

NATIONAL Assessment Centre Services.

1st 1 Jan 2001 MHA 47000745

| | | | |
|---------------------------|--|-----------------------|------------------|
| Date In: 17/01/2000 10:32 | Job description | Date & Time Completed | Done by |
| Ref No: 17/01/2000/1066/4 | SAS e-filing | | |
| Veh No: SCJ 41692 | E-mail (to John 3hrs, AIC 3hrs) | | |
| DOA: 16/01/2000 21:10 | I-Motor Claim Form | MHA 470005442001 | 17/01/2000 11:52 |
| OD: TP Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

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

TP Particulars: Vch No: SCJ 3995 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 repolter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Comments / Instructions / Clarifications:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

| Date/Time | By | Remarks |
|-----------|----|---------|
| | | |
| | | |
| | | |
| | | |

XIA 700058

| | | |
|---------------------------------|--|-------------|
| Driver/Owner: | 1) AIC: Accident Reporting (\$30) | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | |
| | 4) PT: Follow-Through Survey \$120 | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming against INC Only (verf 10 Jan 2000) | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idea DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services:- | |
| | ON: | |
| | *N5: Courtesy Car / Tpl Allowance \$3 | |
| | *N6: Repair Co-ordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Licence Coordination \$3 | |
| | TP (N11) / TP (N12) INC against INC \$20 | |
| | 9) N12: Idea Mobile \$30 | |
| QC Checked by (Engr-In-Charge): | 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 | 17/01/2020 10:32 |
| Date Of Accident | 16/01/2020 21:10 |
| Exact Location Of Accident | SINGAPORE SWIMMING CLUB LEVEL 4 CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SLT4169Z |
| Insured/Policyholder | |
| Name Of Registered Owner | CHUA SIOK PENG (CAI SHUPING) |
| NRIC No | SXXXX892D |
| Email Address | AKI40036@ROCKETMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96579396 |
| Alternative Phone No | OTHERS-96579396 |

Vehicle Particulars

| | |
|--|-------------------------|
| Manufacturer | BMW |
| Model | 420I GRAN COUPE LED NAV |
| Exact Purpose for which vehicle was being used at time of accident | CAR WAS PARKED |
| 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 | 5104381252-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | CHUA SIOK PENG (CAI SHUPING) |
| NRIC No | SXXXX892D |
| Date Of Birth | 15/11/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 05/05/1995 |
| Driving Experience | 24 YEARS AND 8 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96579396 |
| Fax Number | |
| Contact Number | OTHERS-96579396 |
| EEmail Address | AKI40036@ROCKETMAIL.COM |

| | |
|---|------------------------|
| Address | 92 PAYA LEBAR CRESCENT |
| Postcode | 536175 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 0 |

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 |
| Remarks/ Reasons: | WITH OWNER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SKJ399S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | VINCENT LEW |
| 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:

17/1/2020
10.46am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

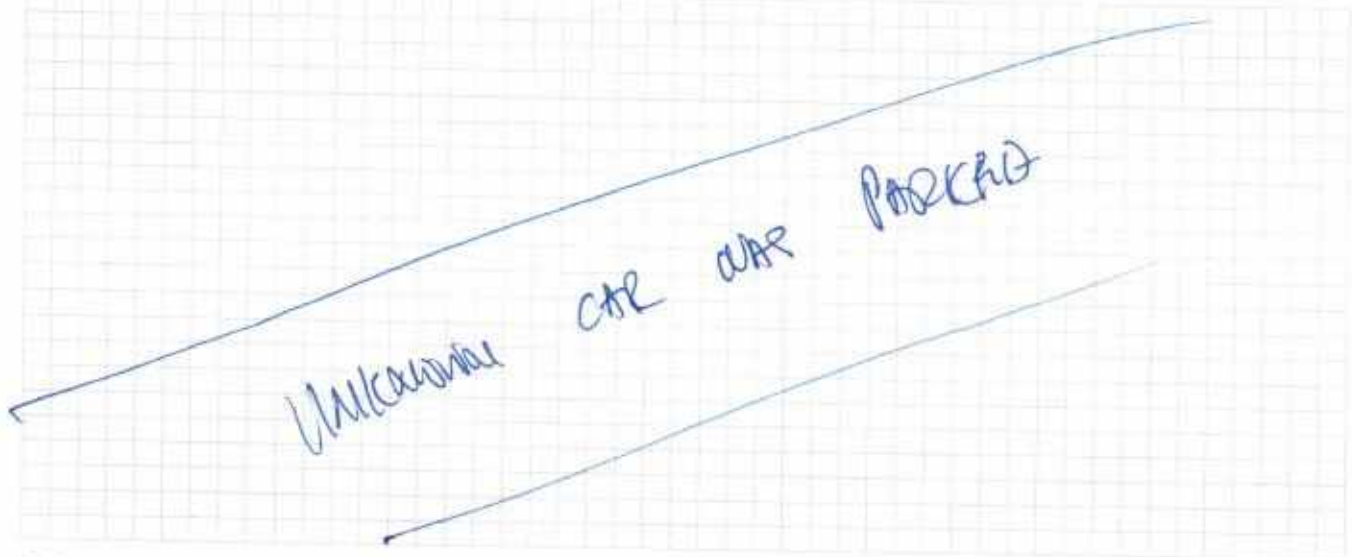
Name:

