

NATIONAL Assessment Centre Services. (Unit 1 2000)

NA1707532

Date In: 04/12/2017 14:27	Job description	Date & Time Completed	Date by
Ref No: NBA/INC 170229424	SAS e-filing		
Veh No: SHF 2152GT	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 02/12/2017 23:30	I-Motor Claim Form	NA170912498	04/12/2017
OD: TP Reporting Only	I-Motor W/O (within 2hrs, TP 3hrs)		14:57
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: SHF 6242	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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks: INC hotline 6788 0010	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

NA1707533	Invoice Preparation Checklist	Checked by (Signature)
Humanis Particulars:	1) AR: Accident Reporting (\$20)	
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
	5) XT: Follow-Through Survey (Resurvey) \$20	
	For claiming excess INC Only (w/ 10 Jan 2003)	
	6) TR: Re-inspection \$15	
	7) NI: Idv DA + SMRT Survey \$180	
	8) NTUC Additional Services	
	Q11:	
	*N1: Courtesy Car / Tpl Allowance \$5	
	*N2: Repair Coordination \$10	
	*N3: Post Repair Inspection \$25	
	*N4: DY / Collect Excess Coordination \$5	
	TP (NI): TP (N-in INC) against INC \$20	
	9) N12: Idv Mobile \$10	
	Invoice dated	Pie Charged
	Invoice Paid	Pie 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	04/12/2017 14:24
Date Of Accident	02/12/2017 23:30
Exact Location Of Accident	ALONG YIO CHU KANG LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF2152G
Insured/Policyholder	
Name Of Registered Owner	KOH MING CHONG BRIAN
NRIC No	S8917128H
Email Address	BRIANKOHMC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91834991
Alternative Phone No	OTHERS-91834991

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
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	5087208638
Cover Note Number	

Driver

Name of Driver	KOH MING CHONG BRIAN
NRIC No	S8917128H
Date Of Birth	15/05/1989
Occupation	INDOOR
Date Of Driving Pass	15/05/1989
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91834991
Fax Number	
Contact Number	OTHERS-91834991
Email Address	BRIANKOHMC@GMAIL.COM

Address	BLK 75 WHAMPOA DRIVE #11-380
Postcode	320075
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 - HEAD TO REAR
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)	1

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

PLEASE REFER TO SKETCH PLAN

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	SHF624Z
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	FOO SEE YOONG
NRIC/Passport Number	S1548082C
Contact Number	97427719
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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: 4/12/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

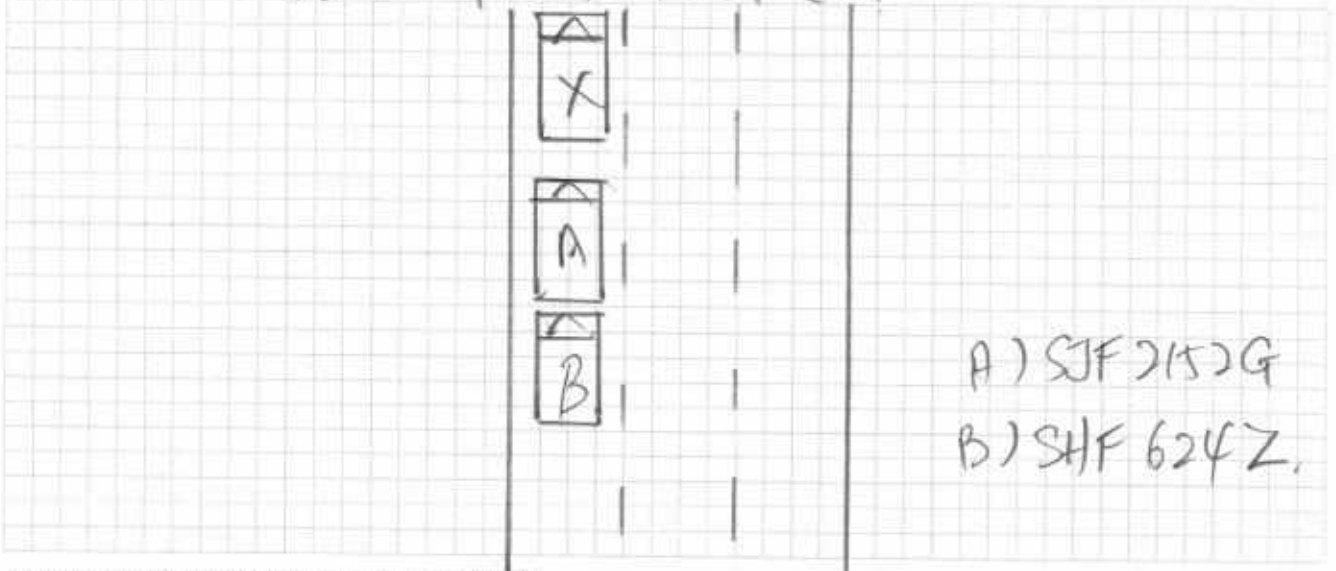
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Along Yio Chu Kang Link



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Yio Chu Kang Link Road going towards Aljunied and I was on the left lane. There was a taxi that stopped to pick a passenger before a bus stop. I slowed down and came to a halt waiting for the front taxi to move off. Suddenly I heard a screech and a bang which hit my car in the rear. Fortunately there was no injuries.

