

NATIONAL Assessment Centre Services

(M11 1 Jan 2008)

MANIPPO00071

Date In: 06/01/2018 15:38	Job description	Date & Time Completed	Done by
Ref No: NPA/INC/000868/4	SAS e-Milling		
Veh No: SKG 6366m	E-mill (with 3hrs, A/C 3hrs)		
D.O.A: 05/01/2018 18:45	4-Motor Claim Form	MT0916663	06/01/2018 16:39
OD (TP) Reporting Only	1-Motor W/O (with 100 3hrs, TP 100%)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yell No: SGA 5556H, 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 Rem:
() 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: UNO hotline 6788 0016	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

MANIPPO00071	Invoice Preparation Checklist
Customer's Particulars:	1) AR: Accident Reporting (\$30)
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) YT: Follow-Through Survey (Resurvey) \$20
	Excluding agent INC Only (w/ 10 Jan 2010)
	6) TR: Re-inspection \$15
	7) NI: 1 day DA + SMART Survey \$160
	8) NTUC Additional Services
	Q11:
	*NI: Courtesy Car / Tpl Allowance \$5
	*NI: Repair Coordination \$10
	*NI: Post Repair Inspection \$25
	*NI: DY / Collect Excess Coordination \$5
	TP (NI) / TP (Non INC) against INC \$20
	9) NI: 1 day Mobile \$10
	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	06/01/2018 15:35
Date Of Accident	05/01/2018 18:45
Exact Location Of Accident	HDB CARPARK BESIDE J-CUBE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6366M
Insured/Policyholder	
Name Of Registered Owner	NEO SIN CHOR
NRIC No	S7016174E
Email Address	DERON_NEO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90096366
Alternative Phone No	OTHERS-86686366

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 GLX (A)
Exact Purpose for which vehicle was being used at time of accident	PARKING INTO LOT
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093741395
Cover Note Number	

Driver

Name of Driver	NEO CHUAN HWEE ,DERON
NRIC No	S9701029C
Date Of Birth	03/01/1997
Occupation	INDOOR
Date Of Driving Pass	19/08/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90096366
Fax Number	
Contact Number	OTHERS-86686366
Email Address	DERON_NEO@HOTMAIL.COM

Address	BLK 410 PANDAN GARDENS #15-75
Postcode	600410
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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?	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	SGA5666H
Vehicle Make/Model/Colour	KIA K3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOO HSIEN MING
NRIC/Passport Number	S8303913B
Contact Number	81007124
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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:

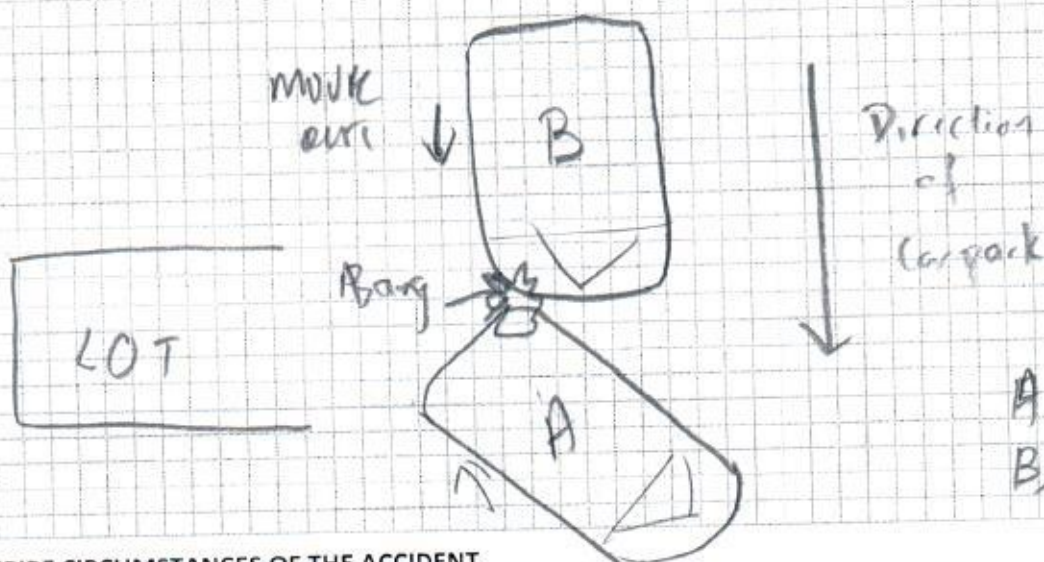
Driver's Signature
(If driver is not the policyholder)

Date & Time: 6/1/18 3.30 pm

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

SKETCH PLAN

HDB CARPARK BESIDE J-CUBE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 7.45pm on 5 Jan 2018, I was finding a lot to park my car at a HDB carpark beside Jcube. I was at deck 1B. I found a lot near the carpark slope. I was preparing to reverse, I check the rear mirror and side mirrors. Before I was about to reverse, I heard a bang sound. My bottom left bumper was hit by his front right bumper on his car. Both our car had minor scratches.

