

NATIONAL Assessment Centre Services. [ref 1 Jan 05]

17 MAY 2000 17389

Date In: 07/02/2000 18:17	Job description	Date & Time Completed	Done by
Ref No: NIA/INC 20002007	SAS e-filing		
Veh No: SMM 70387	E-mail (E-mail Rec, AIC 2hrs)		
D.O.A: 02/01/2000 14:45	I-Motor Claim Form	07/02/2000 18:33	
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/Whse		

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

TP Particulars: Veh No: SJZ 225M 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 Cor ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

NIA 2001306 Customer: _____ Driver/Owner: _____ Contact No: _____ Damaged Portion: _____ QC Checked by (Engr-In-Charge): _____ Auditor's Comment: _____ Date: _____ Page 2/3	1) AR: Accident Reporting (\$30)	
	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 claim against INC Only (ref 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idse DA + EMRT Survey	\$160
	8) NIUC Additional Services:	
	OD:	
*N5: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Co-ordination	\$3	
TP (N11): TP (S/N INC) against INC	\$20	
*N12: Idse 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	07/02/2020 16:59
Date Of Accident	03/01/2020 14:45
Exact Location Of Accident	JALAN SULTAN TOWARDS BEACH ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7034J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TNG KIM CHEONG
NRIC No	SXXXX608H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91819378
Alternative Phone No	OTHERS-91819378

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	5110532169
Cover Note Number	

#### Driver

Name of Driver	TNG KIM CHEONG
NRIC No	SXXXX608H
Date Of Birth	18/09/1966
Occupation	INDOOR
Date Of Driving Pass	11/09/1992
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91819378
Fax Number	
Contact Number	OTHERS-91819378
Email Address	NOEMAIL

Address	BLK 630 WOODLANDS RING ROAD #03-226
Postcode	730630
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ2255M
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW CHENG DE AUGUSTINE
NRIC/Passport Number	
Contact Number	83230685
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## 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.:

SKETCH PLAN

BHACHA ROAD

A) SMM 7034J

B) SJZ 2255M



JALAN SULTAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at junction of Jalan Sultan & Bacha Road.

I had stopped car Jalan Sultan Rd as traffic light were red there was about 2-3 cars also stopped in front of me.

Being stationary for about 30 sec I felt a being from the rear. I came down to check and a vehicle SJZ 2255M (TOYOTA) had being onto me. The driver, a Chew Cheng De Augustine had been had told me to settle matter privately and I agreed.

However when I went to Borneo Motor for my servicing & had the damages check with a quote, he suddenly refuse to settle and told me to claim/insurance.

I had delay reporting due to work rush and the CNY rush.

DECLARATION

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

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.:

MPV/MPV/MPV (Police and Customs Form) (M)

**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 Police Officer and/or the Authorized Officer.
3. Information provided must be as accurate and complete as possible. Any false information may result in suspension of benefits under any insurance cover and a possible traffic offence.
4. The issue and acceptance of this Form by insurance companies is not an indication of policy validity on the part of the insurance companies.
5. Use data correctly as the information in this Form for investigation.
6. This report will be forwarded by the insurers to the Insurers of the Civil Records Investigation Centre established by the Government of Singapore State for handling and the process of the report will be used as main evidence upon application by interested parties.
7. By the acceptance of this report by the insured, you hereby consent to the recording of this accident in the system and to the right of the report being used in other proceedings.

Date Of Report: 070220

Date Of Accident: 030120 1445hrs

Exact Location Of Accident: JALAN SULTAN RD TO BEACH RD.

