

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA 200 88851

Date In: 11/10/22 - 10:25	Job description	Date & Time Completed	Done by
Ref No: 14/INC20010967/24	SAS e-filing		
Veh No: SK098983	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/10/22 - 17:00	i-Motor Claim Form	11/11/22 00:01	12/10/22 10:25
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: 1M63W46X	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) Inc 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) RT: 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:-		
	QD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:

at 1:

at 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	12/10/2020 10:25
Date Of Accident	11/10/2020 17:00
Exact Location Of Accident	JUNC BUKIT TIMAH RD & SUNGEI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB9898B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAU SIEW CHU
NRIC No	SXXXX566A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81863768
Alternative Phone No	OFFICE-81863768

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5G A
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	5100352980-02
Cover Note Number	

### Driver

Name of Driver	HAU SIEW CHU
NRIC No	SXXXX566A
Date Of Birth	08/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1995
Driving Experience	24 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81863768
Fax Number	
Contact Number	OFFICE-81863768
EMail Address	NOEMAIL

Address	31 ELIAS ROAD #16-23
Postcode	519934
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	COLLISION - CROSS JUNCTION
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	<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

REFER TO POLICE REPORT - T/20201011/7013.

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML3246X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AHMED ZAKARIA FIRFIRE
NRIC/Passport Number	SXXXX788J
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name HAU SIEW CHU

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKB9898B

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 completely 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 fact 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 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.

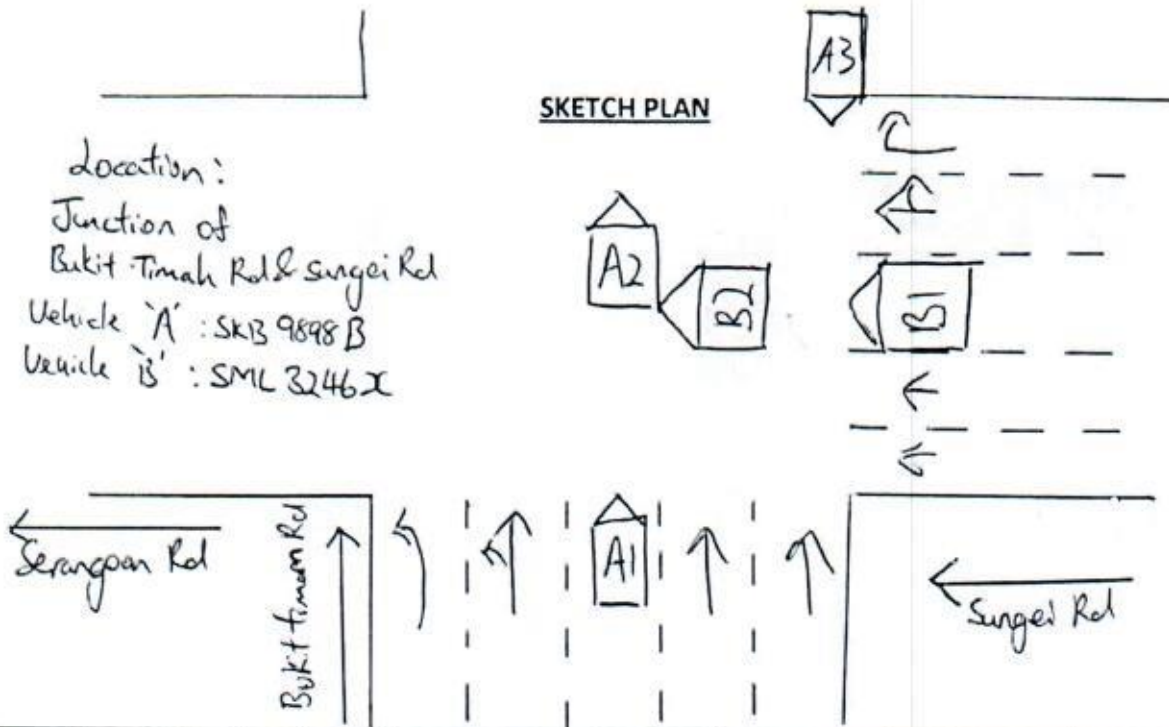
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

Location:  
Junction of  
Bukit Timah Rd & Serangoon Rd  
Vehicle 'A': SKB 9898 B  
Vehicle 'B': SML 3246 X

# SKETCH PLAN



On the stated date & time, I vehicle 'A' was travelling along the stated venue. As the traffic light was in my favor I proceeded straight. Suddenly I felt an impact on my right, my car spun and hit the railing on the right side of the road. My car suffered damages both on the left and right side, including the front portion too.

