

**NATIONAL Assessment Centre Services**

(wef 1 Jan 05) MHA 118006875

Date In: 15/1/18 - 10:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC18000818/24	SAS e-filing		
Veh No: 5B29847	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/1/18 - 14:00	i-Motor Claim Form	MT/097771	15/1/18 11:03
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SLC 46932 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

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Auditors' Comments :-	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
Cat. 1:	8) NTUC Additional Services:-			
	OD*			
Cat. 2 / 3:	*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	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	15/01/2018 10:05
Date Of Accident	14/01/2018 14:00
Exact Location Of Accident	ALONG SMITH ST BEFORE JUNC EU TONG SEN ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB2984T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG SUEK VOON
NRIC No	S7260885B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97341981
Alternative Phone No	OFFICE-97341981

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X 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	5041024449-08
Cover Note Number	

### Driver

Name of Driver	WONG SUEK VOON
NRIC No	S7260885B
Date Of Birth	25/02/1972
Occupation	INDOOR
Date Of Driving Pass	13/01/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97341981
Fax Number	
Contact Number	OFFICE-97341981
Email Address	NOEMAIL

Address 10 GREEN LANE  
 Postcode 438910  
 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 - CHANGE/CROSS LANE  
 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?  
 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) 4  
 Passenger 1 NAME: : -  
 GENDER: : MALE  
 Passenger 2 NAME: : -  
 GENDER: : MALE  
 Passenger 3 NAME: : -  
 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**

REFER TO STATEMENT.

**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 SLC4693R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number

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.



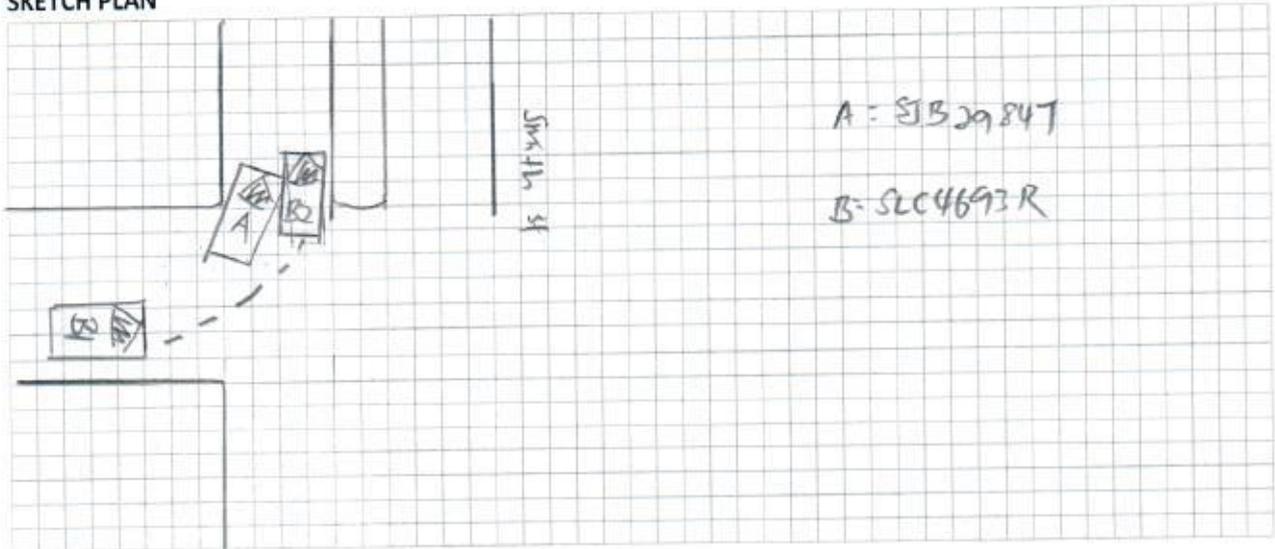
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



A = SIB 29847

B = SLC 4693R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/1/18 14:00 I was turning out from blk 335 multi-story  
carpark along Smith st. suddenly vehicle B trying to overtake  
me and collided onto my vehicle front right portion.

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7260885B**

Name  
**WONG SUEK VOON**

Birth Date **25 Feb 1972**  
Issue Date **13 May 2008**

001602462H




REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7260885B**

Name  
**WONG SUEK VOON**

**黄 雪 文**  
Race  
**CHINESE**

Date of birth **25-02-1972** Sex **F**

Country of birth  
**MALAYSIA**






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

CLASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 13 Jan 2003

Licence No: **S7260885B**

NP 428A



8656320



NRIC No. **S7260885B**

 Nationality  
**MALAYSIAN**

Date of issue  
**01-10-2004**

10 GREEN LANE  
SINGAPORE 438910  
**S7260885B**

31/07/2014

eBaoTech

General Claim

Change Language Change Password Log Out

Hello, NAC\_PAYA\_UBI\_800601

My Desktop  
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5041024449-08	WONG SUEK VDDN	S7260885B	GPC	drive CLASSIC	SJB2984T	SJB2984T	08/01/2018	07/01/2019

Continue

 Policy Information

Policy No.	5041024449-08	Policyholder Name	WONG SUEK VOON	Policyholder NRIC	S7260885B
Address	10 GREEN LANE SINGAPORE 438910				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/12/2017	Effective Date	08/01/2018 00:00	Expiry Date	07/01/2019 23:59
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0		
Agent	SIX PHASE E & T	Agent Tel.	65523600	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	10 GREEN LANE	Address 2	SINGAPORE 438910	Address 3	
Address 4		Address Type	Singapore address	Post Code	438910
Unit No.		Related Policy Number	5041024449-08		

 Insured Object: SJB2984T

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Exit

Claim Handling

Accident MT/0977771

Policy No.	5041024449-08	Vehicle No.	S1B294T	GST Registration No.	
Policyholder Name	WONG SUEK VOON	Cover Type	drive CLASSIC	Policyholder NRIC	S726085B
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Leading	0
Contact No. (Mobile)	97341981	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	Nil
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Accident Report Within 24 hrs	Yes	Private Hire	No
<b>Accident Details</b>			Accident Type	Collision - Change / Cross lane	
Report Date	15/01/2018 11:00	Date of Accident	14/01/2018	Country of Accident	Singapore
Date of Accident	14/01/2018	Time of Accident (h:m)	14:00	TCM No.	
Reporting Centre		Orange Force			
Accident Location	ALONG SMITH ST BEFORE JUNG EU TONG SEN ST				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	10 GREEN LANE	Address 2	SINGAPORE 438910	Address 3	
Address 4		Address Type	Singapore address	Post Code	438910
Unit No.		Related Policy Number	5041024449-08		
<b>OT Driver Info</b>					
Driver Name	WONG SUEK VOON	Driver Type	Main Driver	Driver DOB	25/02/1972
Unnamed driver Name		Driver NRIC	S726085B	Driving Experience	15
Register Date of Driver License	13/01/2003	Driver Age	45	Contact No. (Home)	0
Contact No. (Mobile)	97341981	Contact No. (Office)	0	Address 3	
Address 1	10 GREEN LANE	Address 2	SINGAPORE 438910	Post Code	438910
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	WONG SUEK VOON	Insured NRIC	S726085B
Contact No. (Mobile)	97341981	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OT Vehicle Number	S1B294T	TP Vehicle Number	S1C4693R
Claim Description	S1B294T / S1C4693R ON 14 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	15/01/2018 00:00
Date Registered	15/01/2018 11:03	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

<b>Attachment</b>					
Accident No.	MT/0977771	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/01/2018 11:03		
Path *		Category *		Confidential	Urgency *
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
<input type="button" value="Send Message"/> <input type="button" value="Upload"/>					
<b>Attachment List</b>					

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 11:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-1-15		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 11:03	SAS	Normal	SAS 2018-1-15		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 11:03	Photos	Normal	Photos 2018-1-15		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 11:03	Photos	Normal	Photos 2018-1-15		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Ja n 2018 11:03	Photos	Normal	Photos 2018-1-15		<a href="#">Edit</a>

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