

NATIONAL Assessment Centre Services. [ref: Jan'09] MMA 120067240

Date In: 11/8/20 09:43	Job description	Date & Time Completed	Done by
Ref No: NAL INC 20008221/44	SAS e-filing		
Veh No: SMG 5763H	E-mail (within 2hrs, A/C 2hrs)		
DTA: 10/8/20 10:30..	1-Motor Clinix Form	MT11099339 <sup>001</sup>	11/8/20 09:59.
OT: <input checked="" type="radio"/> Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SLU 3864B. 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%; F: 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 (Within 6700/6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

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

Date/Time	Location

Particulars	Invoice/Registration Credit	Amount	Avail(%)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100)	INC (\$10)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claimant's against INC Only (ref 10 Jan 2009)			
6) TR: Re-Inspection	\$75		
7) NI: Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
<b>QI:</b>			
*NS: Courtesy Car / Tpt Allowance		\$5	
*NG: Repair Co-ordination		\$10	
*N7: Post Repair Inspection		\$25	
*N8: DV / Collect Excess Co-ordination		\$5	
TP (N11): TP (on INC) against INC		\$20	
9) N12: Idac Mobile		\$8	
Invoice dated	Fax Charged		
Invoice dated	Fax 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	11/08/2020 09:43
Date Of Accident	10/08/2020 10:30
Exact Location Of Accident	KOVAN FOOD MARKET 209 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5763H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG NGIN HWANG
NRIC No	SXXXX396G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91279969
Alternative Phone No	OFFICE-91279969
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	-
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105957823-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG NGIN HWANG
NRIC No	SXXXX396G
Date Of Birth	10/04/1962
Occupation	INDOOR
Date Of Driving Pass	26/07/1993
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91279969
Fax Number	
Contact Number	OFFICE-91279969
EEmail Address	NOEMAIL

Address	12G KOVAN RD
Postcode	548052
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	SIDE SWIPE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SLU3864B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OLIVER GEORGE FARNWORTH
NRIC/Passport Number	GXXXX607M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

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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.



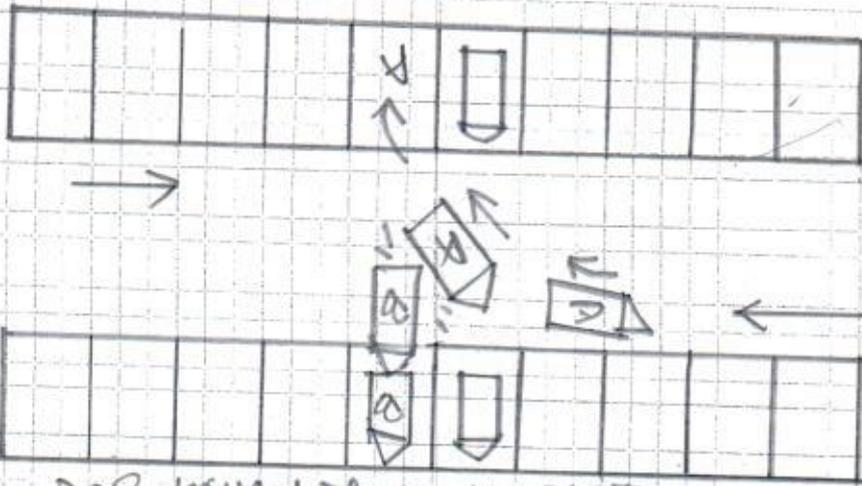
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



A. 8UM65763A  
B. 2U3864B

209 KOVANI FOOD MARKET

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I SAW AN EMPTY CAR PARK LOT ON MY LEFT, THEN I STOP MY VEH AND START REVERSING INTO THE CAR PARK LOT SUDDENLY I SAW A VEH ON MY RIGHT REVERSING FROM THE CAR PARK LOT THEN I STOPPED MY VEH AND HORNED IT, BUT UNFORTUNATELY THE DRIVER CANT STOP IN TIME AND HIT ONTO MY VEH RH REAR PORTION. THATS ALL.

