

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA118036261

Date In: 16/3/18-16:52	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005043/24	SAS e-filing		
Veh No: SKSS85A	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 14/3/18-17:00	i-Motor Claim Form	MT/0986252	16/3/18 17:07
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, 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: (Tel:	Fax:
TP Particulars:	Veh No: JE47J8M	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% P: 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

NA1801693	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TF (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	16/03/2018 16:52
Date Of Accident	14/03/2018 17:00
Exact Location Of Accident	EUNOS AVE 5 BEFORE JUNC PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS5885A
Insured/Policyholder	
Name Of Registered Owner	LOO WEE NGEH
NRIC No	S7524071F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97460086
Alternative Phone No	OFFICE-97460086

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.4 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	5087588560-01
Cover Note Number	

Driver

Name of Driver	LOO WEE NGEH (LU WEIYE)
NRIC No	S7524071F
Date Of Birth	15/08/1975
Occupation	INDOOR
Date Of Driving Pass	01/01/1990
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97460086
Fax Number	
Contact Number	OFFICE-97460086
Email Address	NOEMAIL

Address	BLK 297B COMPASSVALE STREET #08-04
Postcode	542297
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?	
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

REFER TO 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	SJE4728M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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

Sketch Plan diagram showing a road layout on a grid. The road is labeled "TUNONG AVE S" vertically. A vehicle is marked with a box containing "A", "B", and "A" stacked vertically. To the right of the road, the following text is written:

A: SKS5885A
B: JE4728M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG EUNOS AVE 5. AT MY BACK SEAT OF MY VEHICLE HAS A COCKROACH SO I ACCIDENTALLY UNKNOWING RELEASING MY BRAKE. IN A RESULT, MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 3 / 18 (DD/MM/YYYY), TIME: 17 : 00 (HH:MM)

LOCATION: Eunos Ave 5 before junc Paya Lebar Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SK55885A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5087588560-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Leo Wee Ngoh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7524071F CONTACT: 97460086
c) ADDRESS: Blk 297B Compassvale Street #08-04 (543297)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

*d) DATE OF BIRTH: 15 / 8 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1990

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

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: JE4728M MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

video: yes

email = daniellbooris@hotmail.com


fax = _____

* No of passenger
(including d)
(1)

* No of passs
(including d)
(2) private hire

* No of passs
(including d)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7524071F





Name
LOO WEE NGEH
(LU WEIYE)
吕伟业

Race
CHINESE

Date of birth
15-08-1975

Sex
M

Country of birth
SINGAPORE



3920256



NRIC No. S7524071F



Date of issue
18-08-2006

Address
APT BLK 297B COMPASSVALE STREET
#08-04
SINGAPORE 542297

S7524071F



SINGAPORE POLICE FORCE

TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg

Private & Confidential

LOO WEE NGEH

APT BLK 297B COMPASSVALE STREET #08-04
SINGAPORE 542297

You will receive your photocard driving licence by registered post within 10 to 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.

S7524071F
(3)

C001347656

\$25/-

(Please do not detach)

15/01/2018

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



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[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 type="radio"/>	5087588560-01	LOO WEE NGEH	S7524071F	GPC	Third Party, Fire & Theft	SKS5885A	SKS5885A	24/01/2018	23/01/2019

Claim Handling

Accident MT/0986252

Policy No.	5087588550-01	Vehicle No.	SKSS885A	GST Registration No.	
Policyholder Name	LDO WEE NGEH			Policyholder NRIC	S7524071P
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<div><div>TC</div><div></div></div>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Not available
<div><div></div> Accident Details</div>					
Report Date	16/03/2018 10:32	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	14/03/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		TCM No.	
Accident Location	BUNOS AVE 05				
<div><div></div> Benefits</div>					
<div><div></div> Excess</div>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<div><div></div> GST Registered Information</div>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 297B #06-04	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 542297
Address 4		Address Type	Singapore address	Post Code	542297
Unit No.		Related Policy Number	5067588560-01		

OI Driver Info

Driver Name	Driver Type	Driver DOB
Unnamed driver Name	Driver NRIC	Driving Experience
Register Date of Driver License	Driver Age	Contact No.(Home)
Contact No.(Mobile)	Contact No.(Office)	Address 3
Address 1	Address 2	Post Code
Address 4	Address Type	Foreign address
Unit No.		
Does he own a Singapore Registered car? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	Driver Insurer Company

Modification History

Claim: 002	New
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Claim Type *	DD-MX	Insured Name	LDQ WEE NGEH	Insured NRIC	S7524073F
Contact No.(Mobile)	97460086	Contact No.(Home)	63840148	Contact No.(Office)	
Email Address	daniel0015@hotmail.com	OI Vehicle Number	SKSS885A	TP Vehicle Number	SJ64728H
Claim Description	SKSS885A / SJ64728H ON 14 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	16/03/2018 00:00
Date Registered	16/03/2018 17:07	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
		<input type="button" value="Save"/> <input type="button" value="Submit"/>			

ATTACHMENT

Accident No.	MT/0986252	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/03/2018 17:09

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map	Sent?	Action

NAC PAYA UBS 800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ma

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2442914&objectId=...> 16/3/2018