NRIC/FIN No.:

17/01/2020

Ros L. Hoo

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car at Singapore Swimming Club L4 car park at about 6.50pm for dinner - I returned to pick up the car at about 9.30 - 10pm and saw ~~a~~ the front bumper had come off on the RHS and there are scratches on that side too. A note was left on the windscreen by the guy who knocked my car admitting his fault and asking me to call him. I rang him around 10pm and he gave me his car number as well as his surname.

DECLARATION

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

Policyholder's Signature
 Date & Time: 17/1/2020
 10.52 am

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

Reporting Centre Personnel's Signature
 Name: 17/01/2020
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 16/01/2020 (DD/MM/YYYY), TIME: 21:10 (HH:MM)

LOCATION: SINGAPORE SWIMMING CLUB L4 CAR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT 4167Z
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5104361252
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 420i SPORT
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARKED THERE
 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: CHUA SIOK PENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57534892D CONTACT: 96579396
 c) ADDRESS: 92 PAYA LEBAR CRESCENT SINGAPORE
536175

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: CHUA AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

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: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRY

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SKJ 399S MODEL: _____
 b) DRIVER'S NAME: VINCENT LEW
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email: aki40036@rocketmail.com

VIDEO

Claim Handling

Accident MT/1080544

| | | | | |
|---------------------|---|---------------------|---|-----------------|
| Policy No. | 5104361252-01 | Vehicle No. | SLT4169Z | GST Registrati |
| Certificate No. | | | | |
| Policyholder Name | CHUA SIOK PENG | | | Policyholder No |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive PREMIUM | Loading |
| Contact No.(Mobile) | 96579396 | Contact No.(Office) | | Contact No.(H |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | TCA | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 20 | Private Hire |

Accident Details

| | | | | |
|-------------------|---|-------------------------------|-------|----------------|
| Report Date | 17/01/2020 11:30 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 16/01/2020 | Time of Accident hh:mm | 21:10 | Country of Acc |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | SINGAPORE SWIMMING CLUB LEVEL 4 CARPARK | | | |

Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|--------|-----------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Cover |
| 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 | 92 PAYA LEBAR CRESCENT | Address 2 | SINGAPORE 536175 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5104361252-01 | |

OI Driver Info

| | | | | |
|---|---|---------------------|-------------------|----------------|
| Driver Name | CHUA SIOK PENG | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S75348920 | Driver OGB |
| Register Date of Driver License | 02/01/2015 | Driver Age | 44 | Driving Experi |
| Contact No.(Mobile) | 96579396 | Contact No.(Office) | | Contact No.(H |
| Address 1 | 92 PAYA LEBAR CRESCENT | Address 2 | SINGAPORE 536175 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Driver Vehicle No. | SLT4169Z | Driver Insurer |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

| | | | | | | | |
|--------------------------|----------------------|-------------------------|----------------------------------|------------|----------|-----------------------------------|------------------|
| Preferred Workshop | <input type="text"/> | Insured Liability | Not at Fault | GIA report | Received | Insured Name | CH |
| Contact No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | | | Contact No. (Home) | 62 |
| Date Registered | | | | | | OI Vehicle Number | SLT |
| Report Taken By | | | | | | SLT4169Z / SKJ3995 ON 16 Jan 2020 | |
| | | | | | | 17/01/2020 11:51 | Claim Close Date |
| | | | | | | ROSLI WAHAB | |

Print AK letter

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="16/01/2020 10:42"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SLT4169Z"/> | Certificate Number | <input type="text"/> | | | | | | | |
| <input type="button" value="Search"/> | | | | | | | | | | |
| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRJC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/> | 51043612S2-01 | | CHUA SIOK PENG | S7534892D | GPC | drive PREMIUM | SLT4169Z | SLT4169Z | 27/10/2019 | 26/10/2020 |
| <input type="button" value="Continue"/> | | | | | | | | | | |