

NATIONAL Assessment Centre Services (001 23400)

XXXXXXXXXXXX18051465

Date In: 18/04/2018 15:39	Job description	Date & Time Completed	Done by:
Ref No: X18A INCL800 1230V	SAS e-tiling		
Veh No: 80Y 71337	E-mail (with photo, A/C photo)		
P.O.A: 18/04/2018 14:00	1-Minor Claim Form	18/04/2018 17:42	
OD / TP (Reporting Only)	1-Minor W/O (with photo, A/C photo)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assn Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CWI:	Tel:	Fax:
TP Particulars	Veh No: 824 3577	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 () / \$3,000 ()	

General Rem: () Walk-in Customer / Customers Information strictly Confidential & strictly NO use of repair.
 () Total Loss Case - to e-mail Insurer URGENTLY.
 Drive-in () / Towed-in () | Invoice: YES () / NO () | Towing Co: ()

Remedy ()	INP Bo (line 5788 0016)	ONS: ()	Chaplin ()	Density
1) Apply (0) Transition Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection ()				
3) Upload Recovery Photo (Repair Cost > \$3000) ()				

Injury:	
Other Tolls:	
Actions:	

X18A802448

Number of Insurers	Invoice Prepared On: @ 17:00	Bill	Item Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Postal No:	2) DA: Damage Assessment (\$100)	INC (WO)	
Assigned Portion:	3) TP: Towing Fee		
	4) PT: Follow Through Survey		
	5) FT: Follow Through Survey (Recovery)		
	6) TR: Additional Survey		
	7) TR: Additional Survey		
	8) TR: Additional Survey		
	9) NTUC Additional Survey		
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	100) NTUC Additional Survey		

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	18/04/2018 15:39
Date Of Accident	18/04/2018 14:00
Exact Location Of Accident	SLIP RD OF JALAN BUKIT MERAH INTO LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY7733T
Insured/Policyholder	
Name Of Registered Owner	PHUA KOH OON
NRIC No	S1618153F
Email Address	KOPHUA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91993788
Alternative Phone No	OTHERS-91993788
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PICNIC
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096228264
Cover Note Number	
Driver	
Name of Driver	PHUA KOH OON
NRIC No	S1618153F
Date Of Birth	21/05/1963
Occupation	INDOOR
Date Of Driving Pass	27/10/1986
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91993788
Fax Number	
Contact Number	OTHERS-91993788
EMail Address	KOPHUA@YAHOO.COM.SG

Address	BLK 1 DELTA AVENUE #04-37
Postcode	160001
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?	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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

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 SKETCH PLAN

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	SLU357T
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

- Insurance Company Name
- Nature Of Damage
- No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

18/4/2018
1500pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

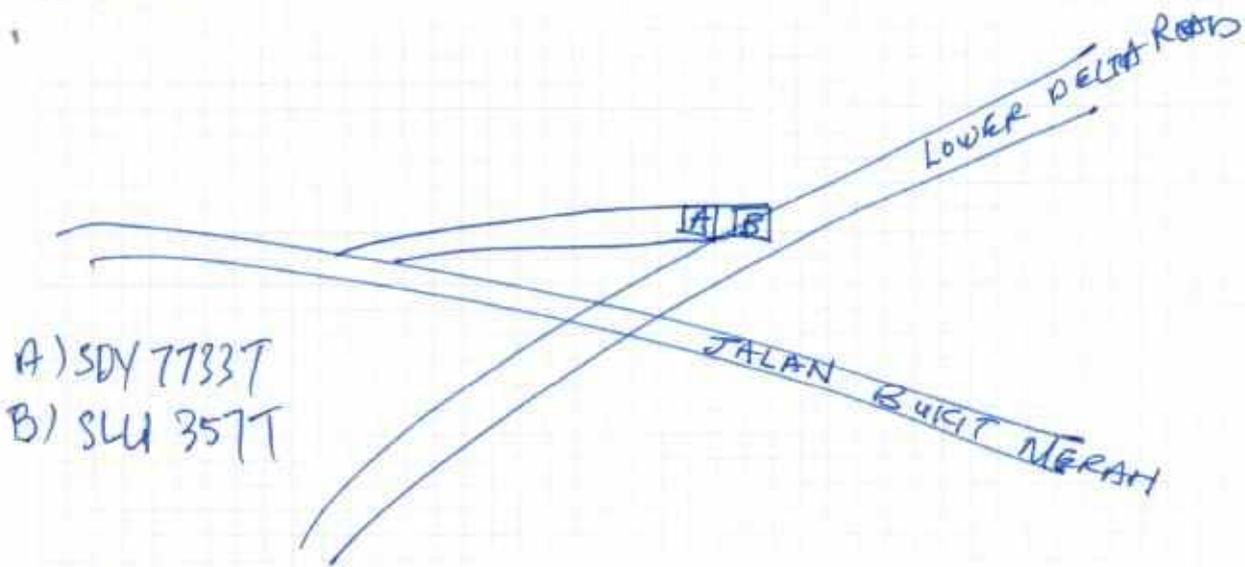
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/04/2018
[Signature]

