

# NATIONAL Assessment Centre Services.

Just 1 Jan 2005

1/10/2005 15:33

Date Inc: 08/07/2020 14:25	Job description	Date & Time Completed	Done by
Ref No: N/A/MC20007118/7	SAS e-filing		
Veh No: SEC 6205	E-mail (Ljula Bus, AIC Bus)		
D.O.A: 01/07/2020 12:00	I-Motor Claim Form	1/10/2005 15:33	08/07/2020 15:33
QID: TP: Reporting Only	I-Motor W/O (Within: OD This, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whose		

Preferred Wkep / INC Assign Wkep / GW: (	Tel:	Fax:
TP Particulars:	Veh No: 8109450X	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Dates:	Times:
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 of Injury: \_\_\_\_\_

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$110
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TT: Re-inspection	\$75
	7) NI: IDAO DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	9) ON: _____	\$3
	• NI: Courtesy Car / Tpl Allowance	\$10
	• NI: Repairs Coordination	\$25
	• NI: Post Repair Inspection	\$3
	• NI: DV / Collect License Coordination	\$20
	• TP (R11): TP (Non-INC) against IRG	\$0
	5) NI: IDAO Mobile	
	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	08/07/2020 14:25
Date Of Accident	01/07/2020 12:00
Exact Location Of Accident	TIONG BAHRU RD TWDS GREAT WORLD CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBC630S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ENG HENG NEE PHILIP
NRIC No	SXXXX291C
Email Address	ZAKJACK54@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91802524
Alternative Phone No	OTHERS-91802524

### Vehicle Particulars

Manufacturer	LEXUS
Model	ES250
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5114365244
Cover Note Number	

### Driver

Name of Driver	ZAKARIA BIN MOHAMED TAIB
NRIC No	SXXXX495C
Date Of Birth	08/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	26/12/1985
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91802524
Fax Number	
Contact Number	OTHERS-91802524
Email Address	ZAKJACK54@GMAIL.COM

Address	BLK 74 WHAMPOA DRIVE #07-318
Postcode	320074
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	NO COLLISION
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

#### 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: : BOSS GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINA BAY NPC
Police Station Address	ROAD: 70 MARINA VIEW , POSTCODE: 018962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20200707/2028

#### 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	SHD9420X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.
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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

No Collision

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT #20200708/2028

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**



A/20200708/2028

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20200708/2028

Police Station Of Origin  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

Date/Time Report Made 08/07/2020 12:04	Vide Report No.	Station Diary No. 12		
Name Of Informant ZAKARIA BIN MOHAMED TAIB	Address APT BLK 74 WHAMPOA DRIVE #07-318 SINGAPORE 320074			
ID Type / ID No. NRIC NO / S0127495C	Contact No. Home/Office	Mobile 91802524		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation CHAUUEFFER	Sex Male	Age 66	Date of Birth 08/06/1954	Race Malay
Institution/School Name	Language			
Date/Time Of Incident 01/07/2020 12:00 - 01/07/2020 12:05	Location Of Incident 9 TIONG BAHRU ROAD UNNAMED SINGAPORE 161009 Tiong Bahru Road towards Great World City			

**Brief details.**

On 1/7/2020 at about 1200hrs, I was driving my boss namely Eng Heng Nee Philip, S1430291C, Hp: 96300630 along Tiong Bahru Road towards Great World City. We were en route to buy food before heading home. On 8/7/2020 at 0900hrs, whilst I reported for work at 53C Jalan Lim Tai See S(268383), my boss passed me a NTUC Income letter stating that there was an accident involving my boss' vehicle SBC630S (Lexus ES250, Black and pearl white) and a taxi SHD9420X on 1 July 2020. My boss called

Signature Of Officer Recording The Report: A / Sgt 2 BJORN LEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2020 12:04
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Sgt 3 PANG YONG KOK, DEXTER Contact No.: 65575443	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



A/20200708/2028

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200708/2028

NTUC Income verify about accident. My boss then informed NTUC Income that there was no said accident that happened and NTUC Income advised to lodge a Police Report to state that there was no accident involved. I wish to state that there was no accident that happened on the 1/7/2020. I am lodging this Police Report to state that there was no accident that happened. That is all.

Signature Of Officer Recording The Report:

A / Sgt 2 BJORN LEE

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Central Police Divisional Investigation Branch /  
Sgt 3 PANG YONG KOK, DEXTER  
Contact No.: 65575443

Authentication Stamp

Signature Of Informant:

Date/Time:  
08/07/2020 12:04

Classification Of Case:



## Claim Handling

Accident MT/1095862

Policy No.	T114365144	Vehicle No.	SBC6305	GST Registration No.	
Certificate No.					
Policyholder Name	ENG HENG NEE PHILIP	Policyholder NRIC	S1430291C		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	00000
KPI	No Yes	TCA	No Yes	eCode Reason	
WCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available
<b>Accident Details</b>					
Report Date	02/07/2020 09:01	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	01/07/2020	Time of Accident hh:mm	12:10	Country of Accident	Singapore
Reporting Centre	administrator	Change Force	No	ICM No.	
Accident Location	TIONG SAHUR RD TWDS LEFT TURN TO BT HO SWEE LINK				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
VED OD Excess		VED TP Excess			
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				
<b>Benefits</b>					
Coverage		Sum Insured	9999999.99		
Excess Waiver					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification history					

## Policyholder Mailing Address

Address 1	SJC JALAN LHM XAI SEE	Address 2	SINGAPORE 268383	Address 3	
Address 6		Address Type	Singapore address	Post Code	268383
Unit No.		Related Policy Number	5095218146-02		
<b>01 Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver MDC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign Address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	ENG HENG NEE PHILIP	Insured NRIC	S1430291C
Contact No.(Mobile)		Contact No.(Office)	NA	Contact No.(Home)	
Email Address		Vehicle Number	SBC6305	TP Vehicle Number	SHD94209
Claim Description	SBC6305 / SHD94209 ON 1 Jul 2020				
Preferred Workshop		Insured Liability	Not at Fault		
Refused No. Finalisation	Yes	Revised Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/07/2020 15:31	Claim Close Date		Date Received	08/07/2020 09:01
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1095862	Claim No.	002
Last Doc. Received	Yes No	Upload Date	08/07/2020 15:33
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Send File			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jul 2020 15:33	Photos	Normal
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jul 2020 15:33	Photos	Normal

S (BUKIT MERAH)) on 08 Jul 2020 15:33

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Jul 2020 15:33

Photos

Normal

Photos 2020-7-8

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S (BUKIT MERAH)) on 08 Jul 2020 15:33

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NRIC/ Driving License 2020-7-8

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 08 Jul 2020 15:33

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SAS 2020-7-8

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

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="01/07/2020 14:26"/>
Vehicle No. (For Motor)	<input type="text" value="SBC630S"/>	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"/>	5114365244		ENG HENG NEE PHILIP	S1430291C	GPC	drive PREMIUM	SBC630S	SBC630S	28/11/2019	27/11/2020