Country/State of Loss:

Vehicle Registration Number: SIMM 7054-J

Name of Policyholder:

Name Of Registered Owner: TNG KIM CHEONG

Co-Tag No:

Postal Address:

Mobile Phone No: 91819378

Alternative Phone No:

Vehicle Particulars:

Manufacturer: TOYOTA

Model: ALTIS

Exact Purpose for which vehicle was being used at time of accident: PRIVATE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please indicate action to be taken: CLAIM THIRD PARTY

Vehicle Category: SALOON

Insurance Company: NTUC

Name of Insurance Company: DRIVO PREMIUM (COMPRE)

Type Of Coverage:

File: Policy:

Policy Number: 5110532169

Cover Note Number:

Driver:

Name of Driver: AS ABOVE

NRIC No: S174460214

Date Of Birth: 18 SEPT 1966

Occupation: MANAGER

Date Of Driving Pass: 11 09 92

Driving Experience: MALE

Mobile Number:

Pass Number:

Contact Number:

Email Address:

Address

Postcode

Was driver an employee of the Insured's Company

OWNER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Time Of Accident

FRONT TO MY REAR  
CLEAR  
DRY.

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO-

Was any body injured in the Accident? NO.

Was any other material or property damaged? YES

Have you been approached by unknown person(s) soliciting offering accident claims assistance? NO

Number of Passengers (including Driver) 01

Details of Police Station

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of Intended Prosecution given?

If Yes, against whom?

NA.

Geographical Area of Accident

PLEASE REFER TO SKETCH PLAN

Witness(es)

Are accident photos available for sketchman?

Was there any video captured by Car Camera?

Remarks/Reasons:

Vehicle Registration Number

SJZ 2255M

Vehicle Make/Model/Colour

TOYOTA VIOX

Details Of Proprietor

Name of Driver

CHEW CHENG DE AUGUSTINE

NRIC/Passport Number

Contact Number

83230685

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (including Driver)

02

Details of Witness

Name

Phone Number

Email Address

## Claim Handling

## Accident MT/1083487

Policy No.	5110532169	Vehicle No.	SMM7034J	GST Registration No.
Certificate No.				
Policyholder Name	TNG KIM CHEONG			Policyholder NRIC
Product Code	PRIVATE CAR (INSURANCE)	Cover Type	drive PREMIUM	Leading
Contact No.(Mobile)	91819378	Contact No.(Office)		Contact No.(Home)
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	No	NCD Entitlement(%)	30	Private Hire

## ▼ Accident Details

Report Date	07/02/2020 18:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/01/2020	Time of Accident hh:mm	14:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN SULTAN TOWARDS BEACH ROAD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIBD OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	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			

## ▼ Policyholder Mailing Address

Address 1	BLK 166B #16-24	Address 2	YUNG KUANG ROAD	Address 3
Address 4	SINGAPORE 612166	Address Type	Singapore address	Post Code
Unit No.	16-24	Related Policy Number	5110532169	

## ▼ O1 Driver Info

Driver Name	TNG KIM CHEONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1744608H	Driver DOB
Register Date of Driver License	11/09/1992	Driver Age	53	Driving Experience
Contact No.(Mobile)	91819378	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 166B #16-24	Address 2	YUNG KUANG ROAD	Address 3
Address 4	SINGAPORE 612166	Address Type	Singapore address	Post Code
Unit No.	16-24			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SMM7034J	Driver Insurer Company

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

## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TNG KIM CHEONG
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		O1 Vehicle Number	SMM7034J
Claim Description	SMM7034J / SJZ2265H ON 3 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Finalise No.	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	07/02/2020 18:33
			ROSLI WAHAB

Print AK letter

Save Submit

## Attachment

Accident No.	HT/1083487	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/02/2020 18:33

Path \*

Category \*

Confidential

Urgency \*



Hello, NAC\_BUKIT\_MERAH\_B00676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110532169		TNG KIM CHEONG	S1744608H	GPC	drivo PREMIUM	SMM7034J	SMM7034J	11/07/2019	10/07/2020

Continue

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No. : 21W420017589 Vehicle Registration No. : SMM 7034J  
 Name (as shown in NRIC) : Tan Kian Chuan NRIC/FIN/Passport No. : SXXXX6084  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 91819328  
 Email Address : \_\_\_\_\_  
 Date of Accident : 03/01/2020 Time of Accident : 14:45  
 Place of Accident : Jalan Sultan towards Beach Road  
 Insurance Company : KIUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT TO 03/01/2020

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rohi  
NRIC/FIN No.: W111113  
Date: 07/02/2020