

NATIONAL Assessment Centre Services

(part 1 of 2)

NA/80025979

Date: 22/02/2018 19:37

Ref No: NA/FNCI/0034391/1

Veh No: SJH 36662

D.O.A: 13/02/2018 01:20

OD / TP / Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 2hrs, AIO only)

f-Motor Claim Form

f-Motor W/O (within 100 hrs, TP only)

f-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax / Hand to Owner/VKSP

mt/0983283

22/02/2018

19:55

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars:

Yell No:

SKD 3506L

INC () / Non-INC ()

Owner / Driver:

Policy No:

Period:

Tel:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

% (Note: BIL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration:

Warranty: YES () / NO ()

Excess (\$)

Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customers 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 6016

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date/Time

Action

NA/801197

Human Resources

river/Owner:

contact No:

amaged Portion:

C. Checked by (Bug-In-Charge):

all 16/18 comments

C. 1:

C. 2:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$10)		
3) TP: Towing Fee	\$40/\$42		
4) FT: Follow-Through Survey	\$100		
5) PT: Follow-Through Survey (Resurvey)	\$30		
Forfeiture against INC Only (wef 10 Jun 2010)			
6) TR: Notification	\$13		
7) NI: DA + SMRT Survey	\$140		
8) NTUC Additional Services			
9) NTUC			
10) NTUC: Courtesy Car / Tpl Allowance	\$5		
11) NTUC: Repair Coordination	\$10		
12) NTUC: Post Repair Inspection	\$13		
13) NTUC: DY / Collision / Coordination	\$5		
14) NTUC: (NI) / TP (Non-INC) against INC	\$20		
15) NTUC: Mileage	\$0		

Invoice dated

Not Charged

NA/801197

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	22/02/2018 19:37
Date Of Accident	13/02/2018 07:20
Exact Location Of Accident	CHOA CHU KANG WAY SLIP RD INTO CHOA CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH3666Z
Insured/Policyholder	
Name Of Registered Owner	KEE TIO SIANG
NRIC No	S1231482E
Email Address	TIOSIONG.KEE@SURBANAJURONG.COM
Mobile Phone No	(LOCAL) +65-97914807
Alternative Phone No	OFFICE-68397304

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	FETCHING CHILD
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5085068298-01
Cover Note Number	

Driver

Name of Driver	KEE TIO SIANG
NRIC No	S1231482E
Date Of Birth	24/02/1957
Occupation	INDOOR
Date Of Driving Pass	29/10/1980
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97914807
Fax Number	
Contact Number	OFFICE-68397304
EMail Address	TIOSIONG.KEE@SURBANAJURONG.COM

Address	BLK 540 JELAPANG ROAD #21-32
Postcode	670540
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 - 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	SKD3506L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG CHIEW LENG
NRIC/Passport Number	S1629321J
Contact Number	98164108
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:

22/2/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

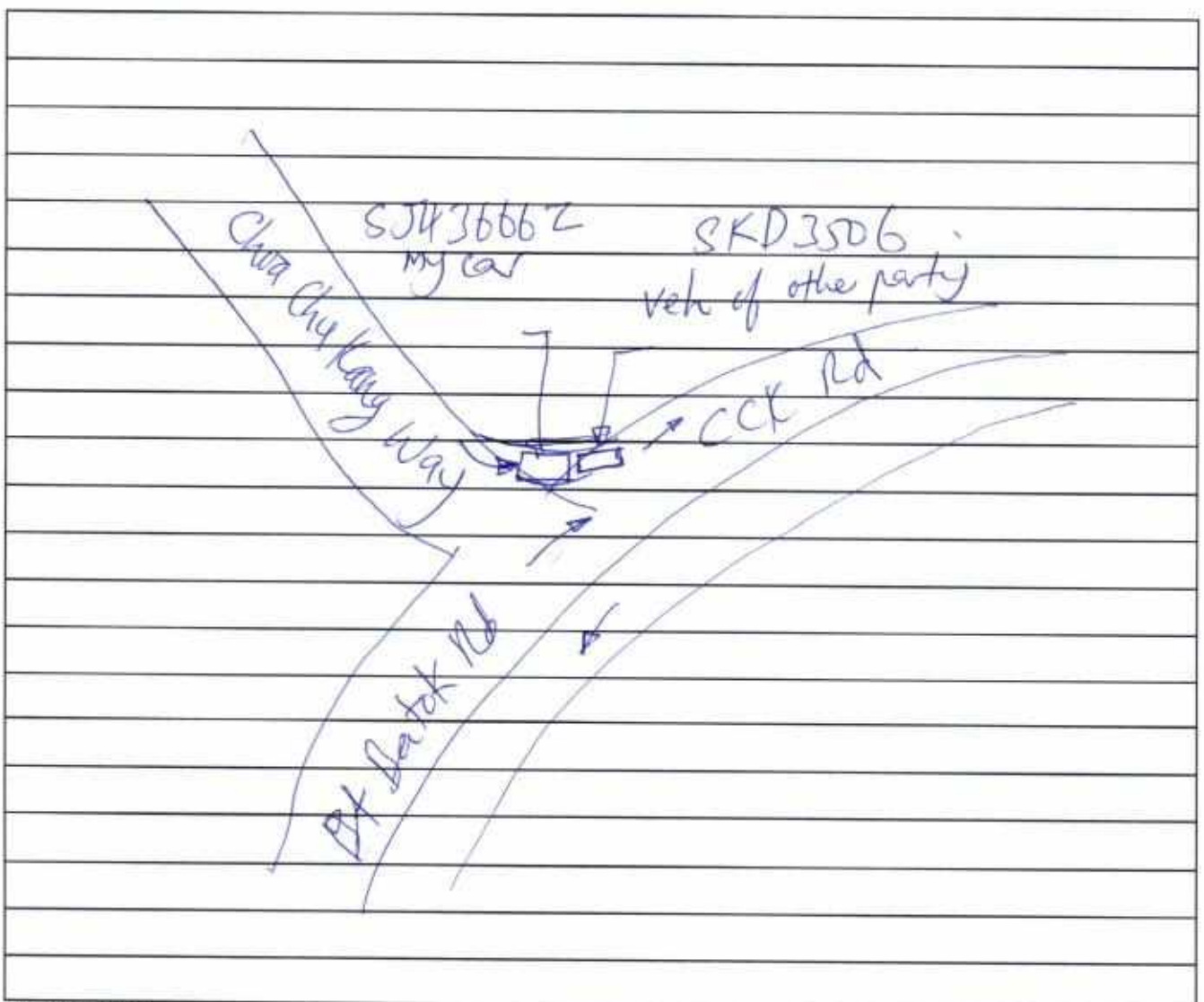
Name:

