

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA18090526

Date In: 13/7/18-15:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC18012799/24	SAS e-filing		
Veh No: 5NAY38	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/7/18-08:30	i-Motor Claim Form	M/1002922-001	13/7/18 18:09
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: 6BC5069E	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

NA180443	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) 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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-on INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	13/07/2018 15:56
Date Of Accident	13/07/2018 08:30
Exact Location Of Accident	PIE (CHANGI) BEFORE SIMEI AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1543B
Insured/Policyholder	
Name Of Registered Owner	JP SERVICE TEAM
Co Reg No	53318667J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L SUNROOF ALLOY WHEEL AT
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	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	5096405921
Cover Note Number	

Driver

Name of Driver	LOW TECK HOE (LIU DEHE)
NRIC No	S7417377B
Date Of Birth	05/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97999992
Fax Number	
Contact Number	OFFICE-97999992
Email Address	NOEMAIL

Address	BLK 328 HOUGANG AVENUE 5 #12-182
Postcode	530328
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	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)	2
Passenger 1	
	NAME: : -
	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

REFER TO 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	GBC5069E
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

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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.

JP SERVICE TEAM
REG 53318667J

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

Vehicle A: SJN1543B

Vehicle B: ABC5069E

PIE (change), before Gime Ave exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I vehicle A, SJN1543B, was travelling along the stated venue. I slowed down and came to a complete stop. Suddenly, vehicle B, ABC5069E, tried to overtake me, and grazed onto my vehicle's rear right portion.

DECLARATION

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

Policyholder's Signature
Date & Time:
JP SERVICE TEAM
REG 53318667J

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 07 / 2018 (DD/MM/YYYY), TIME: 08:30 (HH:MM)

LOCATION: PTE (Changi), before Simei Ave Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN1543B
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: 509 6405921
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda stream
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK PURPOSE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: JP Service Team (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: 329 #12-182 Honggang Ave 5 S(530328)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LOW TECK HOE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7417377B CONTACT: 97999992
 c) ADDRESS: 329 #12-182 Honggang Ave 5 S(530328)

*d) DATE OF BIRTH: 05 / 06 / 1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBL 5069E MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)

(02)

male driver,

male passenger

* No of passenger
(including driver)

(01) male

* No of passenger
(including driver)

()

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S

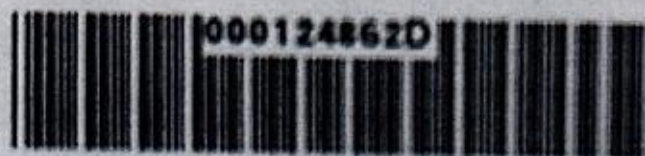
B

Name:

LOW TECK HOE (LIU DEHE)

Birth Date: 05 Jun 1974

Issue Date: 07 Jan 2003



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7417377B



Name

LOW TECK HOE
(LIU DEHE)

刘 德 和

Race

CHINESE

Date of birth

05-06-1974

Sex

M

Country/Place of birth

SINGAPORE



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

PASS DATE

Motorcycles not exceeding 200 cc
Motorcycles between 201 cc and 400 cc
Motor Cars and Motor Tractors the weight of which
which include those exceeding 500 kg

08 Jan 1997

21 Apr 1998

08 Dec 1997

Licence No: S7417377B

NP 428A

5271441



NRIC No. S7417377B



Date of issue

21-02-2014

Address

APT BLK 328 HOUGANG AVENUE 5
#12-182
SINGAPORE 530328

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/07/2018 08:30"/>						
Vehicle No. (For Motor)	<input type="text" value="SJN1543B"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S096405921	JP SERVICE TEAM	53318667J	GCV	Comprehensive	SJN1543B	SJN1543B	28/11/2017	27/11/2018
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5096405921	Policyholder Name	JP SERVICE TEAM	Policyholder NRIC	53318667J
Address	BLK 328 #12-182 HOUGANG AVENUE 5 SINGAPORE 530328				
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N
Policy Issue Date	01/12/2017	Effective Date	28/11/2017 00:00	Expiry Date	27/11/2018 23:59
Excess Type	All Claim Excess				
Third Party Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess				
					Young/Inexperience Driver Excess
Agent	AON SINGAPORE PTE LTD	Agent Tel.	62397608	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Young/Inexperience Driver Excess

▼ Policyholder Mailing Address

Address 1	BLK 328 #12-182	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530328
Address 4		Address Type	Singapore address	Post Code	530328
Unit No.	12-182	Related Policy Number	5096405921		

► Insured Object: SJN1543B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Exit

Accident MT/1002922

Policy No.	5096405921	Vehicle No.	SJN1543B	GST Registration No.	
Policyholder Name	JP SERVICE TEAM			Policyholder NRIC	S3318667J
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TC
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

☒ **Accident Details**

Report Date	13/07/2018 18:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swept
Date of Accident	13/07/2018	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) BEFORE SIMEL AVE EXIT				

☒ **Benefits**

☒ **Excess**

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore DO Excess			
Third Party Excess	2,000.00	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	BLK 328 #12-182	Address 2	HOUANG AVENUE 5	Address 3	SINGAPORE 530328
Address 4		Address Type	Singapore address	Post Code	530328
Unit No.	12-182	Related Policy Number	5096405921		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOW TECK HOE (LIU DEHE)	Driver NRIC	S7417377B	Driver DOB	05/06/1974
Register Date of Driver License	08/12/1997	Driver Age	44	Driving Experience	20
Contact No.(Mobile)	97999992	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 328	Address 2	HOUANG AVENUE 5	Address 3	SINGAPORE 530328
Address 4		Address Type	Singapore address	Post Code	530328
Unit No.	12-182				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

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

New

Claim Type *	CO-MX	Insured Name	JP SERVICE TEAM	Insured NRIC	S3318667J
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJN1543B	TP Vehicle Number	GBC5069E
Claim Description	SJN1543B / GBC5069E ON 13 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/07/2018 18:09	Claim Close Date		Date Received	13/07/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1002922	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	13/07/2018 18:10

Path *

Browse...	Clear	Category *	Please Select	Confidential	Urgency *	Description *
Browse...	Clear	Please Select	NO	Normal		
Browse...	Clear	Please Select	NO	Normal		
Browse...	Clear	Please Select	NO	Normal		
Browse...	Clear	Please Select	NO	Normal		
Browse...	Clear	Please Select	NO	Normal		
Browse...	Clear	Please Select	NO	Normal		

☐ Send Message

☒ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:10	SAS	Normal	SAS 2018-7-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:09	Photos	Normal	Photos 2018-7-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:09	Photos	Normal	Photos 2018-7-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:09	Photos	Normal	Photos 2018-7-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:09	Photos	Normal	Photos 2018-7-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:09	Photos	Normal	Photos 2018-7-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:09	Photos	Normal	Photos 2018-7-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:09	Photos	Normal	Photos 2018-7-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:09	Photos	Normal	Photos 2018-7-13		Edit

[Video List](#)

Uploaded By/Date	Folder Date	File Name	Source	Action
<div> Display in New Window Scan and Unlink </div>				