

# NATIONAL Assessment Centre Services.

part 1 Jan 09

MNA 120033990

Date In: 18/3/20 13:32	Job description	Date & Time Completed	Done by
Ref No: NNA/INC 20004178/h4	SAS e-filing		
Veh No: SLG 4811X	E-mail (within 3hrs, AIC 2hrs)		
DDA: 17/3/20 20:55	I-Motor Claim Form	MT/1088714 <sup>001</sup>	18/3/20 14:10
OD: <input checked="" type="radio"/> Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

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

TP Particulars: Veh No: SJA 6188 D. 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 repairer.

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

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

Remarks: (INC ( ) / Non-INC ( ))

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

2) QC Check / Post Repair Inspection ( )

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

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

Date/Time: \_\_\_\_\_

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

amaged Portion: \_\_\_\_\_

\_\_\_\_\_

C Checked by (Engr-In-Charge): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NNA 2002088

Remarks Particulars:

1) AR: Accident Reporting - (\$30); INC (\$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 obtaining against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao DA + EMRT Survey \$160

8) NTUC Additional Services:-

ON:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idao 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	18/03/2020 13:32
Date Of Accident	17/03/2020 20:55
Exact Location Of Accident	PIE TWDS CHANGI B4 CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4811X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	APEX AUTOMOTIVE
Co Reg No	5XXXX491C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62513972

### Vehicle Particulars

Manufacturer	AUDI
Model	A4
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5088201133-03
Cover Note Number	

### Driver

Name of Driver	NG JIE YI
NRIC No	SXXXX422H
Date Of Birth	26/10/1994
Occupation	INDOOR
Date Of Driving Pass	15/05/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93393537
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 445 PASIR RIS DR 6 #01-90
Postcode	510445
Was driver an employee of the Insured's Company	YES
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

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200318/2006

#### 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	SJA6188D
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.

**APEX AUTOMOTIVE**  
Co. Reg. No. 53356491C  
West Connect Building  
10 Buroh Street #02-20 S(627564)  
Tel: 6251 3972 HP: 8869 4660  
Fax: 6464 0242

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 = SLG 4811X  
B = SJA 6188D

PIE twds Changi B4 CTE Exit

The sketch plan is drawn on a grid. It shows two vehicles, A and B, represented by small rectangles with a triangle on top. Vehicle B is positioned slightly above and to the left of vehicle A. Both vehicles are oriented towards the top-left of the grid. Handwritten text to the right of the vehicles identifies them as A = SLG 4811X and B = SJA 6188D. Below this, the text 'PIE twds Changi B4 CTE Exit' is written.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20200318/2006

The description area consists of a large rectangular box with horizontal lines. A diagonal line is drawn across the box from the bottom-left corner to the top-right corner, indicating that the area is unused or crossed out.

## APEX AUTOMOTIVE

CP Reg. No. 53358491C

West Connect Building

10 Buron Street #02-20 S(627564)

Tel: 6251 3972 HP: 8869 4660

Fax: 6464 0242

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.:





# SINGAPORE POLICE FORCE



T/20200318/2006

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20200318/2006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/03/2020 02:08	Vide Report No.: G/20200317/0224	Station Diary No.: 20
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<b>Informant's Particulars</b>			
Name of Informant: NG JIE YI		Address: APT BLK 445 PASIR RIS DRIVE 6 #01-90 SINGAPORE 510445	
ID Type / ID No.: NRIC NO / S9439422H		Contact No.: Home/Office: Mobile: 93393537	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 25	Date of Birth: 26/10/1994	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ADMIN ACCOUNTS		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/03/2020 20:55	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY  TOWARDS CHANGI AIRPORT, NEAR CTE EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA6188D	Car				Slightly Damaged	1
SLG4811X	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20200318/2006

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20200318/2006

**CONTINUATION OF REPORT**

**Brief Details.**

On the 17/3/2020 at about 2055hrs, I (SLG4811X) was travelling along the above-mentioned location, driving at lane 1, when suddenly I felt an impact on the front left side of my vehicle. I noticed that a vehicle (SJA6188D) had hit onto my vehicle, however the driver continued to drive away. I then followed her, and despite high-beaming and honking at the driver, she refused to stop and continued to drive towards Tampines.