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: 6/1/18 3.40pm

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

Claim Handling

Accident MT/0976663

Policy No.	5093741395	Vehicle No.	SKG6366M	GST Registration No.	
Policyholder Name	NEO SIN CHOR			Policyholder NRIC	S70
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90096336	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	06/01/2018 16:15	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	05/01/2018	Time of Accident hh:mm	18:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	HDB CARPARK BESIDE J-CUBE				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	0.00		
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	39 TOH TUCK WALK	Address 2	SINGAPORE 596617	Address 3	
Address 4		Address Type	Singapore address	Post Code	5966
Unit No.		Related Policy Number	5093741395		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NEO CHUAN HWEE ,DERON	Driver NRIC	S9701029C	Driver DOB	03/0
Register Date of Driver License	19/08/2016	Driver Age	21	Driving Experience	1
Contact No.(Mobile)	86686366	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 410 #15-15	Address 2	PANDAN GARDENS	Address 3	SING
Address 4		Address Type	Foreign address	Post Code	600
Unit No.	15-15				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKG6366M	Driver Insurer Company	NTU

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	NEO SIN CHOR	Insured NRIC	S70
Contact No.(Mobile)	90096336	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	doneo@starhub.net.sg	OI Vehicle Number	SKG6366M	TP Vehicle Number	SGA
Claim Description	SKG6366M / SGA5556H ON 5 Jan 2018			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	Rec
Date Registered	05/01/2018 16:38	Claim Close Date		Date Received	06/0
Report Taken By	SOSLI WAHAB				

☒ Print AK letter

Save Submit

Attachment

1/6/2018

Claim Handling(accident reporting Claim Task)

Accident No.	MT/0976663	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/01/2018 16:39

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:39	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:39	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:39	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:39	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:39	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:39	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:38	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:38	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:38	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:38	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:38	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 16:38	SAS	Normal	SAS 201

▼ Video List

Uploaded By/Date	Folder Date	File Name	Source
<div style="display: flex; justify-content: flex-end; gap: 10px;"> Display in New Window Scan and uploading </div>			

ACCIDENT STATEMENT

ACCIDENT DATE: 05 / 06 / 2018 (DD/MM/YYYY), TIME: 18:45 (HH:MM)

LOCATION: HDB Carpark beside Tanke

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SK66366PM
 b) INSURANCE COMPANY: N7UC
 c) POLICY NUMBER: 5093741395
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Lexus GLX
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Parking
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE? YES / NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: Neo Sin Cher MALE / FEMALE
 b) NRIC/FIN/PASSPORT: S970 8706174E CONTACT: 90096366
 c) ADDRESS: 39 Toh Tuck Walk S'pore 596617

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers
 (including driver)
(1)

DRIVER
 a) NAME: Neo Chuan Hwee, Deron MALE / FEMALE
 b) NRIC/FIN/PASSPORT: S4701029C CONTACT: 86686366
 c) ADDRESS: Blk 410 Pandan Gardens #15-15 S'pore 600410

* d) DATE OF BIRTH: 03 / 01 / 1997 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR 19 Aug 2016

f) DATE OF DRIVING PASS 19 Aug 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? YES / NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son

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

* No of passenger
 (including driver)
(2)

a) VEHICLE NUMBER: SGA5666H MODEL: KIA K3
 b) DRIVER'S NAME: KOO HSIEN MING
 c) NRIC/FIN/PASSPORT: S8303913B CONTACT: 8100 7124

9. THIRD PARTY VEHICLE

* No of passenger
 (including driver)
()

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

email = deron_neo@hotmail.com

fax =

✓ 1060

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
**NEO CHUAN HWEE,
DERON**

NRIC No
S9701029C

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**

Vehicle No: **S9701029C**

Name
NEO CHUAN HWEE, DERON

Birth Date: **03 Jan 1997**
Issue Date: **19 Aug 2016**

002600589E

GEMALTC62PU105451UR0116 00900050278495

NRIC No / Colour
S9701029C / PINK

Race
CHINESE

Date Of Birth
03/01/1997

Service Status
NSF

Address
**Blk 410 PANDAN GARDENS
#15-75 SINGAPORE 600410**

Blood Group
AB (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE

Sex
M

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg **19 Aug 2016**

NP 428A



Hello, NAC_BUKIT_MERAH_800676

[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"/>	5093741395	NEO SIN CHOR	S7016174E	GPC	Third Party, Fire & Theft	SKG6366M	SKG6366M	15/09/2017	14/09/2018