

# NATIONAL Assessment Centre Services

(Unit 1 20100)

NA/7159663

Date In: 04/12/2017 15:19	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/1022956/N	SAS e-filing		
Veh No: SW 3892H	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 04/12/2017 18:50	1-Motor Claim Form	ml/0972220	04/12/2017
OD / TP / Reporting Only	1-Motor W/O (Within: 2hrs, TP 2hrs)		15:50
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SUP 94734	INC ( ) / Non-INC ( )	
Owner / Drivers:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( ) %	(Note: B/L 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: 1 to e-mail Insurer URGENTLY.

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

Remarks: ( ) INC ( ) Non-INC ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date/Time	Action

NA/707540	Invoice Preparation Checklist	Amount (\$)	Amount (\$)
Customer's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$40	
Damaged Portion:	4) PT: Follow-Through Survey	\$120	
C Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30	
	Forfeiture applied (INC Only) (w/ef 10 Jan 2010)		
	6) TR: Re-inspection	\$75	
	7) NI: 12hr DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	Q11:		
	*N3: Courtesy Car/ Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DY / Collect Excess Coordination	\$5	
	TR (N11) TP (N10) INC against INC	\$20	
	*N12: 12hr Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice Valid	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	04/12/2017 15:19
Date Of Accident	01/12/2017 18:50
Exact Location Of Accident	EXIT FROM LOYANG SLIP ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3892H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH JIE WEI
NRIC No	S9015322F
Email Address	STECHAUTO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91551984
Alternative Phone No	OTHERS-91551984

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE-1.6 (A)
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	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	5091519699
Cover Note Number	

### Driver

Name of Driver	LOH JIE WEI
NRIC No	S9015322F
Date Of Birth	01/05/1990
Occupation	INDOOR
Date Of Driving Pass	20/01/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91551984
Fax Number	
Contact Number	OTHERS-91551984
E-Mail Address	STECHAUTO@YAHOO.COM.SG

Address	BLK 126C KIM TIAN ROAD #25-521
Postcode	163126
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)	2

#### 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?	YES
Remarks/ Reasons:	CANNOT VIEW WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP9473H
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Name of Driver	MARIYIN BTE ABD RAHMAN
NRIC/Passport Number	S1711576F
Contact Number	98580340
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### 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: 04/12/17

1116hrs

Driver's Signature

(If driver is not the policyholder)

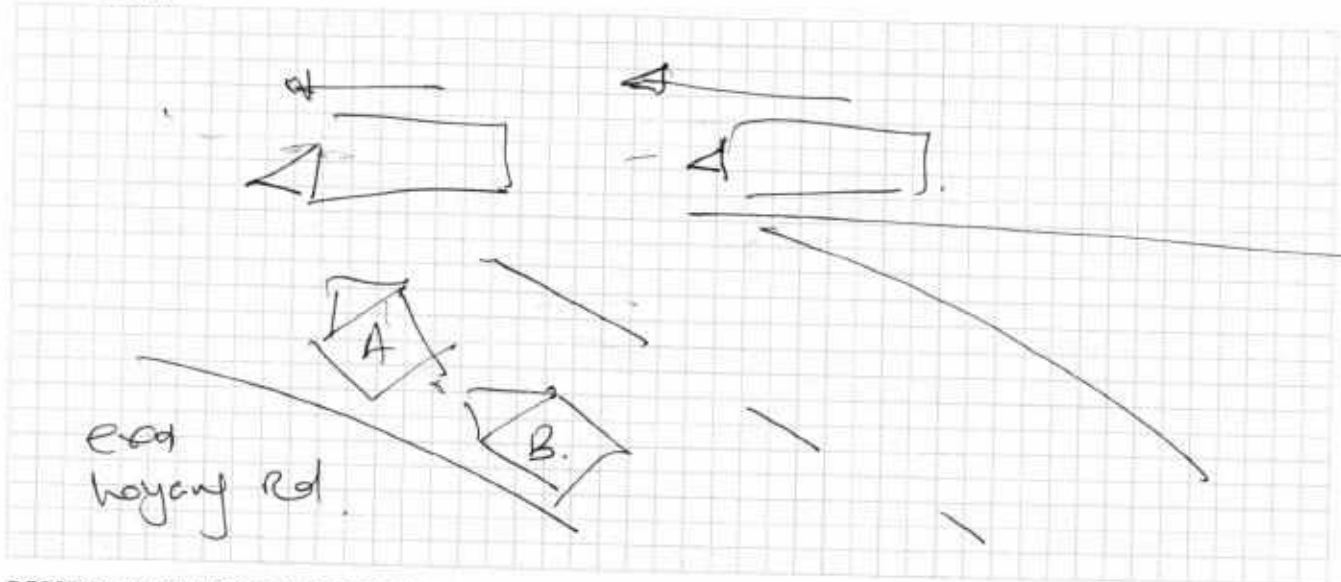
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1st Dec 2017, at about 1850 hrs, I was driving my car exiting highway Road, (Highway, SLE - TPE). Stopping at the Slip Road, looking for the on-coming vehicle traffic, suddenly, an impact occurs upon the rear of my vehicle, and no one was injured.