I then managed to stop her at B/297 Tampines St 22, and confronted her. She insisted that she did not know that she had collided onto my vehicle, however prior the confrontation, the driver had come out to see the damages on the right rear of her vehicle. I then questioned her why didn't she stopped, she mentioned that she was rushing to send the passenger back to his destination.

The damages on my vehicle: scratches on the front left fender. I am not sure if there are any more damages on my vehicle. I do not have any in-car camera. I am not injured.





**SINGAPORE  
POLICE FORCE**



T/20200318/2006

3 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20200318/2006

**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:

G /

Sgt 2 AMAL NADHIRAH BINTE JUFRI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR HIDAYU BINTE ABDUL  
SAMAD

Contact No.: 65476423

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

18/03/2020 02:08

Classification Of Case:

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="5088201133-03"/>	Date of Accident	<input type="text" value="17/03/2020 13:29"/>
Vehicle No.(For Motor)	<input type="text"/>	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 checked="" type="radio"/>	5088201133-03		APEX AUTOMOTIVE	53356491C	GMT	Third Party		ENOCH TAN KAI YANG/S9238429B_TAN SHAO WEN /S9227028I_GOH CHEN YONG/S8013853I_ZOEY NG ZUYI/S9128868J_NG JIE YI/S9439422H	27/02/2020	26/02/2021



## Claim Handling

Accident MT/1088714

Policy No.	5088201133-03	Vehicle No.		GST Registration No.	NA
Certificate No.					
Policyholder Name	APEX AUTOMOTIVE			Policyholder NRIC	S3356491C
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	0
Motor Trade Plate No.	SLG4811X	Motor Trade Driver Name	NG JIE YI	Motor Trade Driver NRIC	SXXXX422H
Contact No.(Mobile)	93393537	Contact No.(Office)	62513972	Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement[%]	20	Private Hire	No
<b>Accident Details</b>					
Report Date	18/03/2020 14:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	17/03/2020	Time of Accident hh:mm	20:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI B4 CTE EXIT				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	18/03/2020 14:08:34 System changed GST Registered from Yes to No 18/03/2020 14:08:34 System changed GST Registration No. from NA to null 18/03/2020 14:08:34 System changed GST Registration Date from 01/01/2015 to null				
<b>Policyholder Mailing Address</b>					
Address 1	10 BURCH STREET	Address 2	#02-20 WEST CONNECT BUILD1	Address 3	SINGAPORE 627564
Address 4		Address Type	Singapore address	Post Code	627564
Unit No.		Related Policy Number	5088201133-03		
<b>OI Driver Info</b>					
Driver Name	NG JIE YI	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9439422H	Driver DOB	26/10/1994
Register Date of Driver License	15/05/2014	Driver Age	25	Driving Experience	5
Contact No.(Mobile)	93393537	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 445 #01-90	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510445
Address 4		Address Type	Singapore address	Post Code	510445
Unit No.	01-90				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	APEX AUTOMOTIVE	Insured NRIC	S3356491C	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)		
Email Address		OS Vehicle Number		TP Vehicle Number	SJA6188D	
Claim Description	/ SJA6188D ON 17 Mar 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	18/03/2020 14:09	
Report Taken By					LEE SHAN HUI	
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

## Attachment

Accident No.	MT/1088714	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/03/2020 14:10
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:10	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:10	SAS	Normal	SAS 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:10	Photos	Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:10	Photos	Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:10	Photos	Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:10	Photos	Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:09	Photos	Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:09	Photos	Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:09	Photos	Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:09	Photos	Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:09	Photos	Normal	Photos 2020-3-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2020 14:09	Photos	Normal	Photos 2020-3-18

## Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			