

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **INA18056183**

Date In: <b>30/4/18-11/15</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/18027944/24</b>	SAS e-filing		
Veh No: <b>6BC 2864X</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>26/4/18-22:20</b>	i-Motor Claim Form	<b>MT/0992337-001</b>	<b>30/4/18 11:41</b>
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: <b>6DE2645</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% P: 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

<b>NA 802708</b>	<b>Invoice Preparation Checklist:</b>	<b>Am't (\$)</b> In Bill	<b>Am't (\$)</b> 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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*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 in 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	30/04/2018 11:13
Date Of Accident	26/04/2018 22:20
Exact Location Of Accident	JUNC SENGKANG EAST RD & ANCHORVALE ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2864X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOO AUTO
Co Reg No	53373000K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 280 2.5 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5097245554
Cover Note Number	

### Driver

Name of Driver	JAYCE ONG HO JIE
NRIC No	S9013297J
Date Of Birth	25/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90084463
Fax Number	
Contact Number	OFFICE-90084463
Email Address	NOEMAIL

Address	BLK 335A YISHUN STREET 31 #06-79
Postcode	761335
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 SENGKANG EAST RD. SUDDENLY VEHICLE B JAM BRAKE OF HIS VEHICLE, IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR 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	GBE2674S
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

### 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

Sketch Plan diagram showing a road layout on a grid. The road is labeled "Sengkang E Rd" vertically. A vehicle labeled "A" is positioned at the bottom of the road, and a vehicle labeled "B" is positioned above it. To the right of the road, the following text is written:

A: 6BC2864X  
B: 6BE2674S

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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 **S9013297J**

Name **JAYCE ONG HO JIE**

Birth Date **25 Apr 1990**

Issue Date **28 Feb 2013**

0021556248



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9013297J**



Name **JAYCE ONG HO JIE**

**王和杰**

Race **CHINESE**

Date of birth **25-04-1990**

Sex **M**

Country/Place of birth **SINGAPORE**

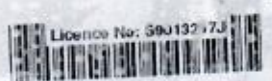



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE **28 Feb 2013**

Class 3: Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

Licence No: **S9013297J**



NP-428A

5402483



NRIC No **S9013297J**



Date of issue **03-12-2014**

Address **APT BLK 335A YISHUN STREET 31  
#06-79  
SINGAPORE 761335**



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

26/04/2018 22:20

Vehicle No. (For Motor)

GBC2864X

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097245554	MOO AUTO	53373000K	GFT	Third Party	GBC2864X	GBC2864X	19/02/2018	

[Continue](#)

## Policy Information

Policy No.	5097245554	Policyholder Name	MOO AUTO	Policyholder NRIC	53373000K
Address	317 OUTRAM ROAD #B1-37 CONCORDE SHOPPING CENTRE SINGAPORE 169075				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/01/2018	Effective Date	08/01/2018 00:00	Expiry Date	02/01/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	1692.07		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#B1-37 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	08-13	Related Policy Number	5100250132		

## Insured Object: GBC2864X

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	05/02/2018 00:00	Basic Information Endorsement	000001286749773	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBA4247A 05-02-2018 \$1,080.32 2. GBA8272A 05-02-2018 \$1,080.32 In view of this amendment, an additional premium of \$2,160.64 (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 make payment at any of our branches by cash or NETS.</p>
2	19/02/2018 00:00	Basic Information Endorsement	000001286758443	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover x additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBC2864X 19-02-2018 \$1,034.75 In view of this amendment, an additional premium of \$1,034.75 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made</p>



• Exit

## Claim Handling

The premium on this policy has not been collected.

Accident HT/0992337

Policy No.	5097245554	Vehicle No.	GBC2864X	GST Registration No.	
Policyholder name	MOO AUTO			Policyholder NRIC	53373000K
Product Code	FLEET INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KF#	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

➤ **Accident Details**

Report Date	30/04/2018 11:40	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/04/2018	Time of Accident hh:mm	22:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG SENGKANG EAST RD & ANCHORVALE ST				

➤ **Benefits**

➤ **Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

➤ **GST Registered Information**

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

➤ **Policyholder Mailing Address**

Address 1	317 OUTRAM ROAD	Address 2	#B1-37 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	08-13	Related Policy Number	5100250132		

➤ **DI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/04/1990
Unnamed driver Name	JAYCE ONG HO JIE	Driver NRIC	S90132977	Driving Experience	5
Register Date of Driver License	28/02/2013	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	90084463	Contact No.(Office)	0	Address 3	YISHUN RIVERWALK
Address 1	BLK 325A	Address 2	YISHUN STREET 31	Post Code	761335
Address 4	SINGAPORE 761335	Address Type	Singapore address		
Unit No.	06-79			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

Breathalyser 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	MOO AUTO	Insured NRIC	53373000K
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		01 Vehicle Number	GBC2864X	TP Vehicle Number	GBC2674S
Claim Description	GBC2864X / GBC2674S ON 26 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	30/04/2018 11:42
Date Registered	30/04/2018 11:41	Claim Close Date		Total Loss but Repaired	
Report Taken By	Jackson	Workshop Repainer			

☒ Print AK letter

**Save** **Submit**











## Attachment

Accident No.	HT/0992337	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/04/2018 12:15

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message **Upload**

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 12:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-30	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 12:15	SAS	Normal	SAS 2018-4-30	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 11:42	Photos	Normal	Photos 2018-4-30	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 11:42	Photos	Normal	Photos 2018-4-30	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 11:42	Photos	Normal	Photos 2018-4-30	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 11:42	Photos	Normal	Photos 2018-4-30	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 11:42	Photos	Normal	Photos 2018-4-30	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 11:42	Photos	Normal	Photos 2018-4-30	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 11:42	Photos	Normal	Photos 2018-4-30	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 11:42	Photos	Normal	Photos 2018-4-30	<a href="#">Edit</a>
Video List					
Uploaded By/Date	Folder Date	File Name	Source	Action	
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>		