.(Office)		Address 3
Address 1	44 JALAN KEMAJUAN	Address 2	MACPHERSON GARDEN ESTATE	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLJ7705J	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NG
Contact No.(Mobile)	97996165	Contact No.(Home)	63
Email Address	Kim_Chuan_NG@pa.gov.sg	OI Vehicle Number	SLJ
Claim Description	SLJ7705J / SCG34335 ON 2 Dec 2019		
Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	04/12/2019 16:03
<input checked="" type="checkbox"/> Print AK letter			ROSLI WAHAB

Save Submit

Attachment

Accident No.	MT/1074348	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/12/2019 16:04
Path * Choose File No file chosen Choose File No file chosen Message Read		Category * Please Select NO Please Select NO Please Select NO Please Select NO Please Select NO Please Select NO	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confider
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 16:04	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 16:04	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 16:04	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 16:04	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 16:04	Photos	Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 16:03	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 16:03	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 16:03	SAS	Normal	S

Video List

Uploaded By/Date	Folder Date	File Name
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

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="02/12/2019 14:53"/>							
Vehicle No.(For Motor)	<input type="text" value="SLJ7705J"/>	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"/>	5087466550-02		NG KIM CHUAN	S0138116D	GPC	drive CLASSIC	SLJ7705J	SLJ7705J	26/02/2019	25/02/2020
<input type="button" value="Continue"/>										