

NATIONAL Assessment Centre Services. (part 1 of 1000)

Date In: 16/03/2018 13:21

Ref No: NA/INC18005013/K4

Veh No: GY 8869T

D.O.A: 16/03/2018 07:45

OD TP Reporting Only

TP Insure:

Job description

SAS e-Milling

E-mail (with 3 hrs, AIC 3 hrs)

I-Motor Claim Form

I-Motor W/O (Vehicle OD 3hrs, TP 3hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/ Hand to Owner/Wksp

Date & Time Completed

MT/0986322

16/3/18 15:40

Done by

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars: Yeh No: SJU 960A

Owner / Driver: ()

Policy No: () Period: ()

Confirmed by: ()

Insured/Driver Liability: ()

Year of Registration: ()

Excess: (\$)

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

General Remarks:

() Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repeler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In ()

Invoice: YES () / NO ()

Towing Co: ()

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time

Actions

NA1801694

Customer's Particulars:

Driver/Owner:

Contact No:

Addressed Portion:

Checked by (Engn-In-Charge):

Comments:

1

2/3

Invoice/Repair/Assessment/OW/OW/OW

1) AD: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee (\$40/\$45)

4) FT: Follow-Through Survey (\$120)

5) FT: Follow-Through Survey (Resurvey) (\$30)

6) TR: Re-inspection (\$75)

7) NT: New DA + SMRT Survey (\$160)

8) NTUC Additional Services

9) NT: New DA + SMRT Survey (\$160)

10) NT: New DA + SMRT Survey (\$160)

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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	16/03/2018 13:21
Date Of Accident	16/03/2018 07:45
Exact Location Of Accident	UPPER SERANGOON RD SLIP RD INTO HOUGANG AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY8869T
Insured/Policyholder	
Name Of Registered Owner	NG CHAI KOON
NRIC No	S1627287F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97290324
Alternative Phone No	OTHERS-97290324

Vehicle Particulars

Manufacturer	SSANGYONG
Model	MUSO 4X2 AT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093109986
Cover Note Number	

Driver

Name of Driver	NG CHAI KOON
NRIC No	S1627287F
Date Of Birth	30/05/1964
Occupation	INDOOR
Date Of Driving Pass	13/09/1984
Driving Experience	33 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97290324
Fax Number	
Contact Number	OTHERS-97290324
EMail Address	NOEMAIL

Address	BLK 117 EDGEFIELD PLAINS #17-328
Postcode	820117
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	
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)	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	SJU960A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW KIAN FONG
NRIC/Passport Number	S8215097H
Contact Number	83236363
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG CHAI KOON
------	--------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

GY8869T

YES

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:

