

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 21/03/2018 13:56	Job description	Date & Time Completed	Done by
Ref No NA/INC18005261/K4	SAS e-filing		
Veh No SJT1134S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 21/03/2018 12:20	i-Motor Claim Form	MT/0987073	21/3/18 16:30
OD TP / 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: SKR 2884C	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

NA1801771		Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: 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)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2 / 3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (N'n INC) against INC \$20			
		9) N12: Idac Mobile 30			
		Invoice dated		Fee Charged	
		Invoice dated		Fee Charged	

Jalan Bukit Merah towards CTE

SKETCH PLAN

A: S3T1134S
B: SKR2884C

Jalan Membina

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was completely stationary and with a safe distance from Vehicle B along the filter lane from Jalan Membina towards Jalan Bukit Merah. I saw that Vehicle B's brake lights was switched off was moving forward to filter into Jalan Bukit Merah and so my car moved forward slowly as well but still with a safe distance from Vehicle B. All of a sudden, Vehicle B stopped without any warning and I hit onto his rear portion.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	21.03.2018	(DD/MM/YY)
Time of accident	12.20	(HH:MM)
Exact location of accident	Jalan Membina filter road towards Jalan Bukit Merah	

DETAILS OF VEHICLE

Vehicle registration number	SJT1134 S		
Vehicle make and model			
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	KAT Cars	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	53208965x	
Contact		
Address		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Low Jee Choh	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7911406E	
Contact	9789 5559	
Address	Blk 44 Tanglin Halt Road #04-255 Singapore 142044	
Email address		
Date of birth	10.05.1979	
Occupation	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	14.11.2007	

Email: Teamwork

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	01 (Inclusive of driver)

PASSENGER 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1

Vehicle registration number	SKR2884C
Vehicle make model	
Name	Mira Hossen S/o Mokseduli Molla
NRIC / Fin / Passport number	S7206007E
Contact	

THIRD PARTY VEHICLE 2

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name

Injuries sustained

Which vehicle person in?

Were seat belts worn?

Yes ☐ No ☐

Was injured conveyed to hospital by ambulance?

Yes ☐ No ☐**INJURED PERSON 2**

Name

Injuries sustained

Which vehicle person in?

Were seat belts worn?

Yes ☐ No ☐

Was injured conveyed to hospital by ambulance?

Yes ☐ No ☐**INJURED PERSON 3**

Name

Injuries sustained

Which vehicle person in?

Were seat belts worn?

Yes ☐ No ☐

Was injured conveyed to hospital by ambulance?

Yes ☐ No ☐**INJURED PERSON 4**

Name

Injuries sustained

Which vehicle person in?

Were seat belts worn?

Yes ☐ No ☐

Was injured conveyed to hospital by ambulance?

Yes ☐ No ☐**INJURED PERSON 5**

Name

Injuries sustained

Which vehicle person in?

Were seat belts worn?

Yes ☐ No ☐

Was injured conveyed to hospital by ambulance?

Yes ☐ No ☐**INJURED PERSON 6**

Name

Injuries sustained

Which vehicle person in?

Were seat belts worn?

Yes ☐ No ☐

Was injured conveyed to hospital by ambulance?

Yes ☐ No ☐

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7911406E



Name

LOW YEW CHOH
(LU YAOZU)

盧耀祖

RACE

CHINESE

Date of birth

10-05-1979

Sex

M

Country of birth

SINGAPORE

S7911406E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7911406E

Name:

LOW YEW CHOH
(LU YAOZU)

Birth Date: 10 May 1979

Issue Date: 11 Dec 2003



001044624H



4404378

NRIC No. S7911406E



Date of issue

19-05-2009

APT BLK 44 TANGLIN HALT ROAD #04-255
SINGAPORE 142044

NRIC No: S7911406E

Date: 20/07/2012

No: 7048292

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

PASS DATE

Class 2B Motorcycles <= 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles > 400 CC
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

11 Dec 2003
08 Nov 2005
17 Jul 2007
14 Nov 2006

S7911406E

S / No. 9000068089

129A



Licence No: S7911406E

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

21/03/2018 12:20

Vehicle No.(For Motor)

SJT1134S

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069003466-03	K&T CARS	53208965X	GFT	drivo PREMIUM	SJT1134S	SJT1134S	04/12/2017	

▼ Policy Information

Policy No.	5069003466-03	Policyholder Name	K&T CARS	Policyholder NRIC	53208965X
Address	53 UBI AVENUE 1 #01-23 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/11/2017	Effective Date	04/12/2017 00:00	Expiry Date	03/12/2018 23:59
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	SOONG WAI SAN	Agent Tel.	65471154	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.		Related Policy Number	5069222256-03		

► Insured Object: SJT1134S

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	04/12/2017 00:00	Basic Information Endorsement	000001286715127	Endorsement Take Effective	internal endt - vehicle usage change from Rental vehicle (less than 12 mths) to Private Hire (Self Drive or Chauffeur)
2	28/12/2017 00:00	Basic Information Endorsement	000001286721825	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGR8939L 28-12-2017 \$1,128.20 In view of this amendment, an additional premium of \$1,128.20 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also

Claim Handling

Accident MT/0987073

Policy No.	5069003466-03	Vehicle No.	SJT1134S	GST Registration No.	
Policyholder Name	K&T CARS			Policyholder NRIC	5321
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	97895559	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(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	21/03/2018 16:22	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	21/03/2018	Time of Accident hh:mm	12:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN MEMBINA FILTER ROAD TWDS JALAN BUKIT MERAH				

▼ Benefits

▼ Excess

Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4085
Unit No.		Related Policy Number	506922256-03		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOW YEW CHOH (LU YAOZU)	Driver NRIC	S7911406E	Driver DOB	10/01
Register Date of Driver License	14/11/2006	Driver Age	38	Driving Experience	11
Contact No.(Mobile)	97895559	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 44	Address 2	TANGLIN HALT ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	1421
Unit No.	#04-255				
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 checked="" type="radio"/> No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	K&T CARS	Insured NRIC	5321
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJT1134S	TP Vehicle Number	SKR
Claim Description	SJT1134S / SKR2884C ON 21 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault ▼	GIA report	Rec
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	21/03
Date Registered	21/03/2018 16:33	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/0987073
 Last Doc. Received ☒ Yes ☐ No

Claim No. 001
 Upload Date 21/03/2018 16:30

Path *

Choose File No file chosen
 Choose File No file chosen
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 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	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:32	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:31	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:30	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:30	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:30	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:29	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:29	Photos	Normal	Photos 20:

Video List

Uploaded By/Date Folder Date File Name Source

Display in New Window Scan and uploading