DECLARATION

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

*[Signature]*

*[Signature]*

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.:

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"/>	5105957823-01		NG NGIN HWANG	S1547396G	GPC	drive PREMIUM	SMG5763H	SMG5763H	14/12/2019	13/12/2020

Continue

## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5105957823-01

**Cover :** drive PREMIUM

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SMG5763H</b>   |
| Chassis Number  | : MNTBBAB17Z0033550 |
| 2. Name of Policyholder   | : NG NGIN HWANG     |
| 3. Effective Date of Insurance  | : 14 Dec 2019       |
| 4. Expiry Date of Insurance   | : 13 Dec 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NG NGIN HWANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)

Date of Issue : 22 Nov 2019 12:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive



# HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: 2M0957634 MAKE/MODEL: NISSAN

DATE OF ACCIDENT: 10/08/2020 TIME: 10 HR 30 MIN (AM/PM)

LOCATION OF ACCIDENT: KOYAN FOOD MARKET 209 CAR PARK  
EXACT PURPOSE USE DURING ACCIDENT: STOP BUYING FOOD

### CAR OWNER

NAME OF CAR OWNER: MS NIGIN HUANG  
CONTACT NO: 91279969  
NRIC: S154739601  
CLAIM TYPE:  OD  THIRD PARTY  REPORTING ONLY  
INSURANCE COMPANY: KIPAC  
TYPE OF COVERAGE:  COMPREHENSIVE  THIRD PARTY  THIRD PARTY FIRE & THEFT  
POLICY NO: \_\_\_\_\_

### ACCIDENT DRIVER

AS ABOVE  IF NOT- KINDLY FILL IN BELOW  
NAME OF DRIVER: As Above  
NRIC: S1547396 NO OF PASSENGER/S: 0  
DATE OF BIRTH: 10 APR 1982  
OCCUPATION: \_\_\_\_\_  OUTDOOR  INDOOR  
DATE OF DRIVING PASS: 28 JUL 1993  
GENDER:  MALE  FEMALE  
CONTACT NO: \_\_\_\_\_  
ADDRESS: 126 KOYAN ROAD SINGAPORE 54052

DRIVER OWN ANY VEHICLE: NO/ IF YES- REGISTRATION NO: \_\_\_\_\_  
RELATIONSHIP: EMPLOYEE/SPOUSE IF NOT: OWNER  
WEATHER CONDITION:  CLEAR  RAINING OTHER: \_\_\_\_\_  
ROAD SURFACE:  DRY  WET OTHER: \_\_\_\_\_  
ANY INJURIES:  NO/ IF YES- NAME: \_\_\_\_\_  
CONTACT NO: \_\_\_\_\_  
POLICE REPORT:  NO/ IF YES- LOCATION: \_\_\_\_\_  
VIDEO FOOTAGE: NO/ YES

### 3RD PARTY INFO

VEHICLE B NO: SLU 386AB NO OF PASSENGER/S: UNKNOWN  
NAME: OLIVER GEORGE YARNWORTH. 63389607M  
CONTACT NO: \_\_\_\_\_  
VEHICLE C NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_  
VEHICLE D NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_  
VEHICLE E NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_  
VEHICLE F NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_  
ANY WITNESS: \_\_\_\_\_  
WITNESS CONTACT NO: \_\_\_\_\_

**Claim Handling**

Accident MT/1099339

Policy No.	5105957823-01	Vehicle No.	SMG5763H	GST Registrat
Certificate No.				
Policyholder Name	NG NGIN HWANG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	91279969	Contact No.(Office)		Contact No.(Hr
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(%)	20	Private Hire

▼ **Accident Details**

Report Date	11/08/2020 09:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/08/2020	Time of Accident hh:mm	10:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	KOVAN FOOD MARKET 209 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**

Coverage		Sum Insured	
Transport Allowance		99999999.99	

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	12-G KOVAN ROAD	Address 2	SINGAPORE 548052	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5105957823-01	

▼ **OI Driver Info**

Driver Name	NG NGIN HWANG	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1547396G	Driving Experi
Register Date of Driver License	01/10/2015	Driver Age	58	Contact No.(Hi
Contact No.(Mobile)	91279969	Contact No.(Office)		Address 3
Address 1	12-G KOVAN ROAD	Address 2	SINGAPORE 548052	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NG
Contact No.(Mobile)	91788989	Contact No. (Home)	NI
Email Address		OI Vehicle Number	SM
Claim Description	SMG5763H / SLU3864B ON 10 Aug 2020		
Preferred Workshop		Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	11/08/2020 09:59	GIA report	Received
Report Taken By	LIEW SHAN HUI	Claim Close Date	
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1099339 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 11/08/2020 09:59

- No file chosen

Path \*

- 
- 
- 
- 
- 
- 

Category \*

Category *	Confider
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	11 Aug 2020 09:59	SAS	Normal	S
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	11 Aug 2020 09:59	NRIC/ Driving License	Normal	NRIC/ Driv
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	11 Aug 2020 09:59	Photos	Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	11 Aug 2020 09:59	Photos	Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	11 Aug 2020 09:59	Photos	Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	11 Aug 2020 09:59	Photos	Normal	Ph
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	11 Aug 2020 09:59	Photos	Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window Scan and uploading