SKETCH PLAN

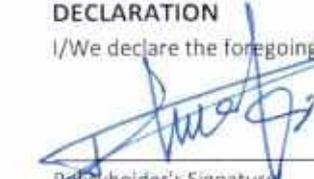


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* My vehicle (A)
* came out of slip road
• I look left
* I stop to look right for incoming vehicles
* Look in front saw vehicle B moving - - -
* Look right again to ensure no incoming vehicles
* Move my vehicle slightly but suddenly vehicle B sub stopped moving
* I step on brake and there both vehicle came to a halt
* Pictures showed no dent on both vehicles
* Pictures of location and both vehicles are attached

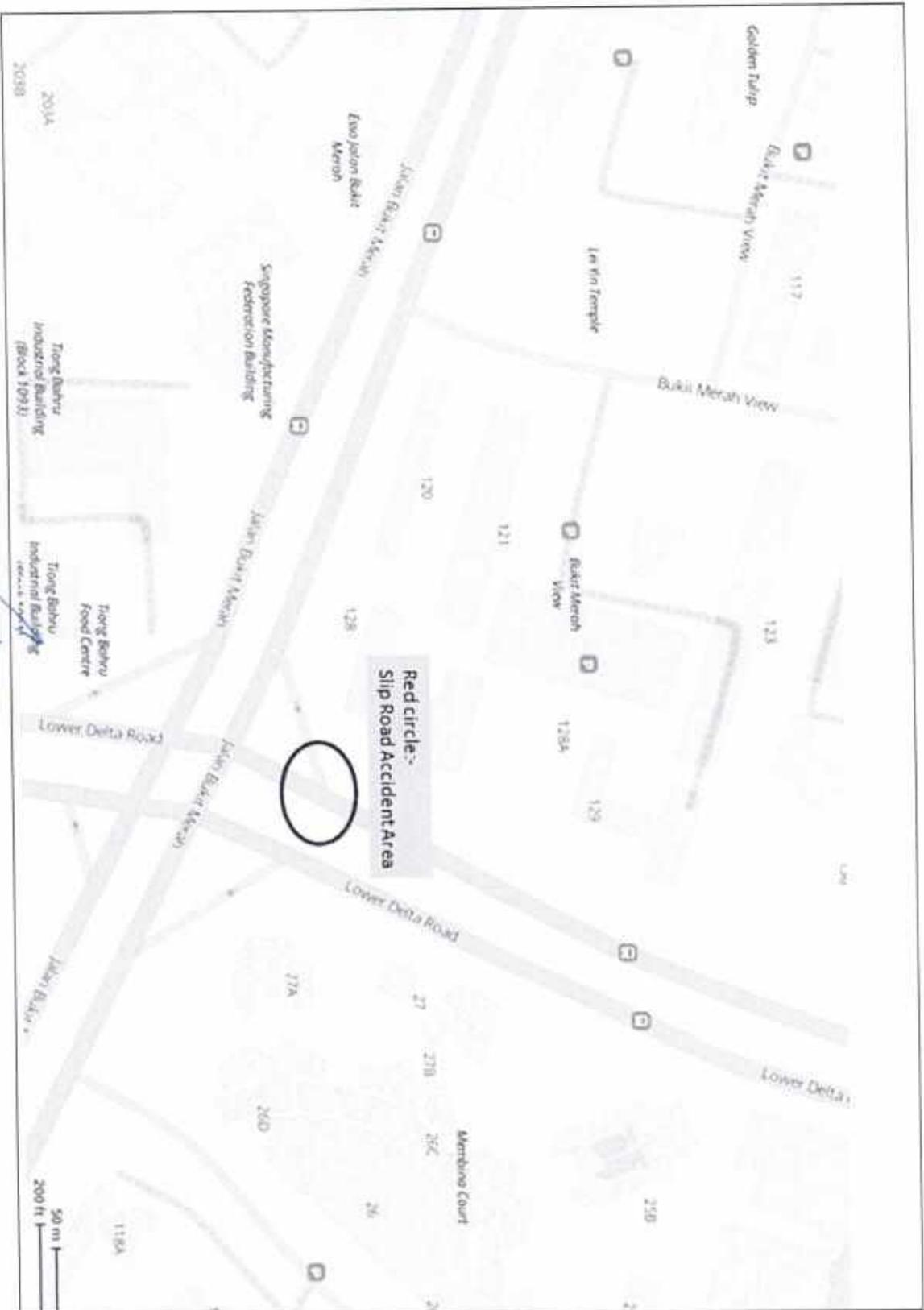
DECLARATION

I/We declare the foregoing particulars are true in every respect.

