

# NATIONAL Assessment Centre Services. (Ref 1 Jan 2001)

Date In: 22/05/2018 13:35

Ref No: NA/INC18009269/K4

Veh No: SGY61649

D.O.A: 19/02/2018 17:55

OD / TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, A/C 3hrs)

I-Motor Claim Form

I-Motor W/O (within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/Wksp

Date & Time Completed

Done by

MT/0987401-02

23/5/2018 09:45

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Yeli No: SLK 7274E

Owner / Driver: (

Policy No: (

Confirmed by: (

Insured/Driver Liability: (

Year of Registration: (

Excess: (\$

General Remarks:

( ) Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repeller.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: (

Remarks: (INC Hotline: 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: (

Date/Time

Actions

NA1803234

## Invoice Preparation Credits

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100); INC (\$50)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

Forfeiting against INC Only (wef 10 Jan 2005)

6) TR: Re-lodgement \$75

7) NI: New DA + SMRT Survey \$160

8) NTUC Additional Services

9) NI: New Mobile

Invoice dated

Invoice dated

Amount (\$)

Amount (\$)

Amount (\$)

Amount (\$)

Amount (\$)

Amount (\$)

Amount (\$)

Amount (\$)

Amount (\$)

Amount (\$)

Amount (\$)

Amount (\$)

Amount (\$)

Amount (\$)



**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	22/05/2018 13:35
Date Of Accident	19/02/2018 17:55
Exact Location Of Accident	LORONG 21A GEYLANG JUNCT SIMS AVENUE
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SGY6164G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH BEE GEK
NRIC No	S1492057I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97991894
Alternative Phone No	OTHERS-97991894

**Vehicle Particulars**

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	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	5094549760
Cover Note Number	

**Driver**

Name of Driver	SOH KOK HIN
NRIC No	S1210654H
Date Of Birth	09/06/1956
Occupation	INDOOR
Date Of Driving Pass	12/08/1975
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97991894
Fax Number	
Contact Number	OTHERS-97991894
Email Address	NOEMAIL

Address	BLK 25 EUNOS CRESCENT #06-3055
Postcode	400025
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO 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	
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)	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

PLS REFER TO THE ATTACHED 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	SLK7274E
Vehicle Make/Model/Colour	
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

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:

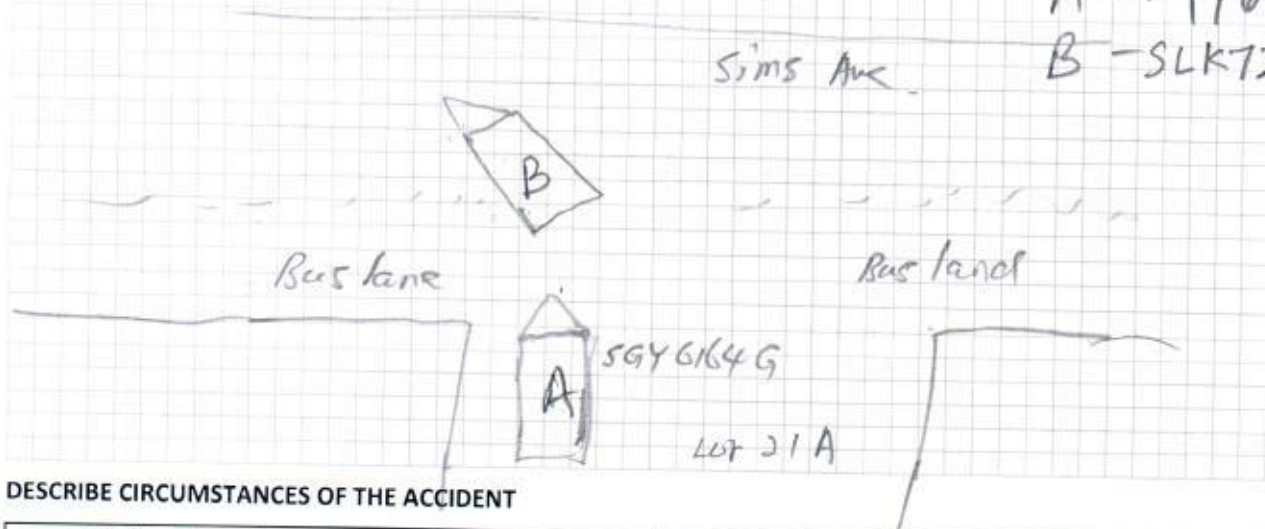
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

Lor 21A Geylang Jct Sims Ave.

A - SGY6164G  
B - SLK7274E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Lor 21A Geylang junction Sims Ave. While Vehicle A turn out suddenly Vehicle B stop and reversed back and near to vehicle A. After that Vehicle B Driver said that Vehicle A driver pang is Vehicle B.

