

# NATIONAL Assessment Centre Services

Date In: 22/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20010147/13	SAS e-filing		
Veh No: SKA9402A	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 20/09/20 1915	i-Motor Claim Form	MT/1104270 -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: (	Tel:	Fax:
TP Particulars:	Veh No: SJN4808T	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 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

NA2005019	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	ON*		
	*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: Idac 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	22/09/2020 11:54
Date Of Accident	20/09/2020 19:15
Exact Location Of Accident	CRAWFORD ST TO NORTH BRIDGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9402A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NGO ENG NAN
NRIC No	SXXXX295B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81187227
Alternative Phone No	OTHERS-93494752

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5081055731-03
Cover Note Number	

### Driver

Name of Driver	NGO PEI SHAN,DEBBIE
NRIC No	SXXXX388Z
Date Of Birth	20/06/1995
Occupation	INDOOR
Date Of Driving Pass	09/07/2015
Driving Experience	5 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93494752
Fax Number	
Contact Number	
EMail Address	NGO_DEBBIE@HOTMAIL.COM

Address	BLK 926 HOUGANG STREET 91 #03-83
Postcode	530926
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 ON COLLISION
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?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN4808T
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG BENG NAN
NRIC/Passport Number	SXXXX188A
Contact Number	97670864
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NGO PEI SHAN,DEBBIE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKP9402A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## 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:

3:15pm 22/09/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

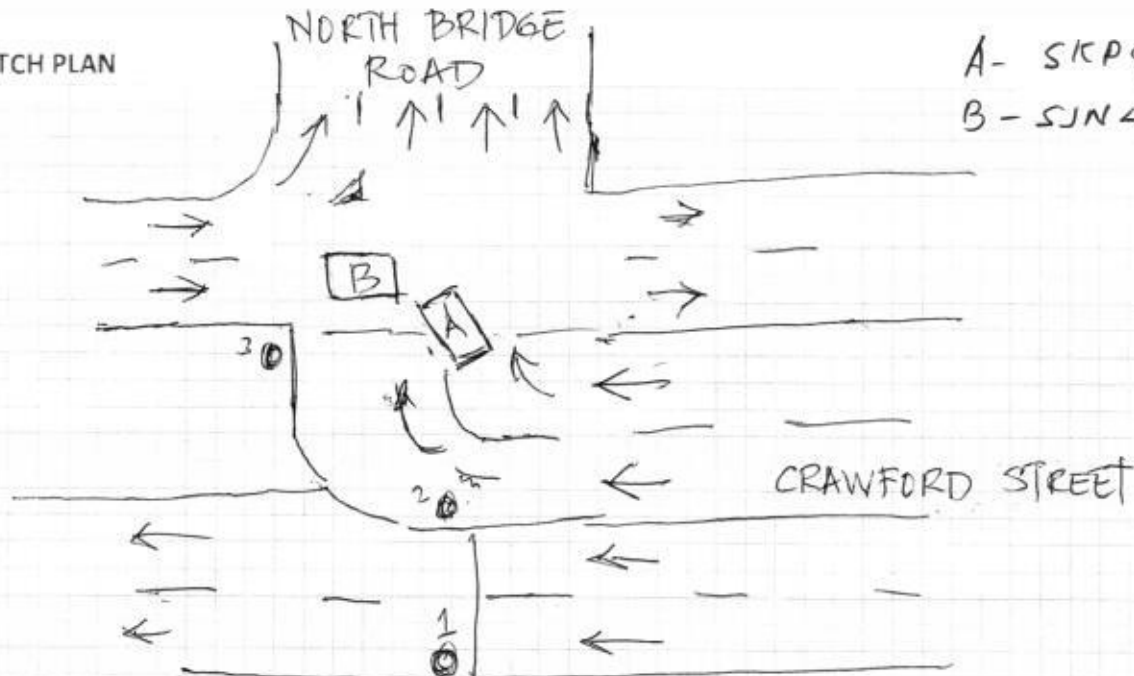
3:15pm 22/09/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



A- SKP9402A

B- SJN4808T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was driving along Crawford Street ready to make a right turn to North Bridge Road. Upon approaching the bend for the right turn, traffic light 1 & 2 was green. I was slowing down, travelling about 10-20km/hour before making the right turn. After I came out of the right turn, traffic light 3 was red.