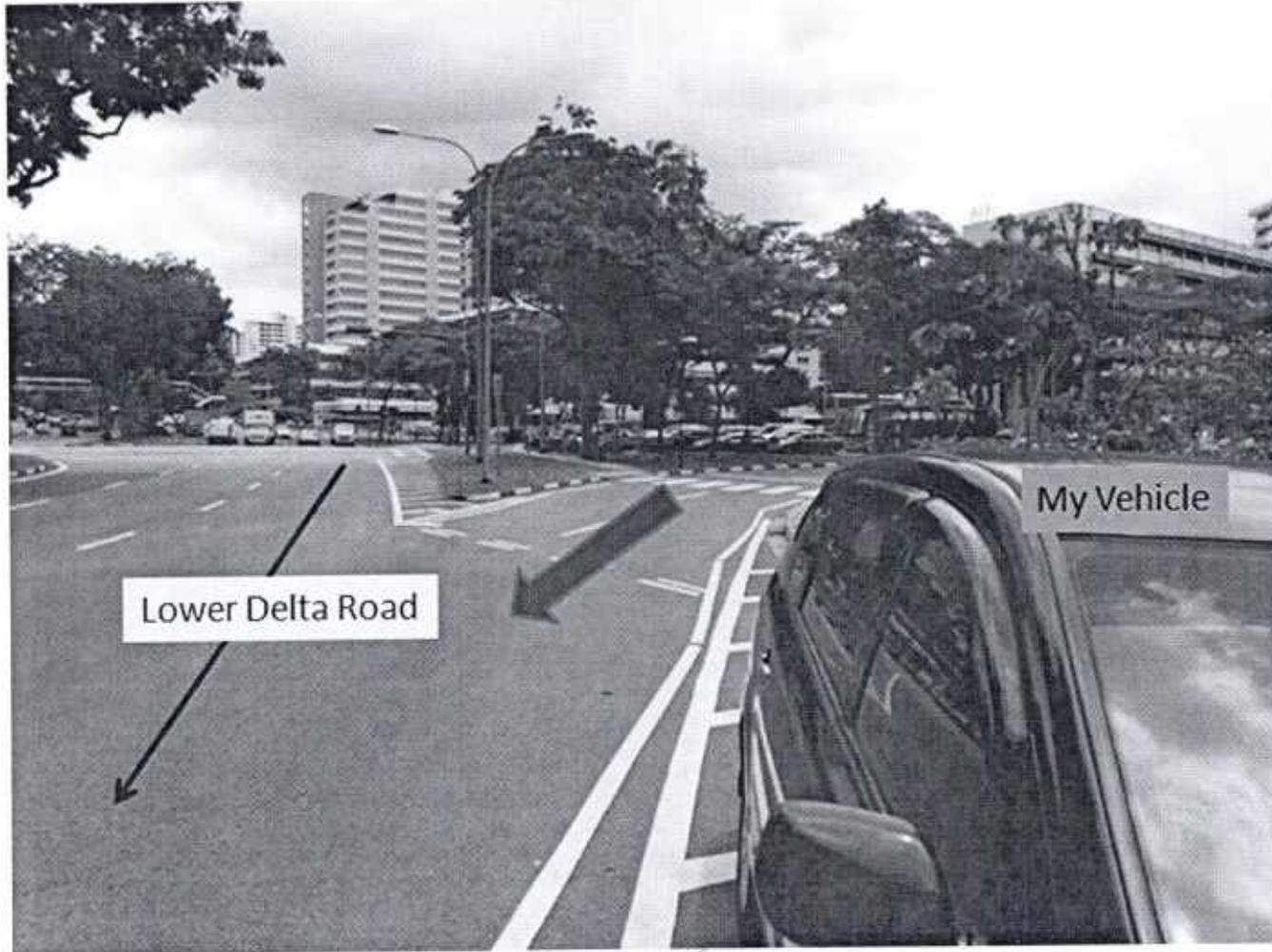

 Policyholder's Signature
 Date & Time:

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

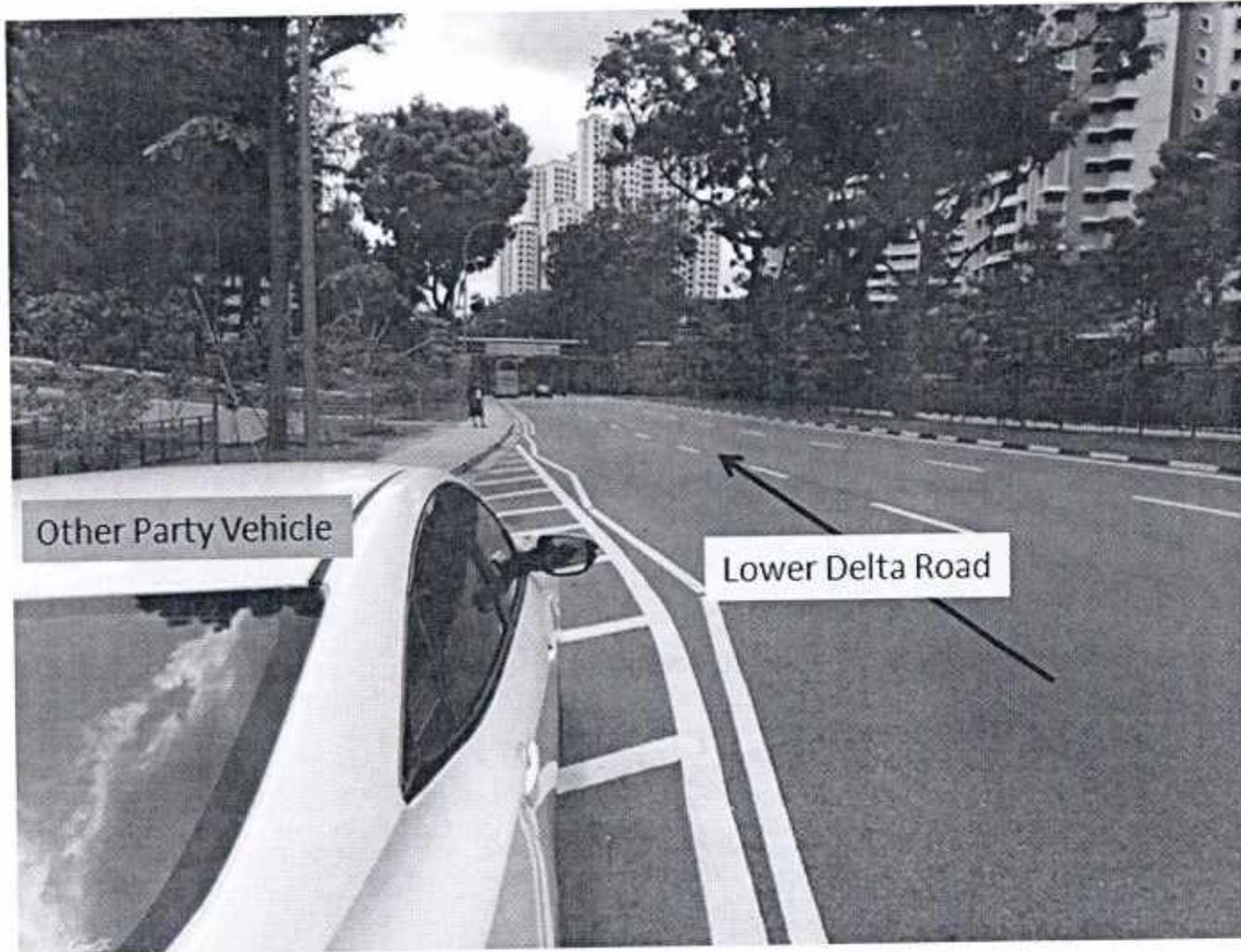

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



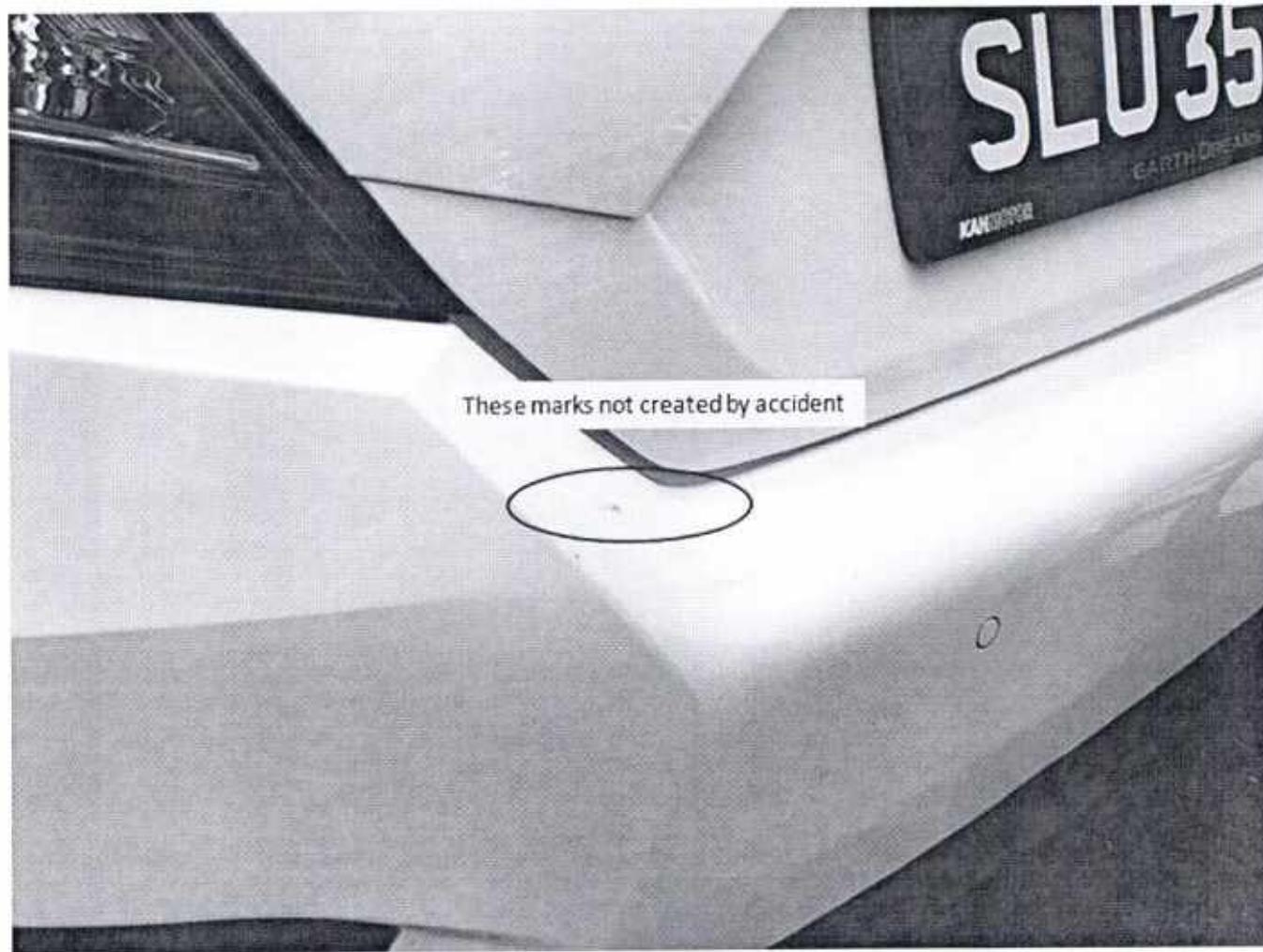
18/04/2018



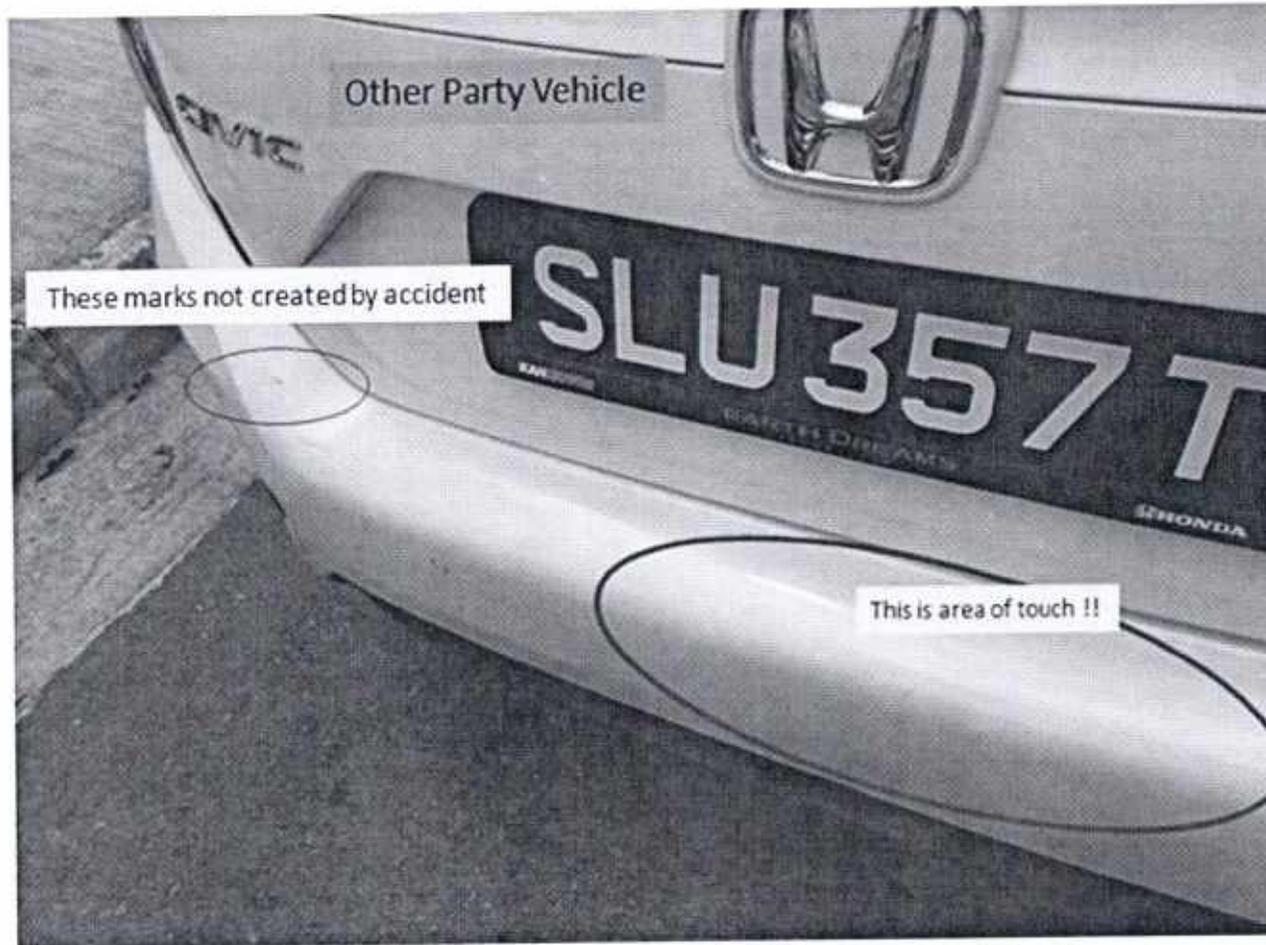
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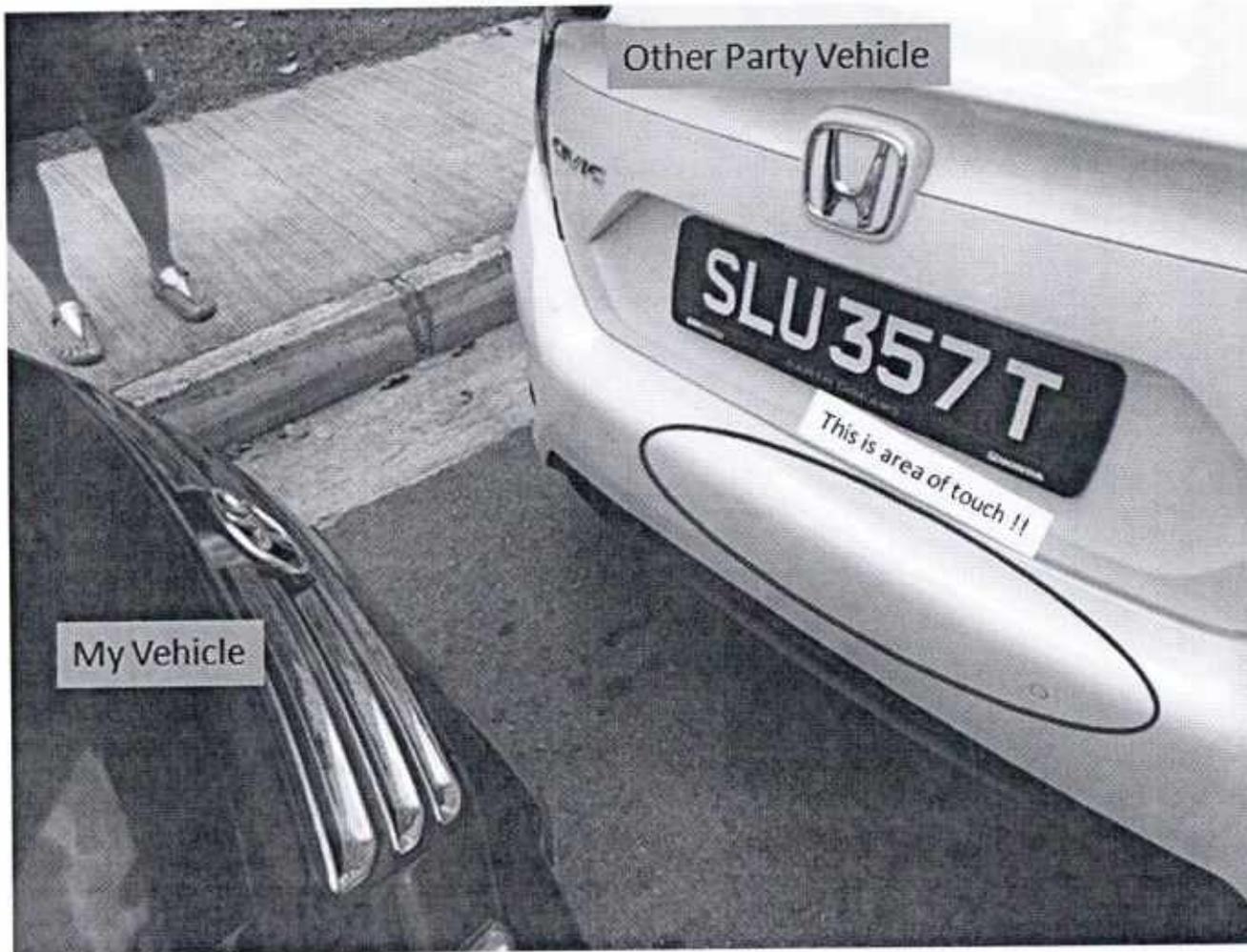
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gw 18/06/2018



18/04/2018



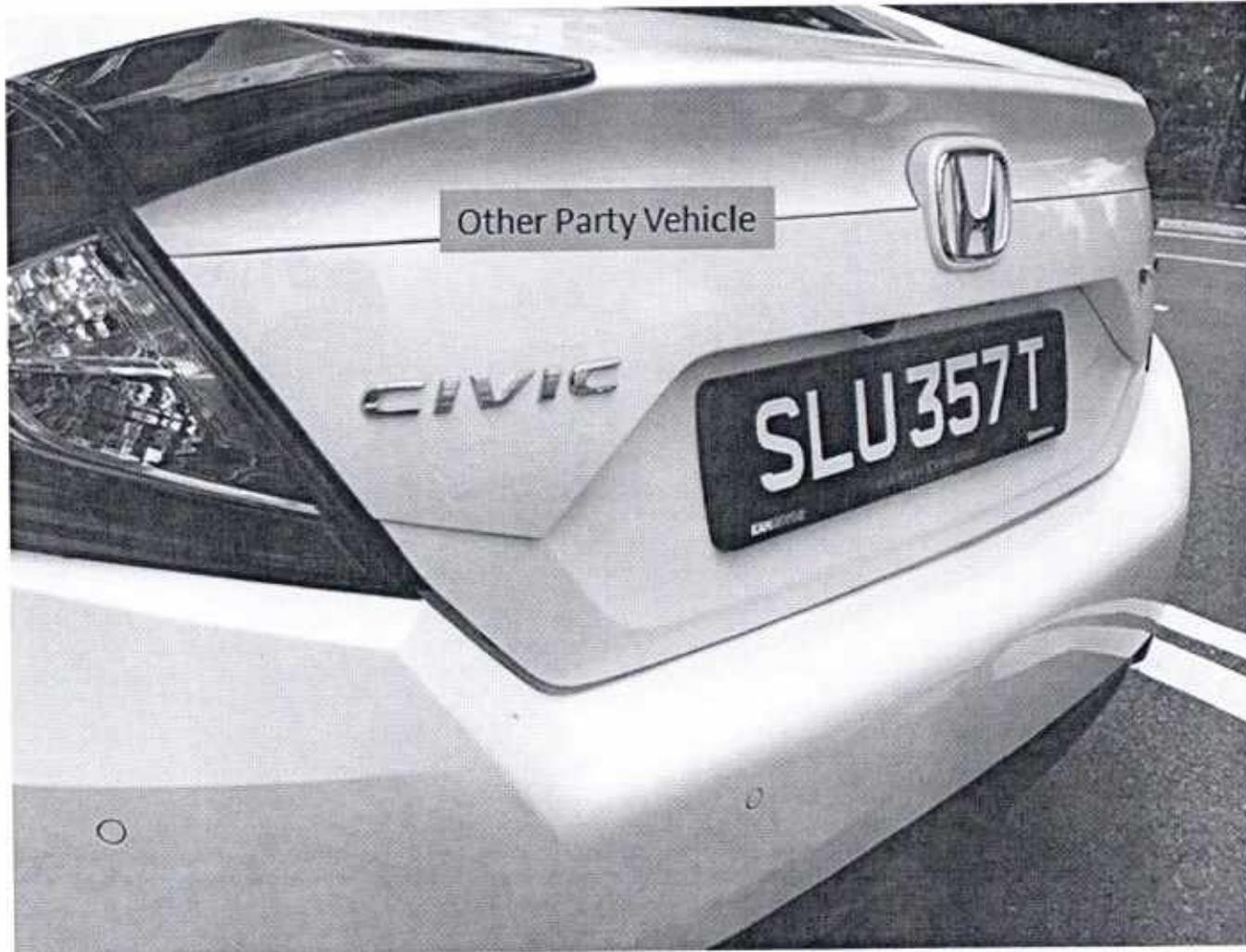
My Vehicle

Other Party Vehicle

SLU357T

This is area of touch !!

