

NATIONAL Assessment Centre Services.

(ver 1 Jan 03)

MAA42003469

Date In: 19/03/2020 14:36	Job description	Date & Time Completed	Done by
Ref No: NPA/INC200042537	SAS e-Milling		
Veh No: SGT 3497B	E-mail (3 days, AIC 2 hrs)		
DOA: 17/03/2020 12:00	I-Motor Claims Form	MT108889400	19/03/2020 15:38
OID: TP: 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/WH32		

Preferred Wesp / INC Assign Wesp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMF 8110C	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: (\$	Landing: \$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: ()

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

Injury: _____

Date/Time:	Assessment:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$20
	5) PT: Follow-Through Survey (Resurvey)	\$20
	For claiming against INC Only (ver 10 Jan 2003)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idas DA + SMRT Survey	
	8) NIUC Additional Services	
	ON:	
	*NS: Courtesy Car / Tpt Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TE (NI1): TP (N2) INC against Inc	\$20
	NI2: 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	19/03/2020 14:36
Date Of Accident	17/03/2020 12:00
Exact Location Of Accident	GILLMAN BARRACKS CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG3497B
Insured/Policyholder	
Name Of Registered Owner	NG CHOON CHEONG
NRIC No	SXXXX361Z
Email Address	HUISIANCHEONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83220512
Alternative Phone No	OTHERS-83220512

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	5111895889
Cover Note Number	

Driver

Name of Driver	CHEONG HUI SIAN (ZHONG HUIXIAN)
NRIC No	SXXXX885G
Date Of Birth	29/07/1983
Occupation	INDOOR
Date Of Driving Pass	22/06/2004
Driving Experience	15 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83220512
Fax Number	
Contact Number	OTHERS-83220512
Email Address	HUISIANCHEONG@GMAIL.COM

Address	BLK 62B STRATHMORE AVENUE #05-58
Postcode	143062
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : SEAN NG ZHAN RUI (SON) GENDER: : MALE

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	SMF8110C
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96580704
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:

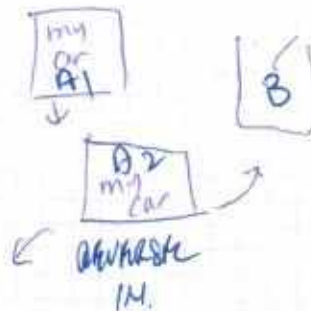
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 19/3/20

Reporting Centre Personnel's Signature
Name: Resale
NRIC/FIN No.: 19/03/2020

3rd party



Gilman Barracks Chapel

Accident took place when I was trying to reverse the car to shift my car to another parking area. It was on a slope. My back bumper of my car hit gently on the Mazda by the time I braked the car. No injuries or damage on my car at all but the 3rd party had a slight dent at the bottom of the front bumper and I took photos of the incident and 3rd party car.

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

Driver's Signature _____
(if driver is not the policyholder)
Date & Time: 10/2/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: (17/3/2020) (DD/MM/YYYY), TIME: (12:00) (HH:MM)

LOCATION: Gillman Barracks Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 3499B
- b) INSURANCE COMPANY: NTUC Income
- c) POLICY NUMBER: 5111595889
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: VW Touran
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private
- 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: HIG CHWON CHEONG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S83153612 CONTACT: 83220512
- c) ADDRESS: D1662B STRATHMORE AVE #05-55 5143062

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Cheong Hui Sian (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S83228856 CONTACT: 8143062
- c) ADDRESS: D1662B STRATHMORE AVE #05-55
- d) DATE OF BIRTH: 29/07/1983 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22 JUN 2004

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

- 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: SMF 8110C MODEL: Mazda
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT: 96580704

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
(2)

Sean Ng
Zhan Ru

No of passenger
(including driver)
(0)

No of passenger
(including driver)
()

email = huisiancheong@gmail.com
VIDEO

Claim Handling

Accident MT/1088894

Edit

Policy No.	SI11885889	Vehicle No.	SUG3497B	DST Registration No.	
Certificate No.					
Policyholder Name	NG CHOON CHEONG	Cover Type	Basic CLASSIC	Policyholder NRIC	S8115161Z
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	83220512	Special Remark		Contact No. (Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No *
AFE	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Endorsement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date		19/03/2020 15:01		Accident Report Within 24 hrs		<input checked="" type="checkbox"/> Yes		Accident Type		Collision with Parking Vehicle	
Date of Accident		17/02/2020		Time of Accident (H:MM)		12:00		Country of Accident		Singapore	
Reporting Centre				Charge Force				ICM No.			
Accident Location		SILLIMAS BARBERS CAMPARK									

