

NATIONAL Assessment Centre Services

Date In: 11/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20008222/13	SAS e-filing		
Veh No: SUN7078P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 07/08/20 1030	I-Motor Claim Form	MT/1099511-001	
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (MY CAR	Tel:	Fax:
TP Particulars:	Veh No: GBE6428K	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 () / Towel-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks: (INC hotline: 6788-6616)	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	Actions

NA2004113	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP:		
	*N5: Courtesy Car / Tp 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: Idm Mobile 30		
	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	11/08/2020 09:29
Date Of Accident	07/08/2020 10:30
Exact Location Of Accident	BLK 191 BISHAN ST 13 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7078P
Insured/Policyholder	
Name Of Registered Owner	KR AUTO
Co Reg No	5XXXX703D
Email Address	EVOREN@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91729140
Vehicle Particulars	
Manufacturer	PORSCHE
Model	PANAMERA
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	MOTOR TRADE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107883237-01
Cover Note Number	
Driver	
Name of Driver	CHAI KAIREN
NRIC No	SXXXX308A
Date Of Birth	08/12/1992
Occupation	INDOOR
Date Of Driving Pass	14/03/2011
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91729140
Fax Number	
Contact Number	
Email Address	EVOREN@HOTMAIL.COM

Address	BLK 190 BISHAN STREET 13 #03-431
Postcode	570190
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0
Details of Police Action	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
Circumstances of Accident	
PLS REFER TO THE POLICE REPORT: T/20200808/2005	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER(VIDEO FROM OTHER VEH)
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE6428K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name:

Nature Of Damage:

No. Of Passenger (Including Driver)

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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:

Handwritten signature

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

Handwritten signature 11/08/20

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

BLK 191 BISHAN ST 13
OPEN SPACE CARPARK

A: SLN7078P
B: GBE 6428K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time, date & location, my car was parked, stationary, at the said location.

When I returned, I realised that my car, ^{'A'} was hit.

My neighbour informed me that my car was a victim of a hit & run by a van 'B'.

A: SLN7078P

B: GBE 6428K

DECLARATION

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.:



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2020 01:03	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: CHAI KAIREN			Address: APT BLK 190 BISHAN STREET 13 #03-431 SINGAPORE 570190		
ID Type / ID No.: NRIC NO / S9245308A			Contact No.: Home/Office: Mobile: 91729140		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 08/12/1992	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Self-employed			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident					
Type of Accident:	Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 07/08/2020 10:30	Type of Location: Car Park
Location: Along Road 1 BISHAN STREET 13					
OSCP lot 184 in front of Block 191 Bishan St 13					
Weather: Clear		Road Surface: Dry			Road Speed Limit:
Traffic Flow:		Traffic Control:			Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle					Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6428K	Lorry					0
SLN7078P	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T/20200808/2005

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20200808/2005

CONTINUATION OF REPORT

Driver			
Name	CHAI KAIREN	ID No.	S9245308A
Related Vehicle	SLN7078P (Car)	Contact No.	91729140
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/08/2020 at about 1000hrs, I parked my vehicle at OSCP lot 184 in front of Block 191 Bishan St 13. On 07/08/2020 at about 1300hr, I went to retrieved my vehicle and realized that there was a dent with one whole at the front bumper of my vehicle and some scratches. I managed to get a footage from one of my neighbor's in-vehicle camera that captured the accident. The footage shows that one lorry hit onto my vehicle while it was reversing and left subsequently. There was company name (Hong Huat Electrical Pte Ltd) written on the lorry.



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20200808/2005

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:
E /
Sgt 3 ZHU JIANBIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI NOR AFFENDY BIN JAFFAR
Contact No.: 65476368

Signature Of Informant:

Date/Time:
08/08/2020 01:03

Classification Of Case:

SN 061

Authentication Stamp
NP168

SIGNATURE

Date of Accident : 7/8/2020 Accident Time: 1025 (24-HR-Format)
 Accident Place : Blk 191 Bishan St 13 carpark
 Vehicle Reg. No. (Car Plate No.) : SLN 7078 P
 Vehicle Make/Model : Porsche Panamera
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : KR AUTO
 Owner or Company Contact No. : _____ Owner's Hp 9172 9140 Company Tel _____
 DRIVER'S Name / IC No. : CHAI KAREN
 DRIVER'S Date Of Birth : 08/12/1992 DRIVER'S License Pass Date 14/3/2011
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 190 Bishan St 13 # 02-431 S(570190)
 DRIVER'S Contact No. / Alt No. : 1) 9172 9140 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : eloren@hotmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 0

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>GBE 6428 K</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

My car consultant email
admin@mycar.sg

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 : 5107883237-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: N/A

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder

: KR AUTO

3. Effective Date of Insurance

: 01 Mar 2020

4. Expiry Date of Insurance

: 28 Feb 2021

5. Persons or Classes of Persons entitled to drive*

Refer to List Attached

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 only for Motor Trade purposes.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

* 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.

