

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA11P020341

Date In: 9/2/8-18:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC1800272/24	SAS e-filing		
Veh No: 5F29154	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/2/8-20:30	i-Motor Claim Form	M71098757	9/2/8 18:26
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: 5K167791R	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

NA1800890	<b>Invoice Preparation Checklist</b>	Ant (\$)	Ant (\$)
		In Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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 + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
QC Checked by (Engr-In-Charge):	*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 (N-on 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	09/02/2018 18:14
Date Of Accident	06/02/2018 20:30
Exact Location Of Accident	BLK 78 BEDOK NORTH RD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF2915Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MORE COLOR FASHION
Co Reg No	43905200M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96354217
Alternative Phone No	OFFICE-96354217

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092856066
Cover Note Number	

### Driver

Name of Driver	CHOO KIM YAW (ZHU JINYAO)
NRIC No	S7940958H
Date Of Birth	31/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92336009
Fax Number	
Contact Number	OFFICE-92336009
Email Address	NOEMAIL



Address	7 SELETAR ROAD #05-26
Postcode	807014
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### 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 Witness 1

Name	MIDCO TEE
Phone Number	90306117
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK7791R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUI TING
NRIC/Passport Number	
Contact Number	96235041
Address	



Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

CHOO KIM YAW (ZHU JINYAO)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJF2915Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## 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.

MORE COPIES AVAILABLE

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

BIK 79

BIK 78

B Reversed

A

A = SJF 2915 Y

B = SKK 7791 R

BIK 78 Bedok North Rd carpark

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## 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.:



AS I WAS IN A STOP POSITION FOR WAITING VEH B TO MOVE OFF,  
SUDDENLY SHE MAKE A REVERSED WITHOUT CHECKING BEHIND AND HIT  
ONTO MY VEH FRONT PORTION DESPITE THAT I HORN AT HER.MY VEH  
FRONT PART IS BADLY DAMAGED, I HAVE AN EYE WITNESS WHICH WAS  
MY UBER PASSENGER ON BOARD.



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 6 / 2 / 18 ) (DD/MM/YYYY), TIME: ( 20:30 ) (HH:MM)

LOCATION: 78.  
Bik 78 Bedok North Rd Carpark.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE 2915 Y  
b) INSURANCE COMPANY: IMC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial Use  
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: More Color Fashion (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9635 4217  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: Choo Kim Yaw (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9233 6009  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver

### 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: SKK 7791 R MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Hui Tung  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9623 5041

### 9. THIRD PARTY VEHICLE

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

Female - witness Midco Tec

email = X 90306117

camera: No.

teamwork.

fax = Kenneth.choo@me.com



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7940958H**

Name: **CHOO KIM YAW (ZHU JINYAO)**

Birth Date: **31 Dec 1979**

Issue Date: **08 Jan 2007**

001469841G



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7940958H**

Name: **CHOO KIM YAW (ZHU JINYAO)**

**朱金耀**

Race: **CHINESE**

Date of birth: **31-12-1979**

Sex: **M**

Country of birth: **SINGAPORE**




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

Class 2B	Motorcycles $\leq$ 200 cc	PASS DATE
Class 2A	Motorcycles between 201 cc and 400 cc	17 Jul 1996
Class 3	Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver, and other motor vehicles $\leq$ 2500kg	01 Dec 1998 11 Mar 2000

NP 428A

Licence No: S7940958H

4515626

NRIC No: **S7940958H**

Date of issue: **25-01-2010**

**7 SELETAR ROAD #05-26 SINGAPORE 807014**

NRIC No: **S7940958H** Date: **25/09/2017**






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="06/02/2018 16:50"/>						
Vehicle No.(For Motor)	<input type="text" value="SJF2915Y"/>								
<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"/>	5092856066	MORE COLOR FASHION	43905200M	GPC	drivo CLASSIC	SJF2915Y	SJF2915Y	24/07/2017	26/05/2018
				<input type="button" value="Continue"/>					



## ▼ Policy Information

Policy No.	5092856066	Policyholder Name	MORE COLOR FASHION	Policyholder NRIC	43905200M
Address	6 WHAMPOA DRIVE SINGAPORE 327717				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/07/2017	Effective Date	24/07/2017 00:00	Expiry Date	26/05/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	BENEFIT AUTO INSURANCE AG	Agent Tel.	68444161	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	6 WHAMPOA DRIVE	Address 2	SINGAPORE 327717	Address 3	
Address 4		Address Type	Singapore address	Post Code	327717
Unit No.	06-446	Related Policy Number	5093479992		

▶ Insured Object: SJF2915Y

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



## Claim Handling

Exit

## Accident HT/0981757

Policy No.	S092856056	Vehicle No.	SJF2915Y	GST Registration No.	
Policyholder Name	MORE COLOR FASHION			Policyholder NRIC	43905300M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96254217	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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	Private Hire	Yes

**Accident Details**

Report Date	09/02/2018 18:34	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	06/02/2018	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 78 BEDOK NORTH RD CARPARK				

**Benefits**

**Excess**

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**GST Registered Information**

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

## Policyholder Mailing Address

Address 1	6 WHAMPDA DRIVE	Address 2	SINGAPORE 327717	Address 3	
Address 4		Address Type	Singapore address	Post Code	327717
Unit No.	06-446	Related Policy Number	S093479992		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	31/12/1979
Unnamed driver Name	CHOO KIM YAW (ZHU JINYAO)	Driver NRIC	S7940958H	Driving Experience	17
Register Date of Driver License	11/03/2000	Driver Age	38	Contact No.(Home)	0
Contact No.(Mobile)	92336009	Contact No.(Office)	0	Address 3	SINGAPORE 807014
Address 1	7 SELETAR ROAD	Address 2	THE GREENWICH	Post Code	807014
Address 4		Address Type	Singapore address		
Unit No.	05-26				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MORE COLOR FASHION	Insured NRIC	43905300M
Contact No.(Mobile)	96254217	Contact No.(Home)		Contact No.(Office)	88444161
Email Address	to_bainsurance@hotmail.com	OT Vehicle Number	SJF2915Y	TP Vehicle Number	SKK7791R
Claim Description	SJF2915Y / SKK7791R ON 6 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/02/2018 18:36	Claim Close Date		Date Received	09/02/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	HT/0981757	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	09/02/2018 18:38

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Attachment List



<http://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do> 9/2/2018