

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA 118056012

Date In: 30/1/18 09:05	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA11INC 180078521/4.	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SJM 6891T	i-Motor Claim Form	MT/0992444-001	30/1/18 16:29
D.O.A: 28/1/18 14:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (TP) Reporting Only	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: SJW 409 B	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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Pat 1:

Pat 2/3:

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 GlA 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	30/04/2018 09:05
Date Of Accident	28/04/2018 14:50
Exact Location Of Accident	WOODLANDS AVE 2 BEFORE ENTER SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6891T
Insured/Policyholder	
Name Of Registered Owner	U LEE FURNITURE & DECORATION
Co Reg No	27136600A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96625620

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084991270-01
Cover Note Number	-

Driver

Name of Driver	KOH KAH HWEE
NRIC No	S1195481B
Date Of Birth	30/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96625620
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 110 BEDOK RESERVOIR RD #07-288
Postcode	470110
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	
Was any body injured in the Accident?	YES
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG WOODLANDS AVE 2 ON THE FIRST LANE SOMEWHERE BEFORE THE ENTER OF SLE. VEH INFRONT OF ME SLOW DOWN AND STOP, AS SUCH I MANAGE MY BRAKE TO SLOW DOWN AND STOPPED. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SGW409B) FROM BEHIND CANNOT STOP IN TIME AND SWERVED TO LEFT BUT STILL COLLIDED ONTO MY VEH REAR LEFT PORTION.

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	SGW409B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY RUI QI

NRIC/Passport Number	S9418883J
Contact Number	98285095
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	KOH KAH HWEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM6891T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

友利木器裝飾工程
U. LEE FURNITURE & DECORATION
Block 1031, Eunos Avenue 6.
#01-63 Singapore 409626
Tel: 67487977, HP: 96625620
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

友利木器裝飾工程
We declare the foregoing particulars are true in every respect.

U. LEE FURNITURE & DECORATION

Block 1031, Eunos Avenue 6.

#01-63 Singapore 409626

Tel: 67487977, Hp: 96625620

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: **S1195481B**

Name: **KOH KAH HWEE**

Birth Date: **30 Nov 1956**

Issue Date: **04 Dec 2003**

001035859K




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1195481B**

Name: **KOH KAH HWEE**

許家輝

Race: **CHINESE**

Date of Birth: **30-11-1956**

Sex: **M**

Country of Birth: **SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASU DATE: **27 Dec 1978**

NP 423A

Licence No: **S1195481B**



1485928

NRIC No. **S1195481B**

Blood Group: **O+** Date of issue: **04-12-1993**

APT BLK 110 BEDOK RESERVOIR ROAD #07-288
SINGAPORE 470110

NRIC No: **S1195481B** Date: **10-12-2003** No: **4826343**



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

28/04/2018 09:00

Vehicle No.(For Motor)

SJM6891T

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084991270-01	U LEE FURNITURE & DECORATION	27136600A	GPC	drivo CLASSIC	SJM6891T	SJM6891T	14/01/2018	13/01/2019

Claim Handling

Accident MT/0992444

Policy No.	5084991270-01	Vehicle No.	SJM6891T	GST Registration No.	
Policyholder Name	U LEE FURNITURE & DECORATION	Cover Type	drive CLASSIC	Policyholder NRIC	27136600A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96625620	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(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes

Report Date

30/04/2018 16:25

Date of Accident

28/04/2018

Reporting Centre

Accident Location

WOODLANDS AVE 2 BEFORE ENTER SLE

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

14:50

Orange Force

Accident Type

Collision - Head to Rear

Country of Accident

Singapore

ICM No.

Excess

Own damage Excess

2,000.00

Additional Excess

0.00

Windscreen Excess

100.00

Unnamed Driver Excess

Outside Singapore OD Excess

2,000.00

Third Party Excess

1,500.00

Outside Singapore TP Excess

1,500.00

GST Registered Information

GST Registered

No

GST Registration No.

GST Registration Date

GST Status Verified

No

Modification History

Policyholder Mailing Address

Address 1

BLK 110 #07-288

Address 2

BEDOK RESERVOIR ROAD

Address 3

EUNOS VISTA

Address 4

SINGAPORE 470110

Address Type

Singapore address

Post Code

470110

Unit No.

Related Policy Number

5084991270-01

01 Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver DOB

30/11/1956

Unnamed driver Name

KOH KAH HWEE

Driver NRIC

S1195481B

Driving Experience

39

Register Date of Driver License

27/12/1978

Driver Age

61

Contact No.(Home)

Contact No.(Mobile)

96625620

Contact No.(Office)

Address 3

EUNOS VISTA

Address 1

BLK 110 #07-288

Address 2

BEDOK RESERVOIR ROAD

Post Code

470110

Address 4

SINGAPORE 470110

Address Type

Singapore address

Unit No.

07-288

Driver Insurer Company

Does he own a Singapore Registered car?

Yes ☐ No ☐

Driver Vehicle No.

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☐ No

Modification History

Claim 001 New

Claim Type *	DD-MX ▼	Insured Name	U LEE FURNITURE & DECORATION	Insured NRIC	27136600A
Contact No.(Mobile)	96625620	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Q1 Vehicle Number	SJM6891T	TP Vehicle Number	SGW409B
Claim Description	SJM6891T / SGW409B ON 28 Apr 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	30/04/2018 00:00
Date Registered	30/04/2018 16:28	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☐ Print AK letter

Save

Submit

Attachment

Accident No.	MT/0992444	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/04/2018 16:29
Path *		Category *	
Choose File No file chosen		Confidential	NO ▼
Choose File No file chosen		Urgency *	Normal ▼
Choose File No file chosen		Descr	

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

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	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:29	SAS	Normal	SAS 2018-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:29	Photos	Normal	Photos 2018-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:29	Photos	Normal	Photos 2018-4-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:28	Photos	Normal	Photos 2018-4-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:28	Photos	Normal	Photos 2018-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:28	Photos	Normal	Photos 2018-4-30

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading