

# NATIONAL Assessment Centre Services Ref: Jan 09 MMA 118054244

|                            |  |                           |               |
|----------------------------|--|---------------------------|---------------|
| Date In: 25/4/18 09:16     | Job description                          | Date & Time Completed     | Done by       |
| Ref No: NA/INC 18007587144 | SAS e-filing                             |                           |               |
| Veh No: CB 6402M           | E-mail (within 3hrs, A/C 2hrs)           |                           |               |
| D.O.A: 24/4/18 13:55       | i-Motor Claim Form                       | M710991812 <sup>001</sup> | 25/4/18 15:03 |
| 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: SLD 6127R                                       | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|   |   |             |           |           |
|---|---|-------------|-----------|-----------|
| <b>Claimant's Particulars:-</b><br>Driver/Owner:<br>Contact No:<br>Damaged Portion:<br>QC Checked by (Engr-In-Charge):<br>Auditors' Comments :-<br>Cat 1:<br>Cat 2 / 3: | <b>Invoice Preparation Checklist</b>            |             | Am't (\$) | Am't (\$) |
|   |   |             | 1st Bill  | Add Bill  |
|   | 1) AR: Accident Reporting (\$30);               |             | 30.00     |           |
|   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |           |           |
|   | 3) TF: Towing Fee \$40/\$45                     |             |           |           |
|   | 4) FT: Follow-Through Survey \$120              |             |           |           |
|   | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |           |           |
|   | For claiming against INC Only (wef 10 Jan 2009) |             |           |           |
|   | 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 Co-ordination \$10  |   |             |           |           |
| *N7: Post Repair Inspection \$25  |   |             |           |           |
| *N8: DV / Collect Excess Coordination \$5   |   |             |           |           |
| *N11: TP (Non INC) against INC \$20   |   |             |           |           |
| 9) N12: Idac Mobile \$0   |   |             |           |           |
| 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             | 25/04/2018 09:16               |
| Date Of Accident           | 24/04/2018 13:55               |
| Exact Location Of Accident | INFRONT 52 JLN CHEMPAKA KUNING |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | CB6402M              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | NGOH THIAM HUAT      |
| NRIC No                     | S1069640B            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96844209 |
| Alternative Phone No        | OFFICE-96844209      |

### Vehicle Particulars

|  |                         |
|--|-------------------------|
| Manufacturer   | TOYOTA                  |
| Model  | HIACE COMMUTER DX 3.0 A |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL              |
| 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   | BUS                     |

### 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             | 5082309167-01                          |
| Cover Note Number         | -                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | NGOH THIAM HUAT       |
| NRIC No              | S1069640B             |
| Date Of Birth        | 18/03/1953            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 05/12/1988            |
| Driving Experience   | 29 YEARS AND 4 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96844209  |
| Fax Number           |                       |
| Contact Number       | OFFICE-96844209       |
| Email Address        | NOEMAIL               |

## 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:

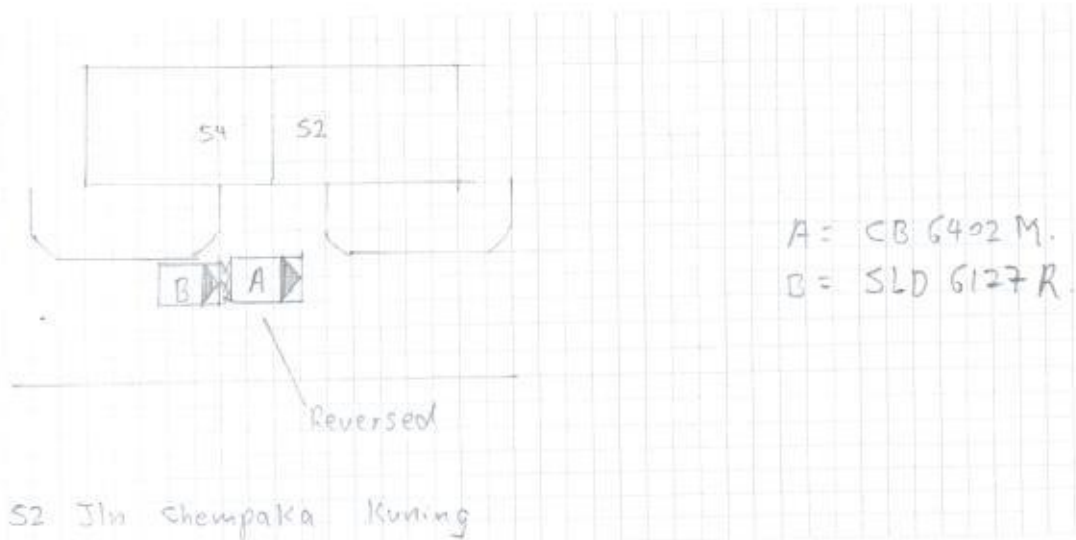
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Please 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.:

