

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MMA 419168552

Date In: 23/12/19 16:05	Job description	Date & Time Completed	Done by
Ref No: MMA MBA / INC 19022492	6AS e-filing		
Veh No: SKF 56302	E-mail (to John Sims, AIC 2hrs)		
D.O.A: 23/12/19 08:10	1-Motor Claim Form	MT/1076921-001	23/12/19 18:49
OD: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: SKD 6833 Y	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 rep/lor.
() 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: _____

Client Particulars:	MA1909587
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors Comments:	
Ref 1:	
Ref 2:	

1) AR: Accident Reporting (\$30)	INC (\$10)	30.00
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: 1 Use DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$35	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$35	
TP (NI): TP (N-in INC) against INC	\$30	
9) N12: Idco Mobile	\$0	
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 GlA 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	23/12/2019 16:05
Date Of Accident	23/12/2019 08:10
Exact Location Of Accident	JUNC OF COMMONWEALTH AVE WEST & GHIM MOH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF5630L
Insured/Policyholder	
Name Of Registered Owner	LING NGEE HUA
NRIC No	SXXXX034J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96751258
Alternative Phone No	OFFICE-96751258

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	5101134799-01
Cover Note Number	

Driver

Name of Driver	LING NGEE HUA
NRIC No	SXXXX034J
Date Of Birth	18/02/1955
Occupation	INDOOR
Date Of Driving Pass	23/11/1976
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96751258
Fax Number	
Contact Number	OFFICE-96751258
Email Address	NOEMAIL

Address	BLK 285 BUKIT BATOK EAST AVE 3 #05-427
Postcode	650285
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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191223/2055

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	SKD6833Y
Vehicle Make/Model/Colour	
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

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.:

Commonwealth Ave west

A = SKF 56302
B = SKD 6833Y

Grim Moh Rd

Refer to Police Report T/ 20191223/ 2055

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


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



SINGAPORE POLICE FORCE



T/20191223/2055

1 of 3

Report No. T/20191223/2055

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2019 13:05		Vide Report No.:		Station Diary No.: 58	
Informant's Particulars					
Name of Informant: LING NGEE HUA			Address: APT BLK 285 BUKIT BATOK EAST AVENUE 3 #05-427 SINGAPORE 650285		
ID Type / ID No.: NRIC NO / S1108034J			Contact No.: Home/Office: Mobile: 96751258		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 18/02/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: IT			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2019 08:10	Type of Location: Straight Road
Location: Along Road 1 COMMONWEALTH AVENUE WEST BETWEEN COMMONWEALTH AVENUE WEST AND GHIM MOH ROAD JUNCTION NEAR TO THE TRAFFIC LIGHT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD6833Y	Car		STREAM 1.8 A	Brown	Slightly Damaged	1
SKF5630L	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191223/2055

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20191223/2055

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKF5630L	NTUC Income Insurance Co-Operative Limited	5101134799-01	14/06/2019	13/06/2020

Brief Details.

On the 23/12/2019 at about 0813hrs, I was travelling along commonwealth ave west towards ghim moh junction with my vehicle bearing the registration plate number of SKF5630L.

Subsequently, the vehicle in-front of me bearing the registration plate number of SKD6833Y applied e-brake as the traffic light turned red. I then immediately applied e-brake however before my vehicle could come into a complete stop it collided onto the rear bumper of the said vehicle.

We then exchanged particulars. However, the said driver called me and informed that he would be lodging an official police report hence I am lodging this police report.

No traffic police and paramedic was at scene.

No government property or pedestrian was involved when the accident occurred.

This is the first time such incident had occurred to me.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20191223/2055

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Report No. T/20191223/205

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:
D /
Sgt 1 TAN TECK CHYE ALAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/12/2019 13:05

Classification Of Case:

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/12/2019 16:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SKF5630L"/>	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="checkbox"/>	5101134799-01		LING NGEE HUA	51108034J	GPC	drive CLASSIC	SKF5630L	SKF5630L	14/06/2019	13/06/2020
<input type="button" value="Continue"/>										

Claim Handling

Exit

Accident MT/1076923

Policy No.	5101134799-01	Vehicle No.	SKF5630L	GST Registration No.	
Certificate No.					
Policyholder Name	LING NGEE HUA			Policyholder NRIC	S1108034J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96751258	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	23/12/2019 18:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/12/2019	Time of Accident (H:M:S)	08:10	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	JUNC OF COMMONWEALTH AVE WEST & GHEM MOH RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	BLK 285 #05-427	Address 2	BUKIT BATOK EAST AVENUE 3	Address 3	SINGAPORE 650285
Address 4		Address Type	Singapore address	Post Code	650285
Unit No.		Related Policy Number	5101134799-01		

OI Driver Info

Driver Name	LING NGEE HUA	Driver Type	Main Driver	Driver DOB	18/02/1955
Unnamed driver Name		Driver NRIC	S1108034J	Driving Experience	20
Register Date of Driver License	01/01/1999	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)	96751258	Contact No.(Office)		Address 1	SINGAPORE 650285
Address 1	BLK 285 #05-427	Address 2	BUKIT BATOK EAST AVENUE 3	Address 3	SINGAPORE 650285
Address 4		Address Type	Singapore address	Post Code	650285
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LING NGEE HUA	Insured NRIC	S1108034J
Contact No.(Mobile)	96751258	Contact No.(Home)	66650700	Contact No.(Office)	
Email Address		Vehicle Number	SKF5630L	TP vehicle number	SKD6833Y
Claim Description	SKF5630L / SKD6833Y ON 23 Dec 2019			Name of Preferred Workshop	
Preferred Workshop Evaluation	0	Insured Liability	Fully at Fault	GIA report	Received
Date Registered	23/12/2019 18:48	Claim Close Date		Date Received	23/12/2019 00:00
Report Taken By	SHAN HUE				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1076923	Claim No.	001																																
Last Doc. Received	Yes No	Upload Date	23/12/2019 18:49																																
Path *	<table> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </table>			Category *	Confidential	Urgency *	Description *	Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal	
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:49	SAS	Normal	Normal	SAS 2019-12-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:49	Photos	Normal	Normal	Photos 2019-12-23	Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:49

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Action

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