

NATIONAL Assessment Centre Services

MAI/8030044

Date In: 02/03/2018 10:57	Job description	Date & Time Completed	Done by
Ref No: NA/MC/0042064	SAS e-filing		
Veh No: SGR 6328 K	E-mail: (Veh. No. / Job No.)		
DOA: 02/03/2018 13:00	i-Motor Claim Form	MA/0984733	05/03/2018 16:23
<input checked="" type="radio"/> TP Reporting Only	i-Motor W/O (Within 02 hrs 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: (CYCLE & CALLBACK)	Tel: 62061818	Fax:
TP Particulars:	Veh No: FBK 427X	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	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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) NI: (Inc DA + SMRT Survey) \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile \$10		
Auditors' Comments:-	Invoice date:	Fee Charged:	
Cat. 1:	Invoice dated:	Fee Charged:	
Cat. 2/3:			

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	03/03/2018 10:57
Date Of Accident	02/03/2018 13:00
Exact Location Of Accident	JUNCTION OF CROSS ST TURN RIGHT INTO CECIL ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR6328K
Insured/Policyholder	
Name Of Registered Owner	KOH CHIN BAN
NRIC No	S1372072Z
Email Address	JOANNEKOHJIAYI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96911192
Alternative Phone No	OTHERS-81617987

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S400
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?	YES
If No, Please state action to be taken	

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071894637-02
Cover Note Number	

Driver

Name of Driver	KOH JIAYI, JOANNE
NRIC No	S9045221E
Date Of Birth	04/11/1990
Occupation	INDOOR
Date Of Driving Pass	14/05/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81617987
Fax Number	
Contact Number	OTHERS-96911192
Email Address	JOANNEKOHJIAYI@HOTMAIL.COM

Address	10 SENNETT PLACE
Postcode	466846
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	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	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)	2
Passenger 1	NAME: : KOH CHIN BAN (FATHER)
	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

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	FBK427X
Vehicle Make/Model/Colour	HONDA CB400X ABS
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KELVIN CHUA WEN JIE(XIE WEN JIE)
NRIC/Passport Number	S8328689Z
Contact Number	87420483
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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:

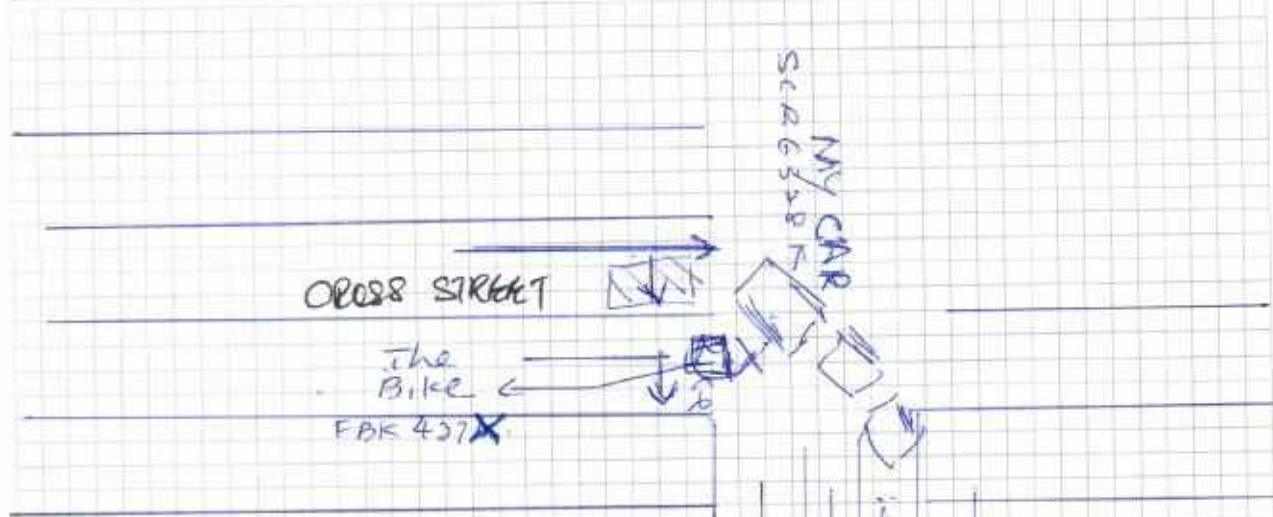
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

CECIL STREET

right

I was driving along Cross street preparing to turn into Cecil street. I was on the second lane turning right. There is a motorcycle bike number FBK 427X, his bike hit my car (Driver's door) as I was turning. There is a camera at the junction.

