

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA117155654

Date In: 24/11/17-16:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC17022473/24	SAS e-filing		
Veh No: SH1756D	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 22/11/17-18:00	i-Motor Claim Form	MT/0971102	24/11/17 20:04
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: Unknown

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

NA1707281

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 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:-

QD*

*N5: Courtesy Car / Tpl 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 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 ability.
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 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	24/11/2017 16:58
Date Of Accident	22/11/2017 18:00
Exact Location Of Accident	JUNC SOUTH BRIDGE RD & CROSS ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH1756D
Insured/Policyholder	
Name Of Registered Owner	TAN KIAT LIM
Co Reg No	S0244248E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98386088
Alternative Phone No	OFFICE-98386088

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID 1.8S AT ABS AIRBAGS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095797948
Cover Note Number	

Driver

Name of Driver	WONG SING HWA
NRIC No	S6824216I
Date Of Birth	29/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1987
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98517229
Fax Number	
Contact Number	OFFICE-98517229
Email Address	NOEMAIL

Address	BLK 288B JURONG EAST STREET 21 #08-378
Postcode	602288
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	2

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	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/20171124/2111.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address


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:

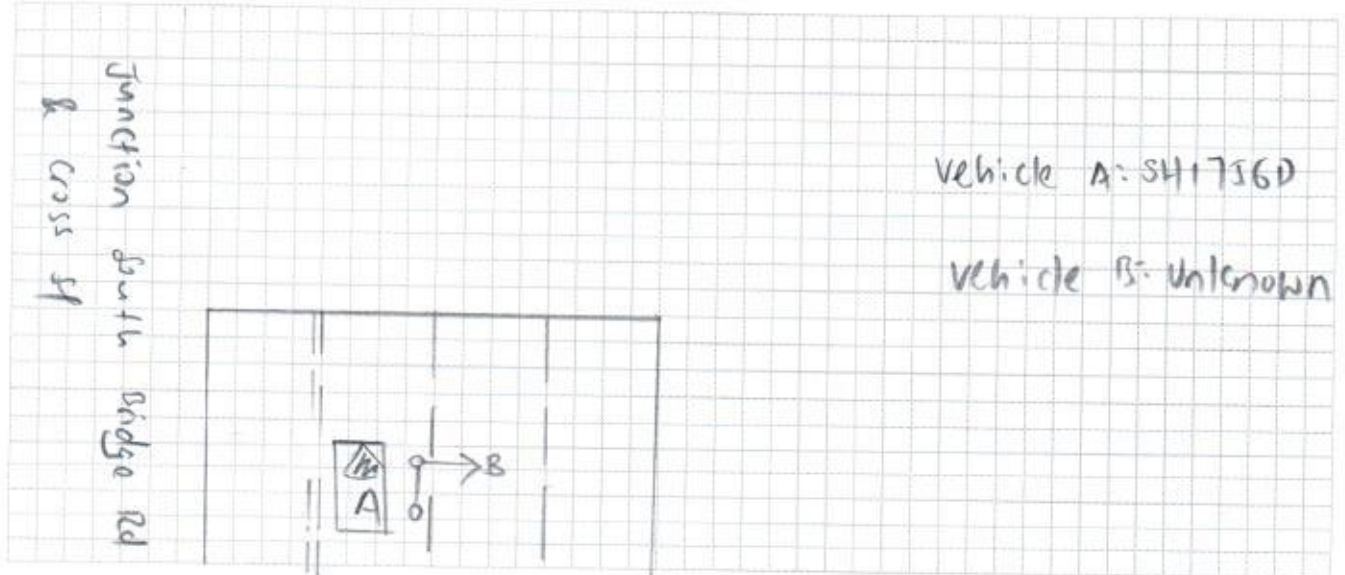
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20171124/2111.

DECLARATION

I/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.:



**SINGAPORE
POLICE FORCE**



T/20171124/2111

1 of 2

Report No. T/20171124/2111

POLICE REPORT (NP299)

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

Date/Time Report Made 24/11/2017 16:19		Vide Report No.		Station Diary No.	
Name Of Informant WONG SING HWA		Address APT BLK 288B JURONG EAST ST 21 #08-378 HDB JURONG EAST SINGAPORE 602288			
ID Type / ID No. NRIC NO / S68242161		Contact No. Home/Office Mobile 98517229			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Taxi driver		Sex Male	Age 49	Date of Birth 29/06/1968	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 22/11/2017 18:00 - 22/11/2017 19:00		Location Of Incident SOUTH BRIDGE ROAD SINGAPORE			

Brief details.