NRIC/FIN No.:

SKETCH PLAN

While driving out of Choa Chu Kang Way & going to Choa Chu Kang Road, I looked @ the right & observed no vehicle & tried to drive filter out but the vehicle in front (SKD 3506) ~~was~~ has stopped & I banged into the bumper after applying emergency brake.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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

Policyholder's Signature
Date & Time: 22/2 5-45p-

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

Reporting Centre Personnel's Signature
Name: Keshi WATSON
NRIC/FIN No.: 2062/2018

Claim Handling

Accident MT/0983283

Policy No.	5085068298-01	Vehicle No.	53H3666Z	GST Registration No.	
Policyholder Name	KEE TIO SIANG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	97914807	Contact No.(Office)	68397304	Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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	22/02/2018 19:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	13/02/2018	Time of Accident hh:mm	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHOA CHU KANG WAY SLIP RD INTO CHOA CHU KANG RD				
Benefits					
Coverage	Sum Insured				
Transport Allowance	99999999.99				
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 540 #21-32	Address 2	JELAPANG ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5085068298-01		
O1 Driver Info					
Driver Name	KEE TIO SIANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1231482E	Driver DOB	
Register Date of Driver License	10/10/1980	Driver Age	60	Driving Experience	
Contact No.(Mobile)	97914807	Contact No.(Office)	68397304	Contact No.(Home)	
Address 1	BLK 540 #21-32	Address 2	JELAPANG ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	53H3666Z	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	KEE TIO SIANG	Insured NRIC	
Contact No.(Mobile)	97914807	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	TIOSIANGKEE@SURLANAJURON	O1 Vehicle Number	53H3666Z	TP Vehicle Number	
Claim Description	53H3666Z / SKD3506L ON 13 Feb 2018				Name of Preferred Workshop
Preferred Workshop Contact No.	67770859	Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	
Date Registered	22/02/2018 19:52	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0983283	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/02/2018 19:55

Path *	Category *	Confidential	Urgency
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 19:55	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 19:55	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 19:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 19:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 19:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 19:53	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 19:52	Photos	Normal	Photo

Video List

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

Scan and uploading

PAID CASH SALE

Car Make

Vehicle No 54D52062

Date 2.1.2018

明達汽車服務
BING TAT AUTO SERVICE

BLOCK K, NO. 6 PANDAN LOOP
SINGAPORE 128224
TEL: 67770859 FAX: 67795456

To:

Issued by

Received by

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 02 / 2018 (DD/MM/YYYY), TIME: 7 : 18 ^{am} (HH:MM)

LOCATION: Choa Chu Kang Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STH3666 Z
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan Sylphy
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: fetching child
 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: Kee Tio Siang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S17 J14825 CONTACT: 97914807
 c) ADDRESS: 540 Telapay Rd #21-32
S'g 70540

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passengers
 (including driver)
(1)

- DRIVER
 a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 24 / 02 / 1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1980

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

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 passengers
 (including driver)
(0) 1

- a) VEHICLE NUMBER: SKD3506L MODEL: EPICA 1.5
 b) DRIVER'S NAME: Ang Chiew Leng
 c) NRIC/FIN/PASSPORT: S16 293213 CONTACT: 98164108

9. THIRD PARTY VEHICLE

No of passengers
 (including driver)
()

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

email = tiosiang.kee@sarlanajung.com

fax =

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1231482E



Name
KEE TIO SIANG



紀潮森
Race
CHINESE
Date of Birth 24-02-1957 Sex M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1231482E
Name
KEE TIO SIANG



Birth Date 24 Feb 1957
Issue Date 23 Sep 2003



3040169



NRIC No. S1231482E



Blood Group Date of Issue
O+ 07-06-1998

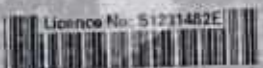
APT BLK 540 JELAPANG ROAD #21-32
SINGAPORE 670640
NRIC No. S1231482E Date 27/03/2008 No. 5993084

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
29 Oct 1990

Licence No. S1231482E



NP 428A

eBaoTech

General Claim

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 checked="" type="radio"/>	5085068298-01	KEE TIO SIANG	S1231482E	GPC	drive PREMIUM	SJH3666Z	SJH3666Z	31/10/2017	30/10/2018