

NATIONAL Assessment Centre Services

Date In: 10/07/2018 14:17	Job description	Date & Time Completed	Done by
Ref No: NA/INC18012514/14	SAS e-filing		
Veh No: SGQ1426B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/07/2018 20:30	i-Motor Claim Form	MT/1002490-001	11/7/18 09:40
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: SLR7848A	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

NA1804360	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Int Bill	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		
	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:-		
	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 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 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	10/07/2018 14:17
Date Of Accident	09/07/2018 20:30
Exact Location Of Accident	GEYLANG ROAD AFTER LOR 29
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGQ1426B
Insured/Policyholder	
Name Of Registered Owner	NG WEE KHOON
NRIC No	S0169917B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90738858
Alternative Phone No	OTHERS-90738858
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5045525858-07
Cover Note Number	
Driver	
Name of Driver	NG WEE KHOON
NRIC No	S0169917B
Date Of Birth	11/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1974
Driving Experience	44 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90738858
Fax Number	
Contact Number	OTHERS-90738858
Email Address	NOEMAIL

Address	BLK 50 SIMS DRIVE #14-148
Postcode	380050
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	SIDE SWIPE
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	SLR7848A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHU
NRIC/Passport Number	
Contact Number	90274032
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.

Ngwee Khoo

Policyholder's Signature
Date & Time:

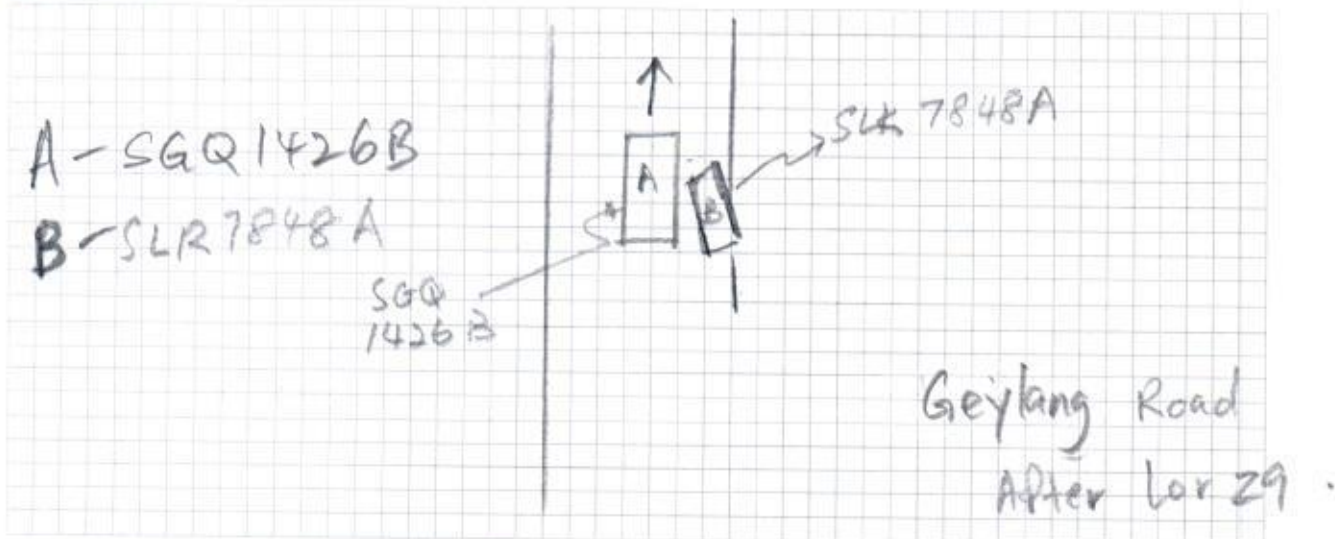
Ngwee Khoo

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

10/7/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along geylang rd at about 8.30 pm, a BMW, SLR 7848A came out from a parking lot and vehicle B hit the right side of my car. The lady driver of vehicle B is one Ms Shu, contact no is 90274032.

DECLARATION

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

Ngwee Khoo

Policyholder's Signature
Date & Time:

Ngwee Khoo

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

10/7/2018

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0169917B



Name
NG WEE KHOON

黄 渭 堃

Race
CHINESE

Date of birth
11-12-1951

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S0169917B

Name
NG WEE KHOON

Birth Date: 11 Dec 1951

Issue Date: 02 Sep 2017



4943188



NRIC No. S0169917B



Date of issue
01-03-2013

Address
APT BLK 50 SIMS DRIVE
#14-148
SINGAPORE 380050

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

EFFECTIVE DATE
15 Jan 1974

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$



Licence No: S0169917B

NP 428A

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5045525858-07	NG WEE KHOON	S0169917B	GPC	Third Party, Fire & Theft	SGQ1426B	SGQ1426B	05/01/2018	04/01/2019

▼ Policy Information

Policy No.	5045525858-07	Policyholder Name	NG WEE KHOON	Policyholder NRIC	S0169917B
Address	BLK 50 #14-148 SIMS DRIVE SINGAPORE 380050				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/12/2017	Effective Date	05/01/2018 00:00	Expiry Date	04/01/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	RI SHENG CREDIT PTE LTD.	Agent Tel.	62524841(fax)	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 50 #14-148	Address 2	SIMS DRIVE	Address 3	SINGAPORE 380050
Address 4		Address Type	Singapore address	Post Code	380050
Unit No.		Related Policy Number	5045525858-07		

▶ Insured Object: SGQ1426B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1002490

Policy No.	5045525858-07	Vehicle No.	SGQ1426B	GST Registration No.	
Policyholder Name	NG WEE KHOON			Policyholder NRIC	S01
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90738858	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<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(%)	20	Private Hire	No

▼ Accident Details

Report Date	11/07/2018 09:36	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	09/07/2018	Time of Accident hh:mm	20:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG ROAD AFTER LOR 29				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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 50 #14-148	Address 2	SIMS DRIVE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	380
Unit No.		Related Policy Number	5045525858-07		

▼ OI Driver Info

Driver Name	NG WEE KHOON	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0169917B	Driver DOB	11/1
Register Date of Driver License	01/01/2000	Driver Age	66	Driving Experience	18
Contact No.(Mobile)	90738858	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 50	Address 2	SIMS DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	380
Unit No.	#14-148				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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	NG WEE KHOON	Insured NRIC	S01
Contact No.(Mobile)	90738858	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address	matthew@cisa-pl.com	OI Vehicle Number	SGQ1426B	TP Vehicle Number	SLR
Claim Description	SGQ1426B / SLR7848A ON 9 Jul 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	11/07/2018 09:44	Claim Close Date		Date Received	11/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment



7/11/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/1002490

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

11/07/2018 09:40

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
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:44	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:41	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:41	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:40	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:40	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:40	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:40	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:40	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:40	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:40	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 09:40	Photos	Normal	Photos 2018

Video List

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

Scan and uploading