A = SJW 3892 H  
B = SEP 9473 H

## DECLARATION

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

Policyholder's Signature

Date & Time: 04/12/17  
1116 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

04/12/2017

Rosdi

## Claim Handling

Accident MT/0972220

Policy No.	5091519699	Vehicle No.	5JW3892H	GST Registration No.	
Policyholder Name	LOH JIE WEI			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	91551984	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	#Code Reason	
NCD Protection	No	NCD Entitlement(%)	20		

**Accident Details**

Report Date	04/12/2017 15:46	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	01/12/2017	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EXIT FROM LOYANG SLIP ROAD				

**Benefits**

**Excess**

Own damage Excess	800.00	Additional Excess	1,500.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	800.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 126C #25-521	Address 2	KIM TIAN ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5091519699		

**Q1 Driver Info**

Driver Name	LOH JIE WEI	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S9015322F	Driving Experience	
Register Date of Driver License	20/01/2011	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	91551984	Contact No.(Office)		Address 3	
Address 1	BLK 126C #25-521	Address 2	KIM TIAN ROAD	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	5JW3892H	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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LOH JIE WEI	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	5JW3892H	TP Vehicle Number	
Claim Description	5JW3892H / SLP9473H ON 1 Dec 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	04/12/2017 15:50	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			

☐ Print AK letter:

Save Submit

## Attachment

Accident No.	MT/0972220	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/12/2017 15:50
Path *		Category *	Confidential Urgency
		<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Normal"/>



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 15:50	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 15:49	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 15:48	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 15:48	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Dec 2017 15:47	NRIC/ Driving License	Normal	NRIC/ Driving

Uploaded By/Date:	Folder Date	File Name	Source
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>	

# ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 12 / 2017) (DD/MM/YYYY), TIME: (18 : 50) (HH:MM)

LOCATION: Exit 10yany Slip Road.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SW 3892 H  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5091519699  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: 1.6 CHEVROLET CRUZE  
 f) TYPE: SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Admin  
 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: LOH SIE WEI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9015322F CONTACT: 91551984  
 c) ADDRESS: BLK 126C KIM TIAN ROAD #25-521

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

## DRIVER

- a) NAME: MS ABU K (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (01 / 05 / 1990) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING LICENCE: 20 JAN 2011

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP 9473 H MODEL: NISSAN GASHQAI  
 b) DRIVER'S NAME: MARIYIN BTE ABD RAHMAN  
 c) NRIC/FIN/PASSPORT: S1711576F CONTACT: 9858 0340

## 9. THIRD PARTY VEHICLE

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

# No of passenger  
(including driver)  
(2)

# No of passenger  
(including driver)  
(1)


# No of passenger  
(including driver)  
( )

Email: cc stechauto@ycheo.com.sg

Fax: \_\_\_\_\_


V1060



 **SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**LOH JIE WEI**

NRIC No  
**S9015322F**



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S9015322F**

Name  
**LOH JIE WEI**

Birth Date: **01 May 1990**  
Issue Date: **25 Sep 2015**



**002476567D**

**SG 50**

GENALTOSSPW106481860418 00000000346031

NRIC No/Colour  
**S9015322F/ PINK**

Race  
**CHINESE**

Date Of Birth  
**01/05/1990**

Service Status  
**REGULAR**

Address  
**Blk 126C KIM TIAN ROAD  
#25-521 SINGAPORE 163126**

Blood Group  
**AB (+)**

Country Of Birth  
**SINGAPORE**

Military Rank Status  
**SPECIALIST**

Sex  
**M**



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

**EFFECTIVE DATE**  
20 Jan 2011

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

NP 428A



eBaoTech

General Claim

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="SJW3892H"/>								
<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"/>	5091519699	LOH JIE WEI	59015322F	GPC	drive CLASSIC	SJW3892H	SJW3892H	02/06/2017	01/06/2018
<input type="button" value="Continue"/>									