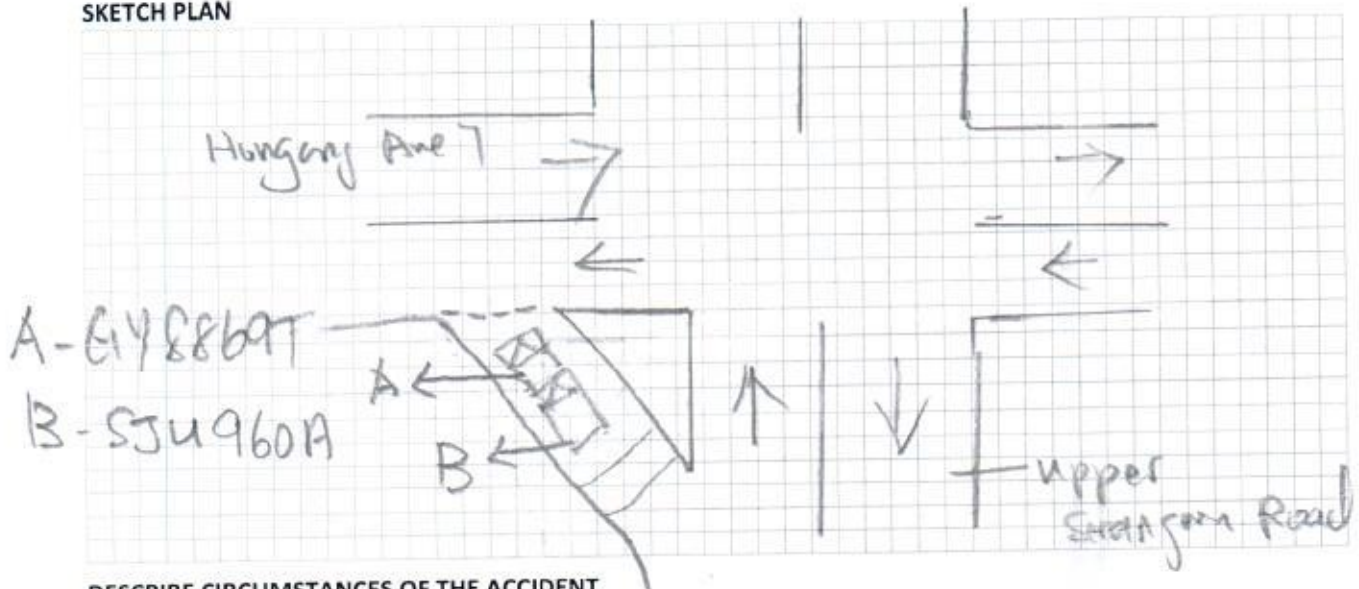


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along Upper Serangan Rd towards Serangan Road. Upon reaching the junction of Hungang Ave 7, I made a left turn into the slip road. I stopped to give way to a motorcycle gang straight along Hungang Ave 7. Suddenly one motor car, SJU960A which I believed the driver was following too close to me and hit onto my rear portion of the vehicle.

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:

 16/3/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1627287F





Name
NG CHAI KOON



黄彩群
 Race
CHINESE
 Date of birth: **30-05-1964** Sex: **F**
 Country of Birth: **SINGAPORE**

1226802

NRIC No: **S1627287F**

Blood Group: **O+** Date of Issue: **17-07-1994**

APT BLK 117 EDGEFIELD PLAINS #17-328
SINGAPORE 820117
 NRIC No: **S1627287F** Date: **08-04-2006** No: **5322309**

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1627287F**

Name: **NG CHAI KOON**



Birth Date: **30 May 1964**
 Issue Date: **06 Jan 2003**

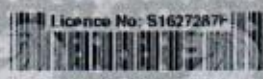


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	16 Dec 1985
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Sep 1984

NP 428A

License No: **S1627287F**



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

16/03/2018 07:45

Vehicle No.(For Motor)

GY8869T

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093109986	NG CHAI KOON	S1627287F	GCV	Comprehensive	GY8869T	GY8869T	13/09/2017	12/09/2018

▼ Policy Information

Policy No.	5093109986	Policyholder Name	NG CHAI KOON	Policyholder NRIC	S1627287F
Address	BLK 117 #17-328 EDGEFIELD PLAINS SINGAPORE 820117				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy issue Date	05/09/2017	Effective Date	13/09/2017 00:00	Expiry Date	12/09/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	VICOM LTD	Agent Tel.	67414803	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 117 #17-328	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 820117
Address 4		Address Type	Singapore address	Post Code	820117
Unit No.		Related Policy Number	5093109986		

► Insured Object: GY8869T

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0986322

Policy No.	5093109986	Vehicle No.	GY8869T	GST Registration No.	
Policyholder Name	NG CHAI KOON			Policyholder NRIC	S16
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97290324	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	16/03/2018 15:33	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	16/03/2018	Time of Accident hh:mm	07:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER SERANGOON RD SLIP RD INTO HOUGANG AVE 7				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 117 #17-328	Address 2	EDGEFIELD PLAINS	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	820
Unit No.		Related Policy Number	5093109986		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG CHAI KOON	Driver NRIC	S1627287F	Driver DOB	30/0
Register Date of Driver License	13/09/1984	Driver Age	53	Driving Experience	33
Contact No.(Mobile)	97290324	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 117	Address 2	EDGEFIELD PLAINS	Address 3	
Address 4		Address Type	Singapore address	Post Code	820
Unit No.	#17-328				
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 type="radio"/> No		
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NG CHAI KOON	Insured NRIC	S16
Contact No.(Mobile)	97290324	Contact No.(Home)	65476323	Contact No.(Office)	
Email Address		OI Vehicle Number	GY8869T	TP Vehicle Number	SJU
Claim Description	GY8869T / SJU960A ON 16 Mar 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	Rec
Date Registered	16/03/2018 15:45	Claim Close Date		Date Received	16/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

3/16/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0986322

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

16/03/2018 15:40

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

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	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:45	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:43	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:42	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 15:42	Photos	Normal	Photos 20:
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Video List