POLICY TYPE	: MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS	: CAR DEALERS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	: 1
DETAILS OF AUTHORISED DRIVER(S)	: REFER TO LIST ATTACHED
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: N/A
SUM INSURED	: N/A

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 : SONA INSURANCE AGENCIES PTE. LTD. (00000573866)

Date of issue : 11 Feb 2020 17:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Task Transfer Exit

Accident MT/1099511

Policy No.	00000000000000000000	Vehicle No.		GST Registration No.	
Certificate No.					
Policyholder Name	KR AUTO	Cover Type	Basic Only	Policyholder NRIC	822775000
Product Code	MOTOR TRADE TRADERABLE	Motor Trade Driver Name	MOH KHAIRIL	License	2
Motor Trade Plate No.	20000000000000000000	Contact No.(Office)	8	Motor Trade Driver NRIC	822775000
Contact No.(Mobile)	812345678	Special Remark		Contact No.(Home)	8
Email Address				eCode	000000
MPF	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Endorsement No.	00	Private Hire	No

Accident Details

Report Date	11/08/2020 17:00	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	11/08/2020	Time of Accident Occurs	17:00	Country of Accident	Singapore
Reporting Centre	00000000000000000000	Orange Flag	No	ICM No.	
Accident Location	100-10000000000000000000				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
FIXED OD Excess	0.00	FIXED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GET Registered Information

Policyholder Mailing Address

Address 1	100-10000000000000000000	Address 2	100-10000000000000000000	Address 3	SINGAPORE 000000
Address 4		Address Type	Singapore address	Post Code	000000
Unit No.	000000	Related Policy Number	00000000000000000000		

OI Driver Info

Driver Name	Chen Kian Hui	Driver Type	Named Driver	Driver DOB	16/11/1982
Unlinked Driver Name		Driver NRIC	822775000	Driving Experience	5
Register Date of Driver License	16/11/2017	Driver Age	28	Contact No.(Home)	8
Contact No.(Mobile)	812345678	Contact No.(Office)	8	Address 3	SINGAPORE 000000
Address 1	100-10000000000000000000	Address 2	100-10000000000000000000	Post Code	000000
Address 4		Address Type	Singapore address		
Unit No.	000000				
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.		Driver Insurer Company	

Declaration

Drunk/drowsy or Blood Test Pending?	0 mg	Any Injury?	No Yes
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Modification History

Investigation

Claim 001 OD-MX	Now
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Claim Case Officer

Claim Type	OD-MX	Insured Name	KR AUTO	Driver NRIC	822775000
Contact No.(Mobile)	812345678	Contact No.(Home)	8	Contact No.(Office)	8
Email Address		OI Vehicle Number		TP Vehicle Number	0000000000
Claim Description	00000000000000000000			Name of Preferred Workshop	
Preferred Workshop	00000000000000000000				
Preferred Repair Option	00000000000000000000				
Date Registered	11/08/2020 17:00	Claim Close Date		Date Received	11/08/2020 17:00
Report Taken By	00000000000000000000	Workshop Repaired		Total Claim Not Reported	

Special Claim Creation Approval

Approval	Reason
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Remarks

Attachment

Accident No.	00000000000000000000	Claim No.	001
Last Doc. Received	No Yes	Upload Date	11/08/2020 17:00

Choose File	No file chosen	Category	Confidential	Urgency	Description
Choose File	No file chosen	Clear Please Select	Normal	Normal	
Choose File	No file chosen	Clear Please Select	Normal	Normal	
Choose File	No file chosen	Clear Please Select	Normal	Normal	
Choose File	No file chosen	Clear Please Select	Normal	Normal	

Choose File No file chosen

Choose File No file chosen

 Clear Please Select
 Clear Please Select

Send Message Uplo

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Age
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Aug 2020 17:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-11	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Aug 2020 17:50	SAS		Normal	SAS 2020-8-11	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Aug 2020 17:50	Photos		Normal	Photos 2020-8-11	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Aug 2020 17:50	Photos		Normal	Photos 2020-8-11	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Aug 2020 17:50	Photos		Normal	Photos 2020-8-11	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Aug 2020 17:50	Photos		Normal	Photos 2020-8-11	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Aug 2020 17:50	Photos		Normal	Photos 2020-8-11	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 11 Aug 2020 17:50	Photos		Normal	Photos 2020-8-11	

Video List

Uploaded By/Date Folder Date File Name Source Action

Display in New Window Scan and uploading