

NATIONAL Assessment Centre Services (wef 1 Jan 2003) MMA 118036195

Date In: 16/3/18 15:31	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005034144	SAS e-filing		
Veh No: SGR 9804 K	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 29/2/18 19:30	i-Motor Claim Form	MT/0986332	16/3/18 16:24
OD: <input checked="" type="checkbox"/> 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: SJW 1454 C	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:-	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

NA1801696	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idac 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 30		
QC Checked by (Engr-In-Charge):	Invoice date /	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 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	16/03/2018 15:31
Date Of Accident	28/02/2018 18:30
Exact Location Of Accident	T JUNC OF TAMPINES ST 71 & ST 73
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR9804K
Insured/Policyholder	
Name Of Registered Owner	NG HOCK HAI
NRIC No	S0457369B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92386485
Alternative Phone No	OTHERS-81382709

Vehicle Particulars

Manufacturer	KIA
Model	RIO
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098414679
Cover Note Number	-

Driver

Name of Driver	NG HOCK HAI
NRIC No	S0457369B
Date Of Birth	15/11/1950
Occupation	INDOOR
Date Of Driving Pass	13/05/1980
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92386485
Fax Number	
Contact Number	OTHERS-81382709
Email Address	NOEMAIL

Address BLK 225 LOR 8 TOA PAYOH #09-76
Postcode 310225
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
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?
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) 5
Passenger 1

NAME: : NG KOK CHUAN
GENDER: : MALE

Passenger 2

NAME: : TAN GUAY BENG
GENDER: : FEMALE

Passenger 3

NAME: : ALSON
GENDER: : MALE

Passenger 4

NAME: : ASTRO
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 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 SJW1454C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver WAM HUI KIANG

NRIC/Passport Number	S7626545C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

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.



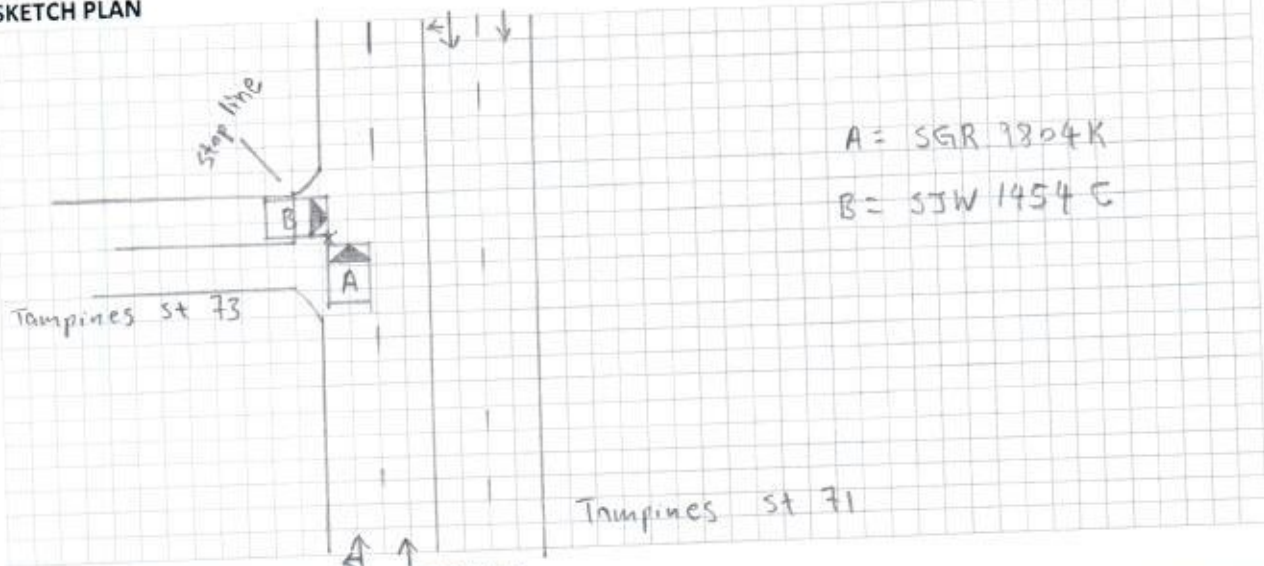
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN

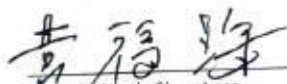


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am travelling along tampines street 71 when the vehicle B came out from street 73 without stopping at the stop line & bang onto my vehicle A (SGR 9804K). Particulars was exchanged (driver's licence). Driver husband later called wanted to settle privately. But after waiting for more than a week no compensation was given. So we decided to claim thru insurance.

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S0457369B**

Name: **NG HOCK HAI**

Birth Date: **15 Nov 1950**

Issue Date: **11 Feb 2004**

001116553E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0457369B**

Name: **NG HOCK HAI**

黄福海

Race: **CHINESE**

Date of Birth: **15-11-1950**

Sex: **M**

Country of Birth: **SINGAPORE**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	06 May 1970
Class 2A	Motorcycles between 201 cc and 400 cc	06 May 1970
Class 2	Motorcycles exceeding 400 cc	06 May 1970
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 May 1980

NP 429A

Licence No: **S0457369B**



0252036

S0457369B

APR 14 2004

Blood Group: **A+**

Date of Issue: **14-02-1992**

APT BLK 225 LORONG 8 TOA PAYOH
#09-76
SINGAPORE 1231




Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

28/02/2018 15:29

Vehicle No.(For Motor)

SGR9804K

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098414679	NG HOCK HAI	S0457369B	GPC	drivo CLASSIC	SGR9804K	SGR9804K	28/02/2018	27/02/2019

3/16/2018

Claim Handling

Accident MT/0986332

Policy No.	5098414679	Vehicle No.	SGR9804K	GST Registration No.	
Policyholder Name	NG HOCK HAI	Cover Type	drive CLASSIC	Policyholder NRIC	S0457369B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	81382709	Leading	0
Contact No.(Mobile)	92386485	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	16/03/2018 16:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Roa
Date of Accident	28/02/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	T JUNC OF TAMPINES ST 71 & ST 73				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 225 #09-76	Address 2	LORONG 8 TOA PAYOH	Address 3	SINGAPORE 310225
Address 4		Address Type	Singapore address	Post Code	310225
Unit No.		Related Policy Number	5098414679		
OI Driver Info					
Driver Name	NG HOCK HAI	Driver Type	Main Driver	Driver DOB	15/11/1950
Unnamed driver Name		Driver NRIC	S0457369B	Driving Experience	30
Register Date of Driver License	01/01/1988	Driver Age	67	Contact No.(Home)	
Contact No.(Mobile)	92386485	Contact No.(Office)	81382709	Address 3	SINGAPORE 310225
Address 1	BLK 225 #09-76	Address 2	LORONG 8 TOA PAYOH	Post Code	310225
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NG HOCK HAI	Insured NRIC	S0457369B
Contact No.(Mobile)	NIL	Contact No.(Home)	63560564	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SGR9804K	TP Vehicle Number	SJW1454C
Claim Description	SGR9804K / SJW1454C ON 28 Feb 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/03/2018 16:23	Claim Close Date		Date Received	16/03/2018 00:00
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0986332	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/03/2018 16:24		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Claim Handling(accident reporting Claim Task)

3/16/2018

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:24	SAS	Normal	SAS 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:24	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:24	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:24	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:24	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:24	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:24	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:24	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:23	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:23	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:23	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:23	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:23	Photos	Normal	Photos 2018-3-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Mar 2018 16:23	Photos	Normal	Photos 2018-3-16

Video List

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