

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MA 12 0078506

Date In: 4/9/12 - 19:11	Job description	Date & Time Completed	Done by
Ref No: MA 12 0078506	SAS e-filing		
Veh No: SM 14 2559	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/9/12 - 13:30	i-Motor Claim Form	MA 12 0078506	4/9/12 - 14:39
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: (

Tel:

Fax:

TP Particulars:

Veh No: 4BC3513C

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:	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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 (N11 INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Dat. 1:

Dat. 2/3:

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	04/09/2020 19:11
Date Of Accident	04/09/2020 13:30
Exact Location Of Accident	PIE (TUAS) BEFORE CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7535A
Insured/Policyholder	
Name Of Registered Owner	NG CHOON HOWE
NRIC No	SXXXXX396F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91176595
Alternative Phone No	OFFICE-91176595

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3GF CVT
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112193857-01
Cover Note Number	

Driver

Name of Driver	NG KANG MING, BRYAN (HUANG KANGMING)
NRIC No	SXXXXX728G
Date Of Birth	05/11/1994
Occupation	INDOOR
Date Of Driving Pass	29/11/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91176595
Fax Number	
Contact Number	OFFICE-91176595
Email Address	NOEMAIL

Address	67 HUME AVENUE #06-08
Postcode	598744
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	5
Passenger 1	NAME: : NG CHOON HOWE GENDER: : MALE
Passenger 2	NAME: : CHUA KWEE SUAN GENDER: : FEMALE
Passenger 3	NAME: : NG KANG RUI GENDER: : MALE
Passenger 4	NAME: : TAN MEI YI GENDER: : FEMALE

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	GBC3513C
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)	

SKETCH PLAN

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- 5) Any false reporting may be referred to the Police as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:

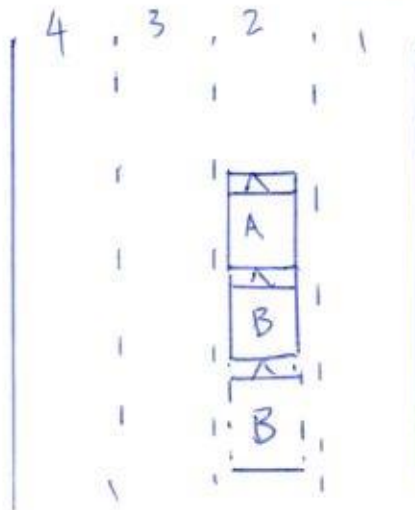


Driver's Signature
(If driver is not policyholder)
Date & Time:



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

SKETCH PLAN



Veh A: SMN7555A

Veh B: GBC 3513C

I was ~~traffic~~ travelling along PIE towards TNAS on lane 2 of 4 lanes. It was raining and traffic was moderate. The vehicle in front slowed down and stopped. Noticing that, I also slowed down and came to a halt. After a few seconds, at the moment when I was moving off, I felt a great impact from the rear. I alighted and realised vehicle ^B could not stop in time and collided onto the rear of my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04 / 09 / 2020 (dd/mm/yy) Time of Accident: 13 : 30 (24-HR-FORMAT)

Vehicle No.: SMN7535A Vehicle Make & Model: Honda fit 1.3A

Exact location of Accident: PIE T JAS before Clementi Road

Policyholder's Name/ IC No.: Ng choon Howe S0118396F

Driver's Name/ IC No.: Ng Kang Ming, Bryan S9441728G (As Above) ☐

Driver's Contact No.: 9117 6595 Company Contact No.: -

Driver's Address: 67 Hume Avenue #05-08 S25987447

Insurance Company: NTUC Email address (if any): sales@garage13.com.sg

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend (Parent) or Others specify: _____

What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use/ ☐ Work purpose

Occupation (nature of job): ☒ Indoor/ ☐ Outdoor

No. of Passengers (Including Driver): 05

Passenger Name: TAN Mei Yi (F) Ng Kang Rui (M) Gender: _____

Passenger Name: Chng Kwee Suan (F) Ng choon hwe (M) Gender: _____

Weather Condition & Road Conditions? (On the day of accident)

☐ Clear & Dry/ ☒ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: _____

Was there any video captured by your Car Camera? ☐ Yes/ ☒ No

Any Injuries: ☐ Yes/ ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person's in which vehicle: _____

Police Report filed: ☐ Yes/ ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name/ IC No.: _____ Vehicle No. GBC 7513C

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name/ IC No.: _____ Vehicle No. _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



You

today at 17:42



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M903728066

Policy Number	: 5112193857-01
The Policyholder	: NG CHOON HOWE 67 HUME AVENUE #06-08 HILLVIEW GREEN SINGAPORE 598744
Period of Insurance	: 27 Aug 2020 To 26 Aug 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$826.58
Interest Insured	
Cover Type	: drive CLASSIC
Primary Driver	: NG CHOON HOWE
Named Driver (1)	: N/A
Named Driver (2)	: N/A
Make/Model	: HONDA/FIT
Registration Number	: SMN7535A
Chassis Number	: GK33418309
Repair at Owner's Preferred Workshop	: No
Excess (Section 1)	: S\$600
Excess (Section 2)	: N/A
Windscreen Excess	: S\$100
Additional Excess	: N/A
Unnamed Driver Excess	: Please refer to Terms and Conditions
Hire Purchase Company	: MAYBANK SINGAPORE LIMITED
Optional Cover	
Transport Allowance	: No
Excess Waiver	: No
Capacity	: 1300cc
Registration Year	: 2019
Off-peak Car	: No
Insure with COE	: Yes
NCD Entitlement	: 50%
NCD Protection	: Yes
Loyalty Discount	: 5%

Memo A : N/A

Endorsement Operative : M4

Agency : YONG LEE SENG MOTOR PTE LTD (00000613109)
Date of Issue : 22 Jul 2020 15:35 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive