

NATIONAL Assessment Centre Services (Form 1A-2005)

Date In: 30/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009692/13	SAS e-filing		
Veh No: SLD2192	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 26/05/18 1655	i-Motor Claim Form	MT/0996378-001	
<input checked="" type="radio"/> OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (**SUCCESS UNITED** Tel: Fax:)

TP Particulars:	Veh No: SL1918C	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

NA1803342

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) iT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 (Non 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 willful 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	30/05/2018 09:36
Date Of Accident	26/05/2018 16:55
Exact Location Of Accident	LOWER DELTA INTO JLN BUKIT TIMAH JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD219Z
Insured/Policyholder	
Name Of Registered Owner	OH PEI CHERN
NRIC No	S7432584Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92258827
Alternative Phone No	OTHERS-92258827

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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?	YES
If No, Please state action to be taken	
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	5090675634
Cover Note Number	

Driver

Name of Driver	OH PEI CHERN
NRIC No	S7432584Z
Date Of Birth	17/10/1974
Occupation	INDOOR
Date Of Driving Pass	13/11/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92258827
Fax Number	
Contact Number	OTHERS-92258827
Email Address	NOEMAIL

Address	BLK 618C PUNGGOL DRIVE #17-727
Postcode	823618
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 - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : MATIAS FONG GENDER: : MALE

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	SLE1918C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KENG TONG
NRIC/Passport Number	S0305963D
Contact Number	96193343
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.
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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**.
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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

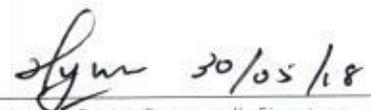
Date & Time: 28/5/2018



Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/5/2018

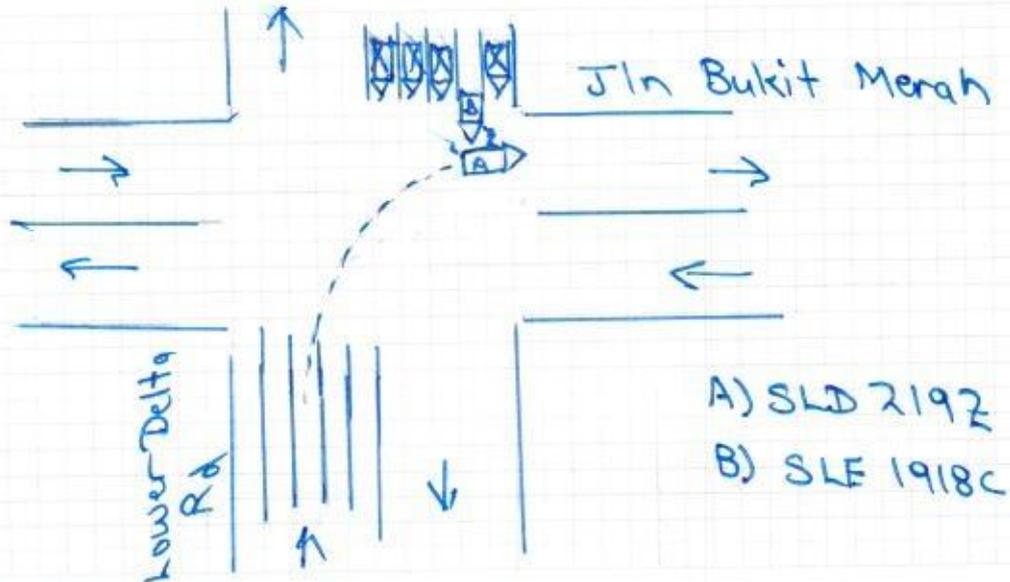


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Lower Delta Rd intending to turn into Jalan Bukit Merah Rd.

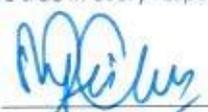
When the green ^{turning} arrow appeared, the SBS Bus in front of me turned. I follow it from behind.

As I reached the junction of Jalan Bukit Merah, I felt a strong impact from the rear left of my car followed by the activation of the side air bag. I immediately stopped my car & alighted. I noticed that the vehicles in the opposite direction were still stationary at the junction except for Veh(B) which had hit my car. I checked with my son who was seated behind. If he was alright. I then checked with the other party driver & his wife and they ^{confirmed that they are} ~~were~~ also ~~okay~~ alright. We then exchanged particulars & left the scene.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 28/5/2018