I braked immediately but could not avoid a head to head collision with the oncoming car.

The oncoming car proceeded straight to hit a lamp post.

## DECLARATION

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

Policyholder's Signature

Date & Time:

21/09/2020 3:25pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

21/09/2020 3:25pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

21/09/2020



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MAA120082281 Vehicle Registration No: SKP9402A  
Name(as shown in NRIC) : NGO PEI SHAN, DEBBIE NRIC/FIN/Passport No : 59521388Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 926 HOUGANG ST 91 # 03-83 Singapore( 530926 )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 93494752  
Email Address : \_\_\_\_\_  
Date of Accident : 20/09/20 Time of Accident : 19:15  
Place of Accident : CRAWFORD ST RD TO NORTH BRIDGE RD  
Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND GENDER

Policyholder / Driver's Signature  
Date:

Shyne 22/09/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



# SINGAPORE POLICE FORCE



T/20200921/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200921/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/09/2020 01:05		Vide Report No.: A/20200920/0099		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NGO PEI SHAN, DEBBIE			Address: 926 HOUGANG STREET 91 #03-83 SINGAPORE 530926		
ID Type / ID No.: NRIC NO / S9521388Z			Contact No.: Home/Office: Mobile: 93494752		
Nationality: SINGAPORE CITIZEN			Email: NGO_DEBBIE@HOTMAIL.COM		
Sex: Female	Age: 25	Date of Birth: 20/06/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2020 20:40	Type of Location: Turning
Location:  CRAWFORD STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJN4808T	Car	TOYOTA		Silver		0
SKP9402A	Car	HONDA	Civic	Blue	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20200921/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200921/7000

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP9402A	NTUC Income Insurance Co-Operative Limited			

**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG BENG NAN	ID No.	S1830188A
Related Vehicle	SJN4808T (Car)	Contact No.	97670864
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
<b>Driver</b>			
Name	NGO PEI SHAN, DEBBIE	ID No.	S9521388Z
Related Vehicle	SKP9402A (Car)	Contact No.	93494752
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	20/09/2020	Date	20/09/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

Sd card submitted to police. Saw green light and proceeded to Turn Right" slowly, was close to stopping at the line before turning. Head on collision after turning right with oncoming car. Turning right into North Bridge Road from Crawford street.



**SINGAPORE  
POLICE FORCE**



T/20200921/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200921/7000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
21/09/2020 01:05

Officer In Charge Of Case:  
TP / TPIB /  
JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

Classification Of Case:

Authentication Stamp  
NP168

## ACCIDENT STATEMENT

ACCIDENT DATE: 20/09/2020 (DD/MM/YYYY), TIME: 19:18 (HH:MM)

LOCATION: Crawford Street to North Bridge Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SRP9402A  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5081055731-03  
d) POLICY TYPE: (~~COMPREHENSIVE~~ / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)  
e) MAKE & MODEL: Honda Civic  
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: Ngo Eng Nan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1823295B CONTACT: 81187227  
c) ADDRESS: Blk 926 Henggang Street 91 #03-83

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Ngo Pei Shan, Debbie (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9521388Z CONTACT: 93494752  
c) ADDRESS: Blk 926 Henggang Street 91 #03-83  
Singapore 530426

\*d) DATE OF BIRTH: 20/06/1995 (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / ~~OUTDOOR~~)

f) YEARS OF DRIVING EXPERIENCE: 5

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: child

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: online

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJN4808T MODEL: 2014 A115  
b) DRIVER'S NAME: Ng Beng Nan  
c) NRIC/FIN/PASSPORT: S1830188A CONTACT: 97670864

### 9. THIRD PARTY VEHICLE

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

Email =

fax =

video =

## 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:** 5081055731-03

**Cover :** Third Party, Fire & Theft

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SKP9402A          |
| Chassis Number  | : JHMF016306S213435 |
| 2. Name of Policyholder   | : NGO ENG NAN       |
| 3. Effective Date of Insurance  | : 06 Nov 2019       |
| 4. Expiry Date of Insurance   | : 05 Nov 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: NGO ENG NAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : LIU JUN (00000630941)  
Date of Issue : 31 Oct 2019 14:54 hrs  
Reprint : 31 Oct 2019 14:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



VICOM LTD

385 Sin Ming Drive Singapore 575718

Mainline (65) 6458 4555

Facsimile (65) 6458 1040

www.vicom.com.sg

Company Registration No: 139100320K

## PRELIM ACCIDENT REPORT FORM

Date of Accident : 20/09/2010 Accident Time: 1918 (24-HR-FORMAT)

Accident Place : Crawford street turnky to North Bridge Road

Vehicle Reg. No (Car plate No.) : SKP9402A Vehicle Make/Model: Civic

Insurance Company : NUL income Policy No. 5081055731-03

Name of Registered Owner : ~~Company~~ Individual Ngo Eng Nan

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S1823295B

: Co Contact No: - Owner's Contact No: 81187227

DRIVER'S Name : Ngo Pei Shan Debbie DRIVER'S NRIC No: S9521388Z

DRIVER'S Date of Birth : 20/06/1995 DRIVER'S License Pass Date 09 July 2015

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -

DRIVER'S Address : Blk 926 Hongany Street 91 #03-83

DRIVER'S Contact No./ Alt No. : 1) 93494752 2) -

DRIVER'S Occupation : INDOOR \ ~~OUTDOOR~~ (eg. working inside or outside of an ofc)

Email Address : ngo\_debbie@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): 1

Was the accident reported to the police? (YES) \ NO

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~~

Page 1 of 2

**Sin Ming**

385 Sin Ming Drive Singapore 575718  
Tel: (65) 6455 5358 Fax: (65) 6452 6621

**Bukit Batok**

511 Bukit Batok St 23 Singapore 659545  
Tel: (65) 6560 3312 Fax: (65) 6569 0722

**Kaki Bukit**

23 Kaki Bukit Ave 4 Singapore 415933  
Tel: (65) 6741 6697 Fax: (65) 6749 2305

## Claim Handling

Accident MT/1104270

Policy No.	5081055731-03	Vehicle No.	SKP9402A	GST Registration No.	
Certificate No.					
Policyholder Name	NGO ENG NAN			Policyholder NRIC	S1623295F
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	81187227	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	Yes

## Accident Details

Report Date	23/09/2020 09:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - F
Date of Accident	20/09/2020	Time of Accident (hh:mm)	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CRAWFORD ST TO NORTH BRIDGE RD				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 926 #03-83	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530926
Unit No.		Related Policy Number	5081055731-03		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SNGO PEI SHAN,DEBBIE	Driver NRIC	S9521388Z	Driver DOB	20/06/1991
Register Date of Driver License	09/07/2015	Driver Age	25	Driving Experience	5
Contact No.(Mobile)	93494752	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 926	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530926
Unit No.	#03-83				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	NGO ENG NAN	In NR
Contact No.(Mobile)	81187227	Contact No. (Home)	NIL	Co Ac (O)
Email Address	ngo_william@hotmail.com	OI Vehicle Number	SKP9402A	TP Ve NL
Claim Description	SKP9402A / SJN4808T ON 20 Sept 2020			
Preferred Workshop	Preferred	Insured Liability	Fully at Fault	Na Ph WA
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	
Report Taken By		Claim Close Date	23/09/2020 10:18	Co Re
		Workshop Repairer	ROSINDA	To bu Re

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1104270	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/09/2020 00:00

Path \*

Choose File No file chosen

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Category \* Confidential Urgency \*

Clear Please Select NO Normal

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Upload File

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NO

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## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:18	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:18	SAS		Normal	SAS 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:18	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:18	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:18	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:17	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:17	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:17	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:17	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:17	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:17	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:16	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:16	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:16	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:16	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:16	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:16	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:16	Photos		Normal	Photos 2020-9-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Sep 2020 10:16	Photos		Normal	Photos 2020-9-23

## Video List

Uploaded By/Date	Folder Date	File Name	?	Source
<div>Display in New Window</div> <div>Scan and uploading</div>				