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1069640B**  
Name:

**NGO THIAM HUAT**

Birth Date: **18 Mar 1953**

Issue Date: **16 Sep 2003**



000820755J

Land Transport Authority



## VOCATIONAL LICENCE

Licence No: **S1069640B**

Name: **NGO THIAM HUAT**

Issue Date: **9/5/2011**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1069640B**



Name: **NGO THIAM HUAT**

**吴添发**

Race:

**CHINESE**

Date of Birth:

**18-03-1953**

Sex:

**M**

Country of Birth:

**SINGAPORE**

**S1069640B**

This receipt is not valid unless amount paid is receipted in machine printed  
**RENEWAL NOTICE FOR VOCATIONAL LICENCE**

Name: **MR NGO THIAM HUAT**

Licence No.: **S1069640B**

Licence Group: **03**

Next Expiry Date: **31-5-2020**

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

PASS DATE

Class J - Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

19 Sep 1973

**S1069640B**

S / No. 9000293367



Licence No: **S1069640B**

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type: **03**  
Description: **BUS VL**

Issue Date: **05/12/1988**



NRIC No: **S1069640B**



Blood Group: **B+**  
Date of issue: **12-09-1992**

**APT BLK 824C PUNGGOL CENTRAL #09-328**  
**SINGAPORE 823624**

NRIC No: **S1069640B**

Date: **17/04/2018**

figures.

REC 10-04-2  
CO1 MCH33  
**LTA CASH**

Land Transport

Please see overleaf

Hello, NAC\_PAYA\_UBI\_800601

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

24/04/2018 09:09

Vehicle No.(For Motor)

CB6402M

Search

| Select                | Policy No.    | Policyholder Name | Policyholder NRIC | Product | Cover Type                | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|-------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5082309167-01 | NGOH THIAM HUAT   | S1069640B         | GBS     | Third Party, Fire & Theft | CB6402M     | CB6402M        | 22/07/2017    | 21/07/2018  |

Continue

## Claim Handling

Accident MT/0991812

|                                   |  |                               |  |                      |           |
|-----------------------------------|--|-------------------------------|--|----------------------|-----------|
| Policy No.                        | 5082309167-01                                      | Vehicle No.                   | CB6402M  | GST Registration No. |           |
| Policyholder Name                 | NGOH THIAM HUAT                                    | Cover Type                    | Third Party, Fire & Theft                          | Policyholder NRIC    | S1069640B |
| Product Code                      | BUS INSURANCE                                      | Contact No.(Office)           |  | Loading              | 0         |
| Contact No.(Mobile)               | 96844209   | 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        |
| <b>Accident Details</b>           |  |                               |  |                      |           |
| Report Date                       | 25/04/2018 14:59                                   | Accident Report Within 24 hrs | Yes  | Accident Type        | Others    |
| Date of Accident                  | 24/04/2018   | Time of Accident hh:mm        | 13:55  | Country of Accident  | Singapore |
| Reporting Centre                  |  | Orange Force                  |  | ICM No.              |           |
| Accident Location                 | INFRONT 52 JLN CHEMPAKA KUNING                     |                               |  |                      |           |
| <b>Benefits</b>                   |  |                               |  |                      |           |
| <b>Excess</b>                     |  |                               |  |                      |           |
| Own damage Excess                 | 0.00   | Additional Excess             |  | Windscreen Excess    |           |
| Unnamed Driver Excess             |  | Outside Singapore OD Excess   |  |                      |           |
| Third Party Excess                | 1,500.00   | Outside Singapore TP Excess   |  |                      |           |
| <b>GST Registered Information</b> |  |                               |  |                      |           |
| GST Registered                    | No   | GST Registration Date         |  | GST Status Verified  | Yes       |
| GST Registration No.              |  |                               |  |                      |           |
| Modification History              |  |                               |  |                      |           |

## Policyholder Mailing Address

|   |  |                       |  |                        |                  |
|---|--|-----------------------|--|------------------------|------------------|
| Address 1                               | BLK 7 #18-441                                      | Address 2             | HAIG ROAD  | Address 3              | SINGAPORE 430007 |
| Address 4                               |  | Address Type          | Singapore address                                  | Post Code              | 430007           |
| Unit No.                                |  | Related Policy Number | 5082309167-01                                      |                        |                  |
| <b>01 Driver Info</b>                   |  |                       |  |                        |                  |
| Driver Name                             | Unnamed Driver                                     | Driver Type           | Unnamed Driver                                     | Driver DOB             | 18/03/1953       |
| Unnamed driver Name                     | NGOH THIAM HUAT                                    | Driver NRIC           | S1069640B  | Driving Experience     | 29               |
| Register Date of Driver License         | 05/12/1988   | Driver Age            | 65   | Contact No.(Home)      |                  |
| Contact No.(Mobile)                     | 96844209   | Contact No.(Office)   |  | Address 3              | SINGAPORE 430007 |
| Address 1                               | BLK 7 #18-441                                      | Address 2             | HAIG ROAD  | Post Code              | 430007           |
| Address 4                               |  | Address Type          | Singapore address                                  |                        |                  |
| Unit No.                                |  |                       |  | Driver Insurer Company |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No.    |  |                        |                  |
| Declaration                             |  |                       |  |                        |                  |
| Breathalyser or Blood Test Reading?     | 0 mg   | Any injury?           | <input type="radio"/> Yes <input type="radio"/> No |                        |                  |

Modification History

Claim 001 New

|   |                                   |                         |                                  |                            |                  |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *  | OD-MX                             | Insured Name            | NGOH THIAM HUAT                  | Insured NRIC               | S1069640B        |
| Contact No.(Mobile)                                 | 96844209                          | Contact No.(Home)       | 96844209                         | Contact No.(Office)        |                  |
| Email Address                                       |                                   | 01 Vehicle Number       | CB6402M                          | TP Vehicle Number          | SLD6127R         |
| Claim Description                                   | CB6402M / SLD6127R ON 24 Apr 2018 |                         |                                  | Name of Preferred Workshop | 0                |
| Preferred Workshop Contact No.                      | 0                                 | Insured Liability *     | Fully at Fault                   | GIA report                 | Received         |
| Require Finalisation                                | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received              | 25/04/2018 00:00 |
| Date Registered                                     | 25/04/2018 15:02                  | Claim Close Date        |                                  |                            |                  |
| Report Taken By                                     | LIEW SHAN HUI                     |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                   |                         |                                  |                            |                  |
|   |                                   |                         | Save                             | Submit                     |                  |

## Attachment

|                    |  |             |                  |           |        |
|--------------------|--|-------------|------------------|-----------|--------|
| Accident No.       | MT/0991812   | Claim No.   | 001              |           |        |
| Last Doc. Received | <input type="radio"/> Yes <input type="radio"/> No | Upload Date | 25/04/2018 15:03 |           |        |
| 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 |

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

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## Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Description                     |
|------------|--|-----------------------|---------|---------------------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:03 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2018-4-25 |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:03 | SAS                   | Normal  | SAS 2018-4-25                   |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:03 | Photos                | Normal  | Photos 2018-4-25                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:03 | Photos                | Normal  | Photos 2018-4-25                |
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|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:02 | Photos                | Normal  | Photos 2018-4-25                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:02 | Photos                | Normal  | Photos 2018-4-25                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 15:02 | Photos                | Normal  | Photos 2018-4-25                |

## Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

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Scan and uploading