

NATIONAL Assessment Centre Services

Date In: 13/02/2018 10:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002846/K4	SAS e-filing		
Veh No: SGQ 1426B	E-mail (within 8hrs, A/C 2hrs)		
DOA: 09/02/2018 12:45	i-Motor Claim Form	MT/0982501	14/2/18 18:40
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLR6740X	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:-	NA1801101	
Driver/Owner:	Invoice Preparation Checklist	
Contact No:	1) AR: Accident Reporting (\$30);	Ant (\$)
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$80)	1st Bill
QC Checked by (Engr-In-Charge):	3) TF: Towing Fee \$40/\$45	Ant (\$)
Auditors' Comments:-	4) FT: Follow-Through Survey \$120	Add Bill
Cat 1:	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat 2/3:	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idac DA + SMRT 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 (N/a INC) against INC \$20	
	9) N12: Idac Mobile \$0	
	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 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	13/02/2018 10:45
Date Of Accident	09/02/2018 12:45
Exact Location Of Accident	GEYLANG EAST CENTRAL CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ1426B
Insured/Policyholder	
Name Of Registered Owner	NG WEE KHOON
NRIC No	S0169917B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90738858
Alternative Phone No	OTHERS-90738858

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8 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	REPORTING ONLY
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	5045525858-07
Cover Note Number	

Driver

Name of Driver	NG WEE KHOON
NRIC No	S0169917B
Date Of Birth	11/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1974
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90738858
Fax Number	
Contact Number	OTHERS-90738858
Email Address	NOEMAIL

Address	BLK 50 SIMS DRIVE #14-148
Postcode	380050
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	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

PLS REFER TO THE ATTACHED 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	SLR6740X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOEY FUNG BOON KIM (JOEY FANG WENJIN)
NRIC/Passport Number	S7320648J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

IMPORTANT NOTICE

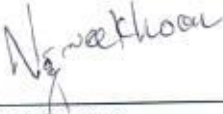
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

