

# NATIONAL Assessment Centre Services

Page: 1 of 2

MMA 118000119

Date In: 2/1/18 10:25	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MALINC 18000006/h4	E-mail (within 3hrs, AIC 2hrs):		
Veh No: SLG 1089L	i-Motor Claim Form: M710975979	2/1/18 19:43	
DOA: 31/12/17 23:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD: <input checked="" type="checkbox"/> Reporting Only	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: SHC 5344P

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 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

MA 1800032

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars :-

1) AR: Accident Reporting (\$30); 30.00

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 + SMRI Survey \$160

8) NTUC Additional Services:-

OD\*

\*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

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Date 1:

Date 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 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	02/01/2018 10:25
Date Of Accident	31/12/2017 23:30
Exact Location Of Accident	BLK 155 GANGSA ROAD SERVICE ROAD(NEAR LOADING BAY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1088L
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#### Insured/Policyholder

Name Of Registered Owner	KOH KIM KEONG, RAYMOND (XU JINQIANG, RAYMOND)
NRIC No	S7918335J
Email Address	RAYMOND3K@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82005609
Alternative Phone No	OFFICE-82005609

#### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5083943618-01
Cover Note Number	-

#### Driver

Name of Driver	KOH KIM KEONG, RAYMOND (XU JINQIANG, RAYMOND)
NRIC No	S7918335J
Date Of Birth	27/06/1979
Occupation	INDOOR
Date Of Driving Pass	15/05/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82005609
Fax Number	
Contact Number	OFFICE-82005609
Email Address	RAYMOND3K@GMAIL.COM



Address	BLK 178 LOMPANG RD #23-40
Postcode	670178
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : ONG RUI KIAT RYAN
	GENDER: : MALE
Passenger 2	NAME: : GARRETT KOH
	GENDER: : MALE

#### 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

I WAS DRIVING AT THE BLK 155 GANGSA ROAD SERVICE ROAD, WHILE APPROACHING A LOADING BAY, SUDDENLY A TAXI DASHED OUT FROM THE LOADING BAY WITHOUT NOTICED MY VEH, AS THE RESULT, THE TAXI HIT ONTO MY VEH LEFT HAND SIDE.

#### 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	SHC5344P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANDREW NG
NRIC/Passport Number	S1183497C
Contact Number	98193227
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## 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.:



BIK 155

A = SLG 1088 L  
B = SHC 5344 P

BIK 155 Gangsa Rd Service Rd

Please Refer to statement


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

Date &amp; Time:

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

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7918335J



Name  
KOH KIM KEONG, RAYMOND  
(XU JINQIANG)  
许金强

Race  
CHINESE

Date of birth  
27-06-1979

Sex  
M

Country of birth  
SINGAPORE

S7918335J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7918335J  
Name  
KOH KIM KEONG, RAYMOND  
(XU JINQIANG, RAYMOND)

Birth Date: 27 Jun 1979  
Issue Date: 10 Jun 2003

000560490C

4424301




NRIC No: S7918335J

Date of issue  
03-07-2009

APT. BLK 178 LOMPANG ROAD #23-40  
SINGAPORE 670178

NRIC No: S7918335J Date: 17/09/2017

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

	PASS DATE
Class 2B Motorcycles <= 200 CC	24 Jan 1998
Class 2A Motorcycles between 201 CC and 400 CC	13 Nov 2000
Class 2 Motorcycles > 400 CC	06 Mar 2007
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	15 May 1999

S7918335J S / No. 9000061010

NP 428A

Licence No: S7918335J

Hello, NAC\_PAYA\_UBI\_800601

[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="31/12/2017 10:13"/>						
Vehicle No.(For Motor)	<input type="text" value="SLG1088L"/>	<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"/>	5083943618-01	KOH KIM KEONG, RAYMOND (XU JINQIANG, RAYMOND)	S7918335J	GPC	drivo CLASSIC	SLG1088L	SLG1088L	16/09/2017	15/09/2018
<input type="button" value="Continue"/>									



## Claim Handling

Accident MT/0975979

Policy No.	5083943618-01	Vehicle No.	SLG1088L	GST Registration No.	
Policyholder Name	KOH KIM KEONG, RAYMOND (XU JINQIANG, RAYMOND)			Policyholder NRIC	S79
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82005609	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	02/01/2018 19:39	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	31/12/2017	Time of Accident hh:mm	23:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 155 GANGSA ROAD SERVICE ROAD(NEAR LOADING BAY)				

## ▼ 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

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

## ▼ Policyholder Mailing Address

Address 1	BLK 178 #23-40	Address 2	LOMPANG ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	670
Unit No.		Related Policy Number	5083943618-01		

## ▼ OI Driver Info

Driver Name	KOH KIM KEONG RAYMOND (XU JINQIANG)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7918335J	Driver DOB	27/11/1988
Register Date of Driver License	01/08/2005	Driver Age	38	Driving Experience	12
Contact No.(Mobile)	82005609	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 178 #23-40	Address 2	LOMPANG ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	670
Unit No.					
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	KOH KIM KEONG, RAYMOND (XU JINQIANG, RAYMOND)	Insured NRIC	S79	
Contact No.(Mobile)	82005609	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	RAYMOND3K@GMAIL.COM	OI Vehicle Number	SLG1088L	TP Vehicle Number	SHC	
Claim Description	SLG1088L / SHC5344P ON 31 Dec 2017				Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec	
Date Registered	02/01/2018 19:42	Claim Close Date		Date Received	02/01/2018	
Report Taken By	LIEW SHAN HUI					

☒ Print AK letter

Save Submit

## Attachment

1/2/2018

## Claim Handling(accident reporting Claim Task )

Accident No.

MT/0975979

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/01/2018 19:43

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:43	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:43	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:43	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:42	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:42	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:42	Photos	Normal	Photos 20

## Video List

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

Scan and uploading