Total Excess Applicable											
Excess Type	Per Accident	Windscreen Excess	200.00	TP Standard Excess	0.00	Driver is Covered?	Covered				
GD Standard Excess	100.00	FISD TP Excess	0.00								
FISD GD Excess	500.00	Total TP Excess Applicable	0.00								
Additional Excess	0										
Total GD Excess Applicable	1100.00										

GST Registered		<input checked="" type="checkbox"/> Yes		GST Registration No.				GST Registration Date			
GST Registration No.				GST Status Verified		<input checked="" type="checkbox"/> Yes					
Motorisation History											

Policyholder Mailing Address											
Address 1	BLK 520 #01-04	Address 2	STRAITHMORE AVENUE	Address 3	STRAITHMORE GREEN						
Address 4	SINGAPORE 145962	Address Type	Singapore address	Post Code	143062						
Unit No.	01-04	Related Policy Number	SI11885889								

Driver Info											
Driver Name	Uninsured Driver	Driver Type	Uninsured Driver	Driver DOB	29/07/1982						
Uninsured driver Name	CHEONG HUI SIAN (ZHONG HUI)	Driver NRIC	S8112805C	Driving Experience	15						
Register Date of Driver License	22/06/2004	Driver Age	34	Contact No. (Office)							
Contact No. (Mobile)	83220512	Address 1	BLK 520 #01-04	Address 2	STRAITHMORE AVENUE	Address 3	STRAITHMORE GREEN				
Address 4	SINGAPORE 145962	Address Type	Foreign address	Post Code	143062						
Unit No.	01-04	Driver Vehicle No.	SUG3497B	Driver Insurer Company	AFUC						
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										

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

Motorisation History											
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Claim ID	300										
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Claim Type *	OD-MR	Injured Name	NG CHOON CHEONG	Injured NRIC	S8115161Z						
Contact No. (Mobile)	83220512	Contact No. (Home)		Contact No. (Office)							
Email address		Vehicle Number	SUG3497B	Vehicle Number	SUG3497B						
Claim Description	SUG3497B / SWP8111C-08 17 Mar 2020										
Preferred Workshop		Insured Liability	Fully at Fault	GA report	Received						
Reported on	Yes	Preferred Workshop, Name unknown		Claim Close Date	19/03/2020 15:01	DAY Received	19/03/2020 00:00				
Date Reported											
Report Taken By	ROSLI WANAB										

Print AR letter											
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Save	Submit										
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Attachment											
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Accident No.	MT/1088894	Claim No.	001								
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Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	19/03/2020 15:38								
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Choose File	No file chosen	Category *	Confidential	Urgency *	Description *						
Choose File	No file chosen	Clear	Please Select	NO	Normal						
Choose File	No file chosen	Clear	Please Select	NO	Normal						
Choose File	No file chosen	Clear	Please Select	NO	Normal						
Choose File	No file chosen	Clear	Please Select	NO	Normal						
Choose File	No file chosen	Clear	Please Select	NO	Normal						
Choose File	No file chosen	Clear	Please Select	NO	Normal						
Choose File	No file chosen	Clear	Please Select	NO	Normal						

Message Read											
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Attachment List											
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Attachment	Uploaded By/Date	Category	Urgency	Description	Reg. Serv? (CO)	Action
	NAC_BUKIT_MERAH_800701 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2020 15:38	Photos	Normal	Photos 2020-3-18		Edit
	NAC_BUKIT_MERAH_800702 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2020 15:38	Photos	Normal	Photos 2020-3-18		Edit
	NAC_BUKIT_MERAH_800703 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Mar 2020 15:38	Photos	Normal	Photos 2020-3-18		Edit

3/19/2020

Claim Handling(accident reporting Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2020 15:38	Photos		Normal	Photos 2020-3-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2020 15:42	Photos		Normal	Photos 2020-3-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2020 15:57	Photos		Normal	Photos 2020-3-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2020 15:57	Photos		Normal	Photos 2020-3-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2020 15:57	Photos		Normal	Photos 2020-3-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2020 15:57	NRIC/ Driving licence	Y	Normal	NRIC/ Driving Licence 2019-3-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2020 15:57	SAS		Normal	SAS 2020-3-19	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: S111895889

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLG3497B**
Chassis Number : WVGZZZ1TZCW046734
2. Name of Policyholder : NG CHOON CHEONG
3. Effective Date of Insurance : 15 Aug 2019
4. Expiry Date of Insurance : 14 Aug 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NG CHOON CHEONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 15 Aug 2019 17:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive