

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

NA20006021

Date In: 14/01/2020 10:22	Job description	Date & Time Completed	Done by
Ref No: N/A / INC0000083474	SAS e-filing		
Veh No: 50 2167 A	E-mail (Adjust 2hrs, AIC 2hrs)		
DOA: 13/01/2020 08:40	I-Motor Claim Form	m/11079958001	14/01/2020 10:40
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: (Tel:	Fax:
TP Particulars:	Veh No: SLW 7201C	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 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/Time:	
Location:	
Weather:	
Witness:	
Police:	
Other:	

NA2000461	Invoice	Ref: NA2000461
Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
Additional Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30
Call:	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:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (Nil): TP (N/A INC) against IAG	\$20
	9) N12: Idas 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 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	14/01/2020 10:22
Date Of Accident	13/01/2020 08:40
Exact Location Of Accident	ALONG ADAM ROAD TOWARDS FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ2767A
Insured/Policyholder	
Name Of Registered Owner	UNIQUECARS TRADING
Co Reg No	5XXXX372A
Email Address	CHNGANGIE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90070040
Alternative Phone No	OFFICE-87831448

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	DRIVE TO WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109039988
Cover Note Number	

Driver

Name of Driver	CHNG MENG HUA (ZHUANG MINGHUA)
NRIC No	SXXXX456H
Date Of Birth	06/07/1974
Occupation	INDOOR
Date Of Driving Pass	24/03/1995
Driving Experience	24 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90070040
Fax Number	
Contact Number	OTHERS-87831448
EMail Address	CHNGANGIE@HOTMAIL.COM

Address	29 TRANSIT ROAD #03-08
Postcode	778905
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW7201C
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97858766
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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: 13/1/20

8.00 p.m.



Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/1/20

8.00 p.m.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ADAM ROAD - TOWARDS FARRER ROAD

	A		
	B		
	A		
	A		

A) SJK 2767A
B) SLW 701C

- Travelling along Adam Road (besides Camden Park), towards Farrer Road. SLW 7201C brake , but SJQ 2767A was unable to stop in time.

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

Date & Time: 13/1/20

GIARMC Sketch *Plagiarism*

(If driver is not the policyholder)

Date & Time: 13/1/20

Name: Nikhil Kumar

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 01 / 2010 (DD/MM/YYYY), TIME: 08:40 (HH:MM)
 LOCATION: ADAM ROAD Farrer Road towards Greenway

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: 5JQ2767A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5109039488
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Hyundai Avante
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: pick up work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: Uniquecars Trading (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 33211372A CONTACT: 90070040
 c) ADDRESS: 1 Bukit Batok crescent #04-36 weega plaza
5658014

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Chng Mung Hua (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57421456H CONTACT: 87831448
 c) ADDRESS: 29 Innova Road #03-05 5776905

* d) DATE OF BIRTH: 06 / 07 / 1974 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 1995 mar

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: rental

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: SLW7201 C MODEL: Honda rezel
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT: 97858766

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

email = chngangie@hotmail.com
 VIDEO

Claim Handling

Exit

Accident MT/1079058

Policy No.	5109039988	Vehicle No.	SQ2767A	GST Registration No.	
Certificate No.					
Policyholder Name	UNIQUECARS TRADING			Policyholder NRIC	S3211372A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90070040	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Report Date	14/01/2020 10:35	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/01/2020	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Grange force		ICM No.	
Accident Location	ALONG ADAM ROAD TOWARDS FARRER ROAD				

Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	500.00	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	14/01/2020 10:38:13 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address					
Address 1	1 BUKIT BATOK CRESCENT	Address 2	#04-36 WCEGA PLAZA	Address 3	SINGAPORE 658064
Address 4		Address Type	Singapore address	Post Code	658064
Unit No.	03-08	Related Policy Number	5109039988		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHENG MENG HUA (ZHUANG HIN)	Driver NRIC	S7421420H	Driver DOB	06/07/1974
Register Date of Driver License	24/03/1995	Driver Age	45	Driving Experience	24
Contact No.(Mobile)	87831448	Contact No.(Office)		Contact No.(Home)	
Address 1	29 TRANSIT ROAD	Address 2	#03-08 FOREST HILLS CONDO	Address 3	SINGAPORE 778905
Address 4		Address Type	Foreign address	Post Code	778905
Unit No.	03-08				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SQ2767A	Driver Insurer Company	NTUC

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	UNIQUECARS TRADING	Insured NRIC	S3211372A
Contact No.(Mobile)	90070040	Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	SQ2767A	TP Vehicle Number	SLW7201C
Claim Description	SQ2767A / SLW7201C ON 13 Jan 2020				
Preferred Workshop		Insured Liability	Fully at Fault		
Repaired No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/01/2020 10:39	Claim Close Date		Date Received	14/01/2020 00:00
Report Taken By	ROSLI WAHAB				
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1079058	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/01/2020 10:40
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Hq Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:40	Photos	Normal	Photos 2020-1-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:40	Photos	Normal	Photos 2020-1-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:40	Photos	Normal	Photos 2020-1-14		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:40	Photos		Normal	Photos 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:39	Photos		Normal	Photos 2020-1-14	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:39	Photos		Normal	Photos 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:39	Photos		Normal	Photos 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:39	Photos		Normal	Photos 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:39	Photos		Normal	Photos 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:39	SAS		Normal	SAS 2020-1-14	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		

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: 5109039988

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SIQ2767A**
Chassis Number : **KMH DU41BR9U752860**
2. Name of Policyholder : **UNIQUECARS TRADING**
3. Effective Date of Insurance : **30 Apr 2019**
4. Expiry Date of Insurance : **29 Apr 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: YES
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : 29 Apr 2019 13:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive