

NATIONAL Assessment Centre Services

Ref: 1 Jan'05 MHA1008667

Date In: 10/10/20 - 13:41	Job description	Date & Time Completed	Done by
Ref No: NA/INC2010957/24	SAS e-filing		
Veh No: SM619564	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/10/20 - 21:30	i-Motor Claim Form	M7110689-001	10/10/20 13:57
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: 5J288007	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: (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

NA205467	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
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)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:	TP (N11): TP (N11 INC) against INC \$20		
at 1:	9) N12: Idao Mobile 30		
at 2 / 3:	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	10/10/2020 13:41
Date Of Accident	09/10/2020 20:30
Exact Location Of Accident	BLK 415B FERNVALE LINK RUBBISH CHUTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1956U
Insured/Policyholder	
Name Of Registered Owner	GPA SERVICES
Co Reg No	5XXXX922K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96873498
Alternative Phone No	OFFICE-96873498

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 7-SEATER 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105990551-01
Cover Note Number	

Driver

Name of Driver	AU GAN PING
NRIC No	SXXXX974F
Date Of Birth	19/05/1967
Occupation	INDOOR
Date Of Driving Pass	06/09/1990
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96873498
Fax Number	
Contact Number	OFFICE-96873498
EMail Address	NOEMAIL

Address	BLK 915 HOUGANG STREET 91 #12-12
Postcode	530915
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?	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 - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201010/7014.

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	SJJ8800J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AU GAN PING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMG1956U

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.



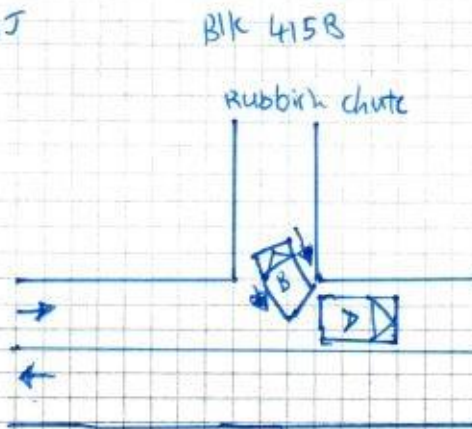
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Vehicle A: SMG1956U
 Vehicle B: S358800J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A was stationary on the stated venue. Suddenly I felt a huge impact from the rear portion of my stationary vehicle after I alight. I then realise that is vehicle B that collided into my vehicle while he reversing.



DECLARATION

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Date of Accident : 9/10/2020 Accident Time: 20:30hr (24-HR-Format)
Accident Place : BK 415B Fernvale Link rubbish chute
Vehicle No. (Car Plate No.) : SMG 1956U Make Model: Honda Freed
Insurance Company : NIKK Policy No: 5105990551-01
Owner or Company Name / IC No. : GPA Services (53355922K)
Owner or Company Contact No. : 96873498 Owner's Hp : Company Tel :
DRIVER'S Name / IC No. : An Gan Ping (51790974F)
DRIVER'S Date Of Birth : 19/05/1967 DRIVER'S License Pass Date 06 Sep 1990
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Owner
DRIVER'S Address : Blk 915 Hougang St 91 #12-12 15/530915
DRIVER'S Contact No. / Alt No. : 1) 2) ✓
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address :
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): 01
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
Any Injury (If YES, Pls state): Driver

Other Party Driver's Particular (if any)

Vehicle No:	<u>5558800J</u>	Vehicle No:	_____
Vehicle Make/Model:	_____	Vehicle Make/Model:	_____
Name Driver:	_____	Name Driver:	_____
IC No. Driver/Contact:	_____	IC No. Driver/Contact:	_____

* NEW - Passenger's name & gender:



SINGAPORE POLICE FORCE



T/20201010/7014

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

1 of 3
Report No. T/20201010/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2020 13:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: AU GAN PING		Address: 915 HOUGANG STREET 91 #12-12 SINGAPORE 530915	
ID Type / ID No.: NRIC NO / S1790974F		Contact No.: Home/Office: Mobile: 96873498	
Nationality: SINGAPORE CITIZEN		Email: enquiry@rico60.com	
Sex: Male	Age: 53	Date of Birth: 19/05/1967	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

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/10/2020 20:30	Type of Location: Straight Road
Location: FERNVALE LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: REAR T90 REAR			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJJ8800J	Car					0
SMG1956U	Car	HONDA	FREED		Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201010/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG1956U	NTUC Income Insurance Co-Operative Limited	5105990551-01		

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AU GAN PING		ID No. S1790974F
Related Vehicle	SMG1956U (Car)		Contact No. 96873498
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	10/10/2020		Date 10/10/2020
No. of Days granted Medical Leave		03	Degree of Slight

Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A (SMG1956U) WAS STATIONARY ON THE STATED VENUE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHT I THEN REALISE THAT IS VEHICLE B (SJJ8800J) HAD COLLIDED ONTO MY VEHICLE WHILE HE REVERSING.

I WISH TO STATE THAT I'M SUFFERED WITH NECK PAIN AND I WENT TO SEE DOCTOR AND WAS GIVEN 3DAYS MC.

CLINIC : Intemedical 24 Hr Clinic



**SINGAPORE
POLICE FORCE**



T/20201010/7014

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

3 of 3

Report No. T/20201010/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

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

Date/Time:
10/10/2020 13:07

Classification Of Case:

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. M90372806G

Policy Number	: 5105990551-01		
The Policyholder	: GPA SERVICES		
	BLK 915 #12-12		
	HOUGANG STREET 91		
	SINGAPORE 530915		
Period of Insurance	: 07 Dec 2019 To 06 Dec 2020		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (Inclusive GST)	: S\$2,571.17		
Interest Insured			
Cover Type	: drive CLASSIC		
Primary Driver	: AU GAN PING		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: HONDA/FREED	Capacity	: 1500cc
Registration Number	: SMG1956U	Registration Year	: 2018
Chassis Number	: GB71082095	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$2,000	NCD Entitlement	: 30%
Excess (Section 2)	: S\$1,500	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: UNITED OVERSEAS BANK LIMITED		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : N/A

Agency : KCB AGENCY (00000614904)
Date of Issue : 30 Oct 2019 15:53 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