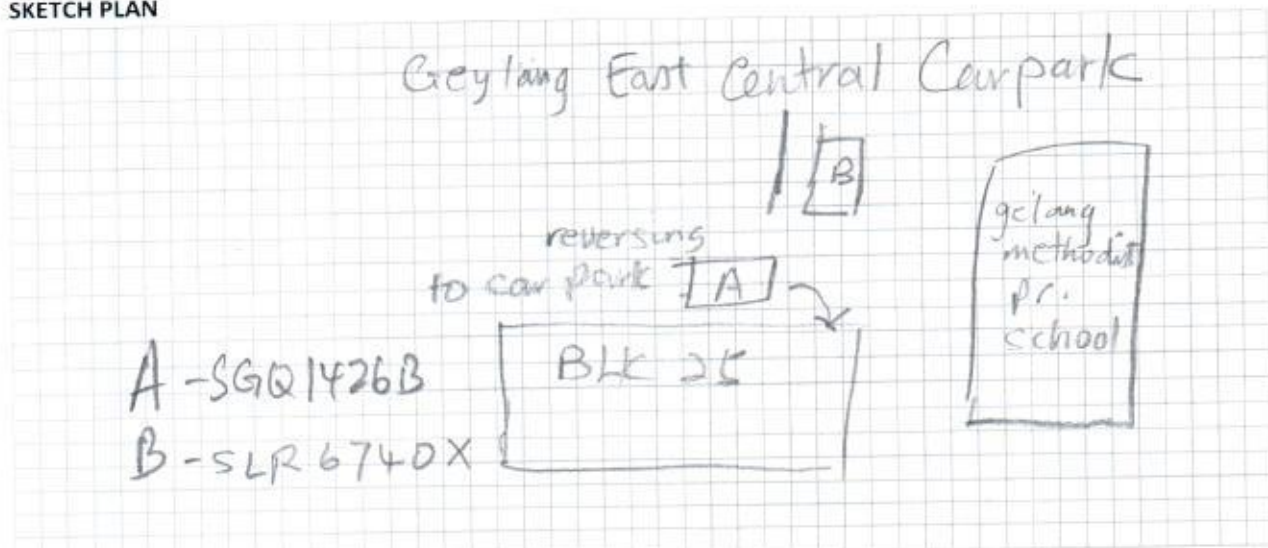


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/2/18 at about 1245 hrs. I was reversing my car (SGQ 1426B) and another car, SLR 6740X hit me from the right side of my (driver side door) car. The driver of SLR 6740X is one Joey Fung Boon Kim. He claimed that he honked at me while I was reversing my car.

That is all to report.

DECLARATION

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

Ngwa Khoo
Policyholder's Signature
Date & Time:

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

13/2/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0169917B



Name

NG WEE KHOON

黄 渭 堃

Race

CHINESE

Date of birth

11-12-1951

Country of birth

SINGAPORE

Sex

M

4943198



NRIC No S0169917B



Date of issue

01-03-2013

Address

APT BLK 50 SIMS DRIVE
#14-14B
SINGAPORE 380050

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No S0169917B

NG WEE KHOON

Birth Date: 11 Dec 1951

Issue Date: 02 Sep 2017



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

15 Jan 1974

NP 428A



eBaoTech

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

09/02/2018 12:45

Vehicle No.(For Motor)

SGQ1426B

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5045525858-07	NG WEE KHOON	S0169917B	GPC	Third Party, Fire & Theft	SGQ1426B	SGQ1426B	05/01/2018	04/01/2019

▼ Policy Information

Policy No.	5045525858-07	Policyholder Name	NG WEE KHOON	Policyholder NRIC	S0169917B
Address	BLK 50 #14-148 SIMS DRIVE SINGAPORE 380050				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/12/2017	Effective Date	05/01/2018 00:00	Expiry Date	04/01/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	1239.77		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	RI SHENG CREDIT PTE LTD	Agent Tel.	62524841(fax)	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 50 #14-148	Address 2	SIMS DRIVE	Address 3	SINGAPORE 380050
Address 4		Address Type	Singapore address	Post Code	380050
Unit No.		Related Policy Number	5045525858-07		

► Insured Object: SGQ1426B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/0982501

Policy No.	5045525858-07	Vehicle No.	SGQ1426B	GST Registration No.	
Policyholder Name	NG WEE KHOON			Policyholder NRIC	S01
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90738858	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	14/02/2018 18:36	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	09/02/2018	Time of Accident hh:mm	12:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG EAST CENTRAL CAR PARK				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	0.00	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	BLK 50 #14-148	Address 2	SIMS DRIVE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	3801
Unit No.		Related Policy Number	5045525858-07		
▼ OI Driver Info					
Driver Name	NG WEE KHOON	Driver Type	Main Driver	Driver DOB	11/1
Unnamed driver Name		Driver NRIC	S0169917B	Driving Experience	18
Register Date of Driver License	01/01/2000	Driver Age	66	Contact No.(Home)	0
Contact No.(Mobile)	90738858	Contact No.(Office)	0	Address 3	
Address 1	BLK 50	Address 2	SIMS DRIVE	Post Code	3801
Address 4		Address Type	Singapore address		
Unit No.	#14-148				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input 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		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NG WEE KHOON	Insured NRIC	S01
Contact No.(Mobile)	90738858	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address	matthewng200@hotmail.com	OI Vehicle Number	SGQ1426B	TP Vehicle Number	SLR
Claim Description	SGQ1426B / SLR6740X ON 9 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	14/02/2018 18:42	Claim Close Date		Date Received	14/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No. MT/0982501
 Last Doc. Received ☒ Yes ☐ No

Claim No. 001
 Upload Date 14/02/2018 18:40

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
 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	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 18:42	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 18:41	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 18:40	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 18:40	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 18:39	Photos	Normal	Photos 20:

Video List

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