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 28/5/2018

 30/05/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

VEHICLE NO : <u>SLD 219Z</u>		MAKE/MODEL : <u>Honda Vezel</u>	
Date of Accident	<u>26.5.18</u>	Time: <u>4.55pm</u>	Foreign Veh Involved YES / NO
Location of Accident	<u>Lower Delta into Jalan</u>		Foreign Veh No
Country of Loss	<u>Bukit Timah Junction</u>		
Vehicle Damaged		No. of Veh Involved :	
Claim Type	<u>OD / TP / REPORTING</u>		Was There Any Witness YES / NO
INSURANCE CO	<u>NTUC Income</u>		Name of Witness :
Coverage	<u>Comprehensive/TPFT/Third Party Only</u>		Contact No :
Policy No	<u>5090675634-01</u>		
Fleet Policy	<u>YES/NO</u>		
OTHER VEHICLES			
OWNER / CO. NAME	<u>Oh Pei chern</u>	VEHICLE B	<u>SLE1918EC</u>
NRIC / Co's Reg No.	<u>S7432584Z</u>	Category	:
Address	<u>Blk 618C Punggol Dr</u>	Driver's Name	: <u>Lim Keng Tong</u>
	<u>#17-727 (823618)</u>	NRIC No	: <u>80305963D</u>
Contact / Mobile No	<u>92258827</u>	Contact No	: <u>96193343 (wife)</u>
Email Address		No. of Passenger :	
Date of Birth			
Gender	<u>M/F</u>	VEHICLE C	
DRIVER'S NAME	<u>as above</u>	Category	:
NRIC No		Driver's Name	:
Address		NRIC No	:
		Contact No	:
Contact / Mobile No		No. of Passenger :	
Email Address			
Date of Birth		VEHICLE D	
Gender	<u>M / F</u>	Category	:
LICENSE PASSED DATE	<u>13.11.17</u>	Driver's Name	:
		NRIC No	:
Occupation	<u>Indoor / Outdoor</u>	Contact No	:
Relation with Owner		No. of Passenger :	
Does Driver Own Any Other Veh ? YES / NO <u>NO</u>			
Vehicle Reg No			
Insurance Co			
Weather Condition	<u>Clear / Raining / Others</u>	Video Captured	: Yes / No
Road Surface	<u>Dry / Wet / Others</u>		
INJURED	: YES / <u>NO</u>		
Name of Injured	:	Police Report	: YES/NO
Convey To Hospital by Ambulance	: YES / NO	If YES, Where	:
NO. OF PASSENGERS	: <u>1</u>		
Name of Passenger	: <u>Matias Fong</u>	<u>M / F</u>	INJURED? YES/ <u>NO</u>
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
REMARKS :			
Name of Workshop	:	Contact No	:
Address	:	Email	:

warning for veh.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7432584Z

Name:

OH PEI CHERN

Birth Date: 17 Oct 1974

Issue Date: 13 Nov 2017



002743280E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7432584Z



Name

OH PEI CHERN

胡佩甄

Race

CHINESE

Date of birth

17-10-1974

Sex

F

Country of birth

SINGAPORE

S7432584Z

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight <= 2500kg 13 Nov 2017



Licence No: S7432584Z

NP 428A



363575



NRIC No. S7432584Z

Date of issue

12-11-2004

APT BLK 618C PUNGGOL DRIVE #17-727
SINGAPORE 823618

NRIC No: S7432584Z

Date: 01/11/2017

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5090675634-01
The Policyholder	: OH PEI CHERN BLK 618C #17-727 PUNGGOL DRIVE PUNGGOL BREEZE SINGAPORE 823618
Period of Insurance	: 31 May 2018 To 30 May 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,309.96

Interest Insured

Cover Type	: drivo PREMIUM	Capacity	: 1500cc
Primary Driver	: OH PEI CHERN	Registration Year	: 2016
Named Driver (1)	: Oh Yew Tiong	Off-peak Car	: No
Named Driver (2)	: Oh Zi Yang	Insure with COE	: Yes
Make/Model	: HONDA/VEZEL	NCD Entitlement	: 50%
Registration Number	: SLD219Z	NCD Protection	: Yes
Chassis Number	: RU11110328	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: Yes		
Excess (Section 1)	: N/A		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

Optional Cover

Transport Allowance	: No
Excess Waiver	: Yes

Memo A : N/A

Endorsement Operative : M4, M7, M8

Agency	: GERLAINE LEE (00000602396)
Date of Issue	: 22 May 2018 10:19 hrs
Reprint	: 22 May 2018 10:20 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

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"/>	5090675634	OH PEI CHERN	S7432584Z	GPC	drive PREMIUM	SLD219Z	SLD219Z	06/05/2017	30/05/2018

Continue

Claim Handling

Accident MT/0996378

Policy No.	5090675634	Vehicle No.	SLD219Z	GST Registration No.	
Policyholder Name	OH PEI CHERN	Cover Type	drive PREMIUM	Policyholder NRIC	S7432584Z
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92258827	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	30/05/2018 11:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	26/05/2018	Time of Accident hh:mm	16:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOWER DELTA INTO JLN BUKIT TIMAH JUNC				

Benefits

Coverage	Sum Insured	
Excess Waiver	99999999.99	

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 618C #17-727	Address 2	PUNGGOL DRIVE	Address 3	PUNGGOL BREEZE
Address 4	SINGAPORE 823618	Address Type	Singapore address	Post Code	823618
Unit No.		Related Policy Number	5090675634-01		

OJ Driver Info

Driver Name	OH PEI CHERN	Driver Type	Main Driver	Driver DOB	17/10/1974
Unnamed driver Name		Driver NRIC	S7432584Z	Driving Experience	0
Register Date of Driver License	13/11/2017	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	92258827	Contact No.(Office)	0	Address 3	PUNGGOL BREEZE
Address 1	BLK 618C	Address 2	PUNGGOL DRIVE	Post Code	823618
Address 4	SINGAPORE 823618	Address Type	Singapore address		
Unit No.	#17-727			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 OD-MD **New**

Claim Type *	OD-MD	Insured Name	OH PEI CHERN	Insured NRIC	S7432584Z
Contact No.(Mobile)	92258827	Contact No.(Home)		Contact No.(Office)	
Email Address		OJ Vehicle Number	SLD219Z	TP Vehicle Number	SLE1918C
Claim Description	SLD219Z / SLE1918C ON 26 May 2018			Name of Preferred Workshop	SUCCESS UNITED
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	30/05/2018 00:00
Date Registered	30/05/2018 11:06	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer		OD Excess Collected by Workshop	

Print AK letter

Save Submit

Attachment

Accident No.	MT/0996378	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/05/2018 00:00

Path * Category * Confidential Urgency * Descr

Choose File No file chosen

Clear Please Select NO Normal

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	

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 11:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 11:05	SAS	Normal	SAS 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 11:05	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 11:03	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 11:03	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 11:03	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 11:03	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 11:03	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 11:03	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 11:03	Photos	Normal	Photos 2018-5-30

Video List

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