I saw his bike approaching on my right just before he hit me. He was on the lane on my right. (This lane is a right turn lane) I stopped the moment he hit me.

After I came down. I saw that my door (Driver's seat) was dented and scratched along the right side all the way to the back.

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.:

Claim Handling

Accident MT/0984733

Policy No.	5071894637-02	Vehicle No.	SCR6328K	GST Registration No.	
Policyholder Name	KOH CHIN BAN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	96911192	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPI	<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

Report Date

05/03/2018 16:10

Accident Report Within 24 hrs

Yes

Accident Type

Side Swipe

Date of Accident

02/03/2018

Time of Accident hh:mm

13:00

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

JUNCTION OF CROSS ST TURN RIGHT INTO CECIL ST

Benefit

Coverage

Sum Insured

Excess Waiver

999999999.99

Excess

Own damage Excess

0.00

Additional Excess

0.00

Windscreen Excess

Unnamed Driver Excess

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

50 MARKET STREET

Address 2

#01-01 GOLDEN SHOE CAR PAF

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

Related Policy Number

5071894637-02

01 Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Unnamed driver Name

KOH JIAYI, JOANNE

Driver NRIC

S9045221E

Driver DOB

Register Date of Driver License

14/05/2010

Driver Age

27

Driving Experience

Contact No.(Mobile)

81617967

Contact No.(Office)

Contact No.(Home)

Address 1

10 SENNETT PLACE

Address 2

EAST COAST HILL

Address 3

Address 4

Address Type

Foreign address

Post Code

Unit No.

Does he own a Singapore Registered car?

Yes ☒ No

Driver Vehicle No.

SCR6328K

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☒ No

Modification History

Claim 001 OD-MD **New**

Claim Type *	OD-MD	Insured Name	KOH CHIN BAN	Insured NRIC	
Contact No.(Mobile)	96911192	Contact No.(Home)	64724278	Contact No.(Office)	
Email Address		01 Vehicle Number	SCR6328K	TP Vehicle Number	
Claim Description	SCR6328K / FBK427X ON 2 Mar 2018				
Preferred Workshop Contact No.	62061818	Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	
Date Registered	05/03/2018 16:21	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☒ Print AX letter

Save Submit

Attachment

Accident No.	MT/0984733	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/03/2018 16:23

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:23	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:23	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:23	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:22	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:22	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:20	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 16:19	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: (07/03/2018) (DD/MM/YYYY), TIME: (13:00) (HH:MM)

LOCATION: junction of ceal street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCR 6328K
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5071894637-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERCEOS S400
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: KOH JIAYI JOANNE (MALE / FEMALE) 65 81617987
 b) NRIC/FIN/PASSPORT: S9045221E CONTACT:
 c) ADDRESS: 10 SENNETT PLACE 466846

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KOH CHIN BAN (MALE / FEMALE) 96911192
 b) NRIC/FIN/PASSPORT: S1372072E CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (04/11/1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14/05/2010

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

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: FBK 427X MODEL:
 b) DRIVER'S NAME: FELVIN CHIA WEN JIE (XIE WEN JIE)
 c) NRIC/FIN/PASSPORT: S8328689E CONTACT: 87420483

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
(2)

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

email: joannekohjiayi@hotmail.com

fax:

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9045221E



Name
KOH JIAYI, JOANNE

高嘉仪

Race
CHINESE

Date of birth
04-11-1990

Country of birth
SINGAPORE

Sex
F

S9045221E

3804098



NRIC No S9045221E



Date of issue
30-11-2005

10 SENNETT PLACE
SINGAPORE 466846

NRIC No: S9045221E

Date: 16/02/2009

No: 6119827

Tel : 63470000

www.police.gov.sg



class 3A -14/MAY/2010

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

YOU CAN DRIVE WHILE AWAITING THE
DELIVERY OF YOUR PHOTOCARD
DRIVING LICENCE

h)

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

[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="02/03/2018 09:18"/>						
Vehicle No. (For Motor)	<input type="text" value="SCR6328K"/>								
<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"/>	S071894637-02	KOH CHIN BAN	S1372072Z	GPC	drive PREMIUM	SCR6328K	SCR6328K	05/06/2017	04/06/2018
<input type="button" value="Continue"/>									