DECLARATION

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

Policyholder's Signature

Date & Time: 4/12/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

06/12/2017

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Roshi WAAAB

Claim Handling

Accident MT/0972198

Policy No.	5087208638	Vehicle No.	SJF2152G	GST Registration No.	
Policyholder Name	KOH MING CHONG BRIAN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	91834991	Contact No.(Office)		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(%)	0		

Accident Details

Report Date	04/12/2017 14:49	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	02/12/2017	Time of Accident hh:mm	23:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG YIO CHU KANG LINK				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

Modification History

Policyholder Mailing Address

Address 1	BLK 75 #11-380	Address 2	WHAMPOA DRIVE	Address 3	
Address 4	SINGAPORE 320075	Address Type	Singapore address	Post Code	
Unit No.	11-380	Related Policy Number	5087208638		

OI Driver Info

Driver Name	KOH MING CHONG BRIAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9917128H	Driver DOB	
Register Date of Driver License	18/03/2009	Driver Age	28	Driving Experience	
Contact No.(Mobile)	91834991	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 75 #11-380	Address 2	WHAMPOA DRIVE	Address 3	
Address 4	SINGAPORE 320075	Address Type	Singapore address	Post Code	
Unit No.	11-380				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJF2152G	Driver Insurer Company	

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	KOH MING CHONG BRIAN	Insured NRIC	
Contact No.(Mobile)	91834991	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJF2152G	TP Vehicle Number	
Claim Description	SJF2152G / SHF624Z ON 2 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	04/12/2017 14:56	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0972198	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/12/2017 14:57

Path *

Browse...	Clear	Please Select	Category *	Confidential	Urgency
Browse...	Clear	Please Select		Normal	Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	N/A	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	N/A	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	N/A	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	N/A	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 14:57	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 14:57	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 14:57	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 14:57	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 14:56	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 14:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 14:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 14:53	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 14:53	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 12 / 2017 (DD/MM/YYYY), TIME: 23 : 30 (HH:MM)

LOCATION: Along Yio Chu Kang Link

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 2152 G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HYUNDAI TUSCANI 2.0
 f) TYPE: COUPE / SALOON / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: TRAVELLING HOME
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: KOH MING CHONG BRIAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S891728H CONTACT: 91834991
 c) ADDRESS: 75 WHAMPOA DRIVE #11-380
S 320075

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(Including driver)
(1)

- DRIVER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

- * d) DATE OF BIRTH: 15 / 05 / 1989 (DD/MM/YYYY)
 e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING LICENCE: 18 MAR 2009
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
 5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS
 6. WAS ANYBODY INJURED (YES/NO) NO
 7. a) REPORTED TO POLICE (YES/NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passengers
(Including driver)
(3)

- a) VEHICLE NUMBER: SHF 624 Z MODEL: _____
 b) DRIVER'S NAME: FOO SEE YOUNG
 c) NRIC/FIN/PASSPORT: 61548082C CONTACT: 97427719

9. THIRD PARTY VEHICLE

No of passengers
(Including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: BRIANKOHMC@GMAIL.COM

Fax: _____

VIDEO _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8917128H



Name

KOH MING CHONG, BRIAN

高銘聰

Race
CHINESE

Date of birth
15-05-1989

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8917128H



KOH MING CHONG, BRIAN

Birth Date: 15 May 1989

Issue Date: 18 Mar 2009



001722121A



3842384

NRIC No: S8917128H



Date of issue
21-05-2004

APT BLK 75 WHAMPOA DRIVE #11-380
SINGAPORE 320075
NRIC No: S8917128H

Date: 10/10/2012

No: 7051854

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE

18 Mar 2009

NP 428A



Licence No: S8917128H

eBaoTech

GeneralClaim

Hello: NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/12/2017 11:04"/>						
Vehicle No. (For Motor)	<input type="text" value="SJF2152G"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087208638	KOH MING CHONG BRIAN	S8917128H	GPC	drive CLASSIC	SJF2152G	SJF2152G	29/12/2016	28/12/2017
<input type="button" value="Continue"/>									