

NATIONAL Assessment Centre Services. [wef 1 Jan 05] MNA118042549

Date In: 29/3/18-15:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC8005882/24	SAS e-filing		
Veh No: 5M9391A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/3/18-11:25	i-Motor Claim Form	MT/0988257	29/3/18 16:06
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: YM8988H	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

NA1801983	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (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	29/03/2018 15:56
Date Of Accident	29/03/2018 11:25
Exact Location Of Accident	JUNC UPP SERANGOON RD & POTONG PASIR AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9391A
Insured/Policyholder	
Name Of Registered Owner	FUN AH KOW
NRIC No	S0982107D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97929408
Alternative Phone No	OFFICE-97929408

Vehicle Particulars

Manufacturer	KIA
Model	PICANTO 1.1(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	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	5097808444
Cover Note Number	

Driver

Name of Driver	FUN AH KOW
NRIC No	S0982107D
Date Of Birth	10/01/1948
Occupation	INDOOR
Date Of Driving Pass	14/03/1974
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97929408
Fax Number	
Contact Number	OFFICE-97929408
Email Address	NOEMAIL

Address	BLK 290G BUKIT BATOK STREET 24 #10-89
Postcode	656290
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 ON COLLISION
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	YM8988H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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:

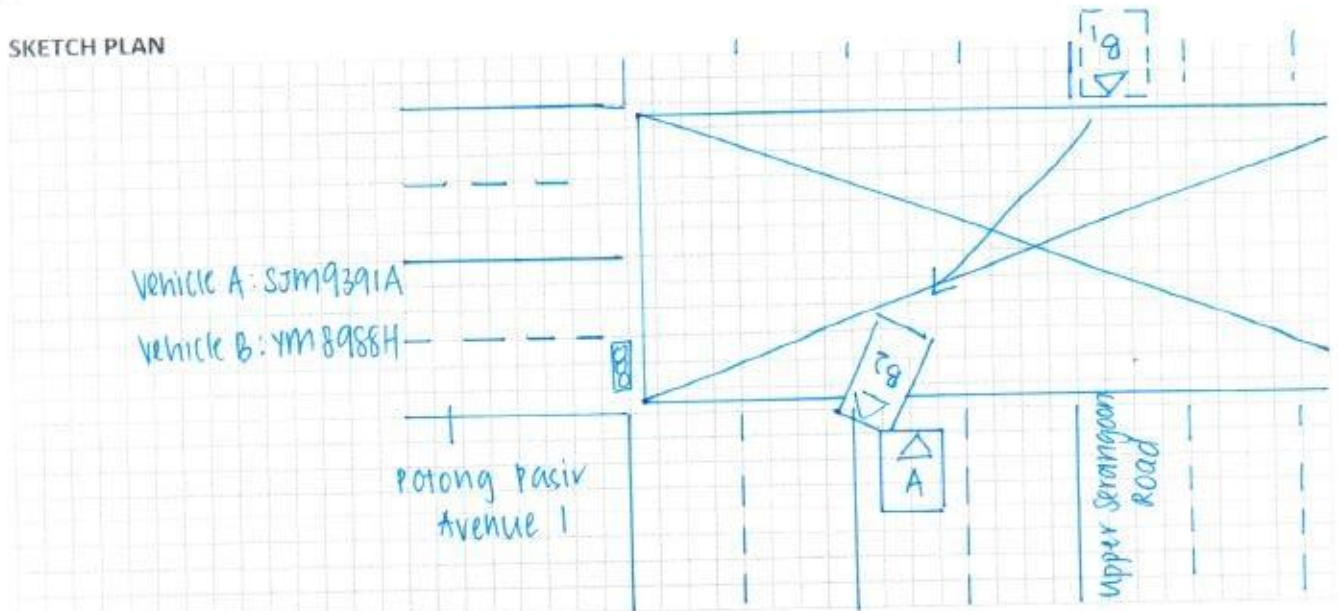
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

On the stated date & time, I, vehicle 'A', SJM 9391A, was stationary on the stated venue due to red light. suddenly, vehicle 'B', YM 8988H, came from the opposite direction and collided onto my vehicle's front 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (29/03/2018) (DD/MM/YYYY), TIME: (11:25) (HH:MM)

LOCATION: Junction of Upper Serangoon Road and Potong Pasir Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 9391A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: KIA PICANTO
 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: FUN AN KOW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0982107D CONTACT: 9792 9408
 c) ADDRESS: 290A Bukit Batok Street 24 #10-89
 S(656290)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (10/01/1948) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 44 years

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

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: YM 8988H 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: _____

* No of passenger
 (including driver)
 (01)


* No of passenger
 (including driver)
 (01)

* No of passenger
 (including driver)
 ()

Email = zoomauto works@gmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0982107D





Name
FUN AH KOW

Race
CHINESE

Date of birth
10-01-1948

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Card No. S0982107D

Name
FUN AH KOW

Age Date: 10 Jan 1948

Issue Date: 31 May 2004




4707411



NRIC No. S0982107D



Date of issue
13-04-2011

Address
**APT BLK 290G BUKIT BATOK STREET 24
#13-8D
SINGAPORE 656290**



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

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 250 cc	22 May 1970
Class 2A	Motorcycles between 251 cc and 400 cc	22 May 1970
Class 2	Motorcycles exceeding 400 cc	22 May 1970
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	14 Mar 1974
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kg	27 Apr 1979
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kg	04 Jul 1979

NP 426A

License No: S0982107D



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

29/03/2018 11:25

Vehicle No. (For Motor)

SJM9391A

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097808444	FUN AH KOW	S0962107D	GPC	drivo CLASSIC	SJM9391A	SJM9391A	31/01/2018	30/01/2019

▼ Policy Information

Policy No.	5097808444	Policyholder Name	FUN AH KOW	Policyholder NRIC	S0982107D
Address	BLK 290G #10-89 BUKIT BATOK STREET 24 SINGAPORE 656290				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/01/2018	Effective Date	31/01/2018 00:00	Expiry Date	30/01/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 290G #10-89	Address 2	BUKIT BATOK STREET 24	Address 3	SINGAPORE 656290
Address 4		Address Type	Singapore address	Post Code	656290
Unit No.		Related Policy Number	5097808444		

► Insured Object: SJM9391A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

[Exit](#)

Claim Handling

Accident MT/0988257

Policy No.	5097808444	Vehicle No.	SJM9391A	GST Registration No.	
Policyholder Name	PUN AH KOW	Cover Type	drive CLASSIC	Policyholder NRIC	S0982107D
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97929408	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
K/FK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	29/03/2018 16:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	29/03/2018	Time of Accident (H:MM)	11:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC UPP SERANGOON RD & POTONG PASIR AVE 1				

Benefits

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 290G #10-89	Address 2	BUKIT BATOK STREET 24	Address 3	SINGAPORE 656290
Address 4		Address Type	Singapore address	Post Code	656290
Unit No.		Related Policy Number	S097808444		

01 Driver Info

Driver Name	PUN AH KOW	Driver Type	Main Driver	Driver DOB	10/01/1948
Unnamed driver Name		Driver NRIC	S0982107D	Driving Experience	44
Register Date of Driver License	14/03/1974	Driver Age	70	Contact No. (Home)	0
Contact No. (Mobile)	97929408	Contact No. (Office)	0	Address 3	SINGAPORE 656290
Address 1	BLK 290G	Address 2	BUKIT BATOK STREET 24	Post Code	656290
Address 4		Address Type	Singapore address		
Unit No.	10-89				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	PUN AH KOW	Insured NRIC	S0982107D
Contact No. (Mobile)	97929408	Contact No. (Home)	65622408	Contact No. (Office)	
Email Address		OT Vehicle Number	SJM9391A	TP Vehicle Number	YM8988H
Claim Description	SJM9391A / YM8988H ON 29 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	29/03/2018 16:06
Date Registered	29/03/2018 16:06	Claim Close Date		Total Loss but Repaired	
Report Taken By	Jackson	Workshop Repairer			

☒ Print Aik letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/0988257	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/03/2018 16:29

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	

[Send Message](#) [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 16:29	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 16:29	SAS		Normal	SAS 2018-3-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 16:06	Photos		Normal	Photos 2018-3-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 16:06	Photos		Normal	Photos 2018-3-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 16:06	Photos		Normal	Photos 2018-3-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 16:06	Photos		Normal	Photos 2018-3-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 16:06	Photos		Normal	Photos 2018-3-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 16:06	Photos		Normal	Photos 2018-3-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 16:06	Photos		Normal	Photos 2018-3-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 16:06	Photos		Normal	Photos 2018-3-29		Edit
 Video List							
	uploaded By/Date	Folder Date	File Name		Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>							