18/04/2018



10/30/18



ga 18/04/2018

Claim Handling

Accident MT/0990953

Policy No.	3056226264	Vehicle No.	SDY7733T	GST Registration No.	
Policyholder Name	PHUA KOH DON	Driver Type	DRIVE CLASSIC	Policyholder NRIC	S1618153P
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	91993788	Special Remark		Contact No. (Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(Yr)	50	eCode Reason	
NCD Protection	Yes	Private Hire	No		

Accident Details

Report Date	18/04/2018 17:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/04/2018	Time of Accident (hr:min)	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SDP RD OF JALAN BUKIT MERAH INTO LOWER DELTA ROAD				

Benefits

Coverage		Sum Insured	5000000.00
Excess Waiver			
Excess			
Own damage Excess	0.00	Additional 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
Windscreen Excess			100.00

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 1 #04-37	Address 2	DELTA AVENUE	Address 3	SINGAPORE 160001
Address 4		Address Type	Singapore address	Post Code	160001
Unit No.		Related Policy Number	3086226264		

01 Driver Info

Driver Name	PHUA KOH DON	Driver Type	Main Driver	Driver DOB	21/05/1963
Unnamed driver name		Driver NRIC	S1618153P	Driving Experience	25
Register Date of Driver License	27/10/1986	Driver Age	54	Contact No. (Home)	
Contact No. (Mobile)	91993788	Contact No. (Office)		Address 3	SINGAPORE 160001
Address 1	BLK 1 #04-37	Address 2	DELTA AVENUE	Post Code	160001
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SDY7733T	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No				

Declaration

Breathalyzer or Blood Test Reason?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	PHUA KOH DON	Insured NRIC	S1618153P
Contact No. (Mobile)	91993788	Contact No. (Home)	92732778	Contact No. (Office)	
Email Address	kidhua@yahoo.com.sg	01 Vehicle Number	SDY7733T	TP Vehicle Number	SLU357T
Claim Description	SDY7733T / SLU357T ON 18 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Secure Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/04/2018 17:38	Claim Close Date		Date Received	18/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter.

Save Submit

Attachment

Accident No.	MT/0990953	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	18/04/2018 17:42

Path *	Category *	Confidential	Urgency *	Description *
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	
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	
Choose File No file chosen	Clear Please Select	NO	Normal	
Message Read				

Send Message Update

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 18 Apr 2018 17:42	SAS	Normal	SAS 2018-4-18		Edit
	NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 18 Apr 2018 17:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-18		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Apr 2018 17:38	Photos	Normal	Photos 2018-4-18	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Apr 2018 17:38	Photos	Normal	Photos 2018-4-18	Edit
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Apr 2018 17:38	Photos	Normal	Photos 2018-4-18	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Apr 2018 17:38	Photos	Normal	Photos 2018-4-18	Edit

[Video List](#)

Uploaded By/Date	Folder/Date	File Name	Source	Action
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[Display in new Window](#) [Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 18/04/2018 (DD/MM/YYYY), TIME: 14:00 (HH:MM)

LOCATION: Lower Delta Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDY 7733 T
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5096228264
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA PINK
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: hunch
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- WIFE*
DAUGHTER
- a) NAME: Pohut Kay Oon (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1618153F CONTACT: 91993788
c) ADDRESS: Sik 1 #04-37 Delta Ave
S160001

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
(2)

- DRIVER
- a) NAME: Pohut Kay Oon (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1618153F CONTACT: 91993788
c) ADDRESS: Sik 1 #04-37 Delta Ave
S160001

* d) DATE OF BIRTH: 21/5/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR
f) DATE OF DRIVING PASS: 27/10/1986

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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) NO
7. a) REPORTED TO POLICE (YES/NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- * No of passenger*
(including driver)
()
- a) VEHICLE NUMBER: SLU 357 T MODEL: HONDA CIVIC
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- * No of passenger*
(including driver)
()
- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

email = kaphus@yahoo.com.sg

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1618153F



PHUA KOH OON

潘可恩

CHINESE
Date of Birth: 21-05-1963 Sex: M
Country of Birth: SINGAPORE

S16153F

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1618153F

Name: PHUA KOH OON

Birth Date: 21 May 1963

Issue Date: 25 Oct 2003

000948753G

1813194

NRIC No: S1618153F

Blood Group: B+ Date of issue: 28-09-1993

Address: APT 151K 1 DELTA AVENUE #14-37 SINGAPORE 162001

NRIC No: 818181221 Date: 01-11-1997 No: 2401521

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

PASS DATE: 27 Oct 1966

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

NP 428A

51618153F

Policy Query

Policy No. Date of Accident:

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096228264	PHUA KOH OON	S1618153F	GPC	drive CLASSIC	SDY7733T	SDY7733T	06/12/2017	05/12/2018

Continue