AT THE ABOVE STATED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG SOUTH BRIDGE ROAD, AS I WAS DRIVING. THERE WAS SOME CONSTRUCTION ON THE EXTREME LEFT, AND THERE WAS A TRAILER REVERSING FROM THE 4TH LANE. IT WAS A RED LIGHT AND THE TRAILER WAS SORT OF TURNING INTO MY DIRECTION. SO I TRYING TO AVOID THE TRAILER. SO I WANTED TO FILTER TO THE 4TH LANE INFRONT OF THE TRAILER FROM THE 3RD LANE. THERE WAS A BIKE STATIONARY VERY

Signature Of Officer Recording The Report: TP / KHALED AMR HASSAN MOHSEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/11/2017 16:19
Officer In-Charge Of Case: TP / Traffic Police Division HQ / SI ABD KAHAR BIN RAMAT Contact No.: 65476301	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



T/20171124/2111

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. T/20171124/2111

CLOSE TO MY FRONT RIGHT SIDE. SO I KINDLY HORNED AT HIM SO THAT HE COULD GIVE ME WAY. HE GOT ANGRY AND HE TURNED HIS HEAD TO LOOK AT ME AND BANGED ON MY BONNET AND HE KEPT SCOLDING ME ANGRILY. I WAS TELLING HIM I WAS TRYING TO FILTER TO THE LEFT. AFTERWARDS I WENT TO THE 4TH LANE, THEN HE CAME BEHIND MY VEHICLE, THEN I SAW HIM TAKE OUT HIS HANDPHONE AND TAKE IMAGES. I WAVED TO HIM TO FOLLOW ME AND STOP AT THE SIDE TO TALK IT OUT. WHEN THE TRAFFIC LIGHT TURNED GREEN, I MOVED FORWARD AND WHEN I LOOKED AT MY REAR VIEW MIRROR HE CUT ALL THE WAY TO THE RIGHT SIDE AND TURN TO THE SMALL ROAD ON THE SIDE.
MY VEHICLE NUMBER IS SH1756D.
THAT'S ALL

Subjects Involved

Victim

Person Name | WONG SING HWA (Informant)

Signature Of Officer Recording The Report:

TP / KHALED AMR HASSAN MOHSSEN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
TP / Traffic Police Division HQ /
SI ABD KAHAR BIN RAMAT
Contact No.: 65476301

Authentication Stamp

Signature Of Informant:

Date/Time:
24/11/2017 16:19

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S68242161



WONG SING HWA
黄新华
CHINESE
29-06-1968 M
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S68242161
Name WONG SING HWA
Birth Date 29 Jun 1968
Issue Date 31 Oct 2005




2718W32



S68242161




APT BLK 288B JURONG EAST STREET 21 #08-378
SINGAPORE 602288
NRIC No: S68242161 Date 05-11-2005 (R) No: 5167775

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	09 May 1986
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg	16 Apr 1987
Class 4	Heavy motor cars and motor tractors > 2500 kg	14 Dec 1993
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	12 May 1997

HP 409A

License No: S68242161



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5095797948	TAN KIAT LIM	S0244248E	GYT	Comprehensive	SH1756D	SH1756D	14/11/2017	13/11/2018

▼ Policy Information

Policy No.	5095797948	Policyholder Name	TAN KIAT LIM	Policyholder NRIC	S0244248E
Address	BLK 259 #11-30 BUKIT PANJANG RING ROAD BUKIT PANJANG NEW TOWN SINGAPORE 671259				
Product Name	Taxi Insurance	Plan		Group Policy Flag	N
Policy Issue Date	13/11/2017	Effective Date	14/11/2017 00:00	Expiry Date	13/11/2018 23:59
Third Party Excess	1500	Own damage Excess	1500	Windscreen Excess	100
Additional Excess		OS Premium	5204.48		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	SING THAI HIN TRADING PTE L	Agent Tel.	63362454	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 259 #11-30	Address 2	BUKIT PANJANG RING ROAD	Address 3	BUKIT PANJANG NEW TOWN
Address 4	SINGAPORE 671259	Address Type	Singapore address	Post Code	671259
Unit No.		Related Policy Number	5095797948		

▶ Insured Object: SH1756D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/0971102

Policy No.	5095797948	Vehicle No.	SH1756D	GST Registration No.	
Policyholder Name	TAN KIAT LIM			Policyholder NRIC	
Product Code	Taxi Insurance	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	98386088	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		

▼ Accident Details

Report Date	24/11/2017 20:00	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	22/11/2017	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC SOUTH BRIDGE RD & CROSS ST				

▼ Benefits

▼ Excess

Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 259 #11-30	Address 2	BUKIT PANJANG RING ROAD	Address 3	
Address 4	SINGAPORE 671259	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5095797948		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	WONG SING HWA	Driver NRIC	S68242161	Driving Experience	
Register Date of Driver License	16/04/1987	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	98517229	Contact No.(Office)	0	Address 3	
Address 1	BLK 288B #08-378	Address 2	JURONG EAST STREET 21	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	08-378				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN KIAT LIM	Insured NRIC	
Contact No.(Mobile)	98386088	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SH1756D	TP Vehicle Number	
Claim Description	SH1756D / UNKNOWN ON 22 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	24/11/2017 20:04	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0971102	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/11/2017 20:05
Path *		Category *	Confidential Urgency

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 20:05	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 20:04	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 20:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 20:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 20:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 20:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 20:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 20:04	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
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