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.:

22/5/2018



Your Ref: SGY6164G

Our Ref: MT/CA/TP/022/0987401-001/FS/LC

27 Apr 2018

**BY CERTIFICATE OF POSTING**

SOH BEE GEK  
BLK 336 #06-841  
UBI AVENUE 1  
SINGAPORE 400336

Dear Policyholder

**CLAIM NUMBER: MT/0987401-001**  
**ACCIDENT INVOLVING SGY6164G / SLK7274E on 19 Feb 2018**

We refer to the claim against you.

We would like to inform you that despite our several reminders, you have not responded to our requests to report the accident to us.

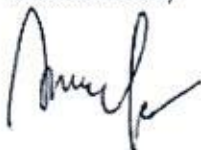
As a result of your non-cooperation, we could not gather sufficient facts and information to handle the claim. We regret that we have no alternative but to repudiate liability to you under the policy.

We will inform the claimant to liaise directly with you. We enclose copies of the claimant's documents. If the claimant is taking legal action against you, you may wish to appoint your own lawyer to defend you.

In the meantime, we reserve the rights to seek recovery from you should we be bound by law or statute to settle any third party injury claim or claims on your behalf.

If you have any queries, please contact Our Customer Service Officers at 6430 7948 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Jenny Pe  
Deputy Vice President  
Motor Insurance

Police  
Report

Annex E

NOTICE OF REPORTING

This is to confirm that SOH KOK HIN NRIC/FIN S1210654H residing at Block 25 Eunos Crescent #06-3055, has reported to the Police a non-injury traffic accident which occurred at on 19/02/2018 at 1755hrs involving the following vehicles: SGY6164G, One unknown white Toyota car . Location is along Lorong 21A Geylang junct Sims Avenue.

2 If this accident was reported to the Police within 24 hours of its occurrence, then **he**/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: T160295 Elson Ang

Date: 21/02/2018

Time: 1342hrs

S/D Ref: 8

Police Post/Unit: Kampong Ubi NPP

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police



**Kampong Ubi NPP**  
Block 9 Eunos Crescent  
#01-2457 Singapore 400009  
Tel 1800-7479999

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1210654H



SOH KOK HIN

新加坡

Race  
CHINESE

Date of Birth: 09-06-1956 Sex: M

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1210654H

Name: SOH KOK HIN

Birth Date: 09 Jun 1956

Issue Date: 20 May 2003



000505548K



DA 1747

APPC No. S1210654H



APPC No. S1210654H


Sex: B+ Date of issue: 28-07-1992

Address:  
APT B1A 25 EUNOS CRESCENT  
#06-3055  
SINGAPORE 1440

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

CLASS	VEHICLE CLASS	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	14 Oct 1976
Class 2A	Motorcycles between 201 cc and 400 cc	14 Oct 1976
Class 2	Motorcycles exceeding 400 cc	14 Oct 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Aug 1975
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	21 Jun 1975
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	22 Sep 1980

Licence No: S1210654H



NP 426A

Email: motor@Incom.com.sg ✓



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

19/02/2018 17:55

Vehicle No.(For Motor)

SGY6164G

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094549760	SOH BEE GEK	S1492057I	GPC	drivo CLASSIC	SGY6164G	SGY6164G	27/09/2017	01/10/2018

## Claim Handling

Task Transfer Exit

## Accident MT/0987401

LOS SAL SUB

Policy No.	5094549760	Vehicle No.	SGY6164G	GST Registration No.	
Policyholder Name	SOH BEE GEK			Policyholder NRIC	S14920571
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

## Accident Details

Report Date	23/03/2018 15:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/02/2018	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LORONG 21A GEYLANG - SIMS AVE				

## Benefits

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100
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 336 #06-841	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400336
Address 4		Address Type	Singapore address	Post Code	400336
Unit No.		Related Policy Number	5094549760		

## OI Driver Info

Driver Name	Driver Type	
Unnamed driver Name	Driver NRIC	Driver DOB
Register Date of Driver License	Driver Age	Driving Experience
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)
Address 1	Address 2	Address 3



## Claim Handling

## Accident MT/0987401

Policy No.	5094549760	Vehicle No.	SGY6164G	GST Registration No.	
Policyholder Name	SOH BEE GEK			Policyholder NRIC	S14
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not

## ▼ Accident Details

Report Date	23/03/2018 15:44	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	19/02/2018	Time of Accident hh:mm	18:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	LORONG 21A GEYLANG + SIMS AVE				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100
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 336 #06-841	Address 2	UBI AVENUE 1	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	400
Unit No.		Related Policy Number	5094549760		

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

## Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	SOH BEE GEK	Insured NRIC	S14	
Contact No.(Mobile)	96922939	Contact No.(Home)	NIL	Contact No.(Office)	674	
Email Address		OI Vehicle Number	SGY6164G	TP Vehicle Number	SLK	
Claim Description	SGY6164G / SLK7274E ON 19 Feb 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec	
Date Registered	23/05/2018 09:45	Claim Close Date		Date Received	23/0	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired		

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0987401	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/05/2018 09:45
Path *		Category *	Confidential
			Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:44	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:43	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:43	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos	Normal	Photos 2018

## Video List

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