## 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: 11 / 10 / 20 (dd/mm/yy) Time of Accident: 5 : 00 <sup>PM</sup> (24-HR-FORMAT)

Vehicle No.: SKB 9898 B Vehicle Make & Model: Honda Vezel

Exact location of Accident: Junction of Bukit Timah Rd and Selegi Rd.

Policyholder's Name/ IC No.: Hau Siew Chu

Driver's Name/ IC No.: ~~HAU~~ (As Above) ☒

Driver's Contact No.: 8186 3768 Company Contact No.: \_\_\_\_\_

Driver's Address: BLK 31 ELIAS ROAD #16-23 S (S19934)

Insurance Company: NTUC Email address (if any): audrey.hsc@gmail.com

**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):** 1

Passenger Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Passenger Name: \_\_\_\_\_ 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 with TP.

**Any Injuries:** ☒ Yes/ ☐ No (If YES) Injured Person's Name: HAU SIEW CHU

Injuries Sustain: \_\_\_\_\_ Injured Person's in which vehicle: \_\_\_\_\_

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

**The Other Party(s) Details:**

1. Driver's Name/ IC No.: AHMED ZAKARIA FIRFIRE (S76617885) Vehicle No. SML 3246X

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.



# SINGAPORE POLICE FORCE



T/20201011/7013

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

1 of 3

Report No. T/20201011/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/10/2020 19:55	Vide Report No.: A/20201011/0078	Station Diary No.:
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**Informant's Particulars**

Name of Informant: HAU SIEW CHU			Address: 31 ELIAS ROAD #16-23 SINGAPORE 519934		
ID Type / ID No.: NRIC NO / S7671566A			Contact No.: Home/Office:                      Mobile: 81863768		
Nationality: SINGAPORE CITIZEN			Email: audrey.hsc@gmail.com		
Sex: Female	Age: 44	Date of Birth: 08/06/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class:                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/10/2020 17:00	Type of Location: X-Junction
Location:  SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKB9898B	Car	HONDA	VEZEL+1.5 G+A	Blue	Seriously Damaged	0
SML3246X	Car				Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20201011/7013

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

2 of 3

Report No. T/20201011/7013

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB9898B	NTUC Income Insurance Co-Operative Limited	5100352980-02	05/08/2020	04/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HAU SIEW CHU		ID No. S7671566A
Related Vehicle	SKB9898B (Car)		Contact No. 81863768
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	11/10/2020		Date 11/10/2020
No. of Days granted Medical Leave	02	Degree of	Slight

**Brief Details.**

On 11 October 2020 at about 0500pm, I was travelling along Bukit timah road on Lane 3 towards Ophir road. As i was passing the junction of Bukit Timah road and Sungei Road, it was green light to my favour. When passing the junction i felt a great impact from my right side of vehicle then causing my vehicle to spin out of control and mount the kerb and strike the fence on Lane 1. I alighted and realise that vehicle SML3246X had dash a red light on the right from Sungei road towards serangoon road, causing severe damages to my vehicle. We exchange particulars and take photographs. Traffic police attended the accident as public property is damage prior to the accident. After the accident i felt pain and discomfort and consulted a doctor. Im lodging this report for tp investigation and insurance claims. I also wish to state that i have a in car camera and Traffic police took for investigation.



**SINGAPORE  
POLICE FORCE**



T/20201011/7013

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

3 of 3

Report No. T/20201011/7013

**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 / TPIB /  
DAVID YAP  
Contact No.: 96192349

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:  
11/10/2020 19:55

Classification Of Case:

**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: S100352980-02

Cover : drive CLASSIC

- |  |                |
|--|----------------|
| 1. Index mark and Registration Number of Vehicle   | : SKB9898B     |
| Chassis Number   | : RU1100K776   |
| 2. Name of Policyholder  | : HAU SIEW CHU |
| 3. Effective Date of Insurance   | : 05 Aug 2020  |
| 4. Expiry Date of Insurance  | : 04 Aug 2021  |
| 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.

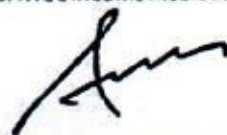
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HAU SIEW CHU
NAMED DRIVER (1)	: THONG ZI QI IVY
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE 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 : HUA YANG CREDIT PTE LTD (00000613824)  
Date of issue : 14 Jul 2020 15:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

**HUA YANG CREDIT PTE LTD**  
159 SIN MING ROAD #04-04  
AMTECH BUILDING SINGAPORE 575625  
TEL: 64585111 FAX: 64595111  
ACRA: 1984041120