

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **NA18099364**

Date In: 1/8/18-14:15	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18019932/24	SAS e-filing		
Veh No: JICK9406	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/8/0-10:50	i-Motor Claim Form	MT/1005536-001	1/8/18 14:42
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: Vch No: ABC06955 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

Claimant's Particulars:-	Invoice Preparation Checklist	
	Am't (\$) In Bill	Am't (\$) 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) FT : Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 1:	6) TR : Re-inspection \$75	
	7) N1 : Idac DA + SMRT Survey \$160	
Cat. 2 / 3:	8) NTUC Additional Services:-	
	9) N12: Idac Mobile 30	
	*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	
	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	01/08/2018 14:15
Date Of Accident	01/08/2018 10:50
Exact Location Of Accident	94H JALAN SENANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK9400G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH SONG KIANG
NRIC No	S1193099I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97850631
Alternative Phone No	OFFICE-97850631

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI AT BMT 5G14JZ SR HID
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	THIRD PARTY
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	5066334017-04
Cover Note Number	

### Driver

Name of Driver	LOH ZHONGXIN, EDWIN
NRIC No	S8621238B
Date Of Birth	02/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	21/09/2005
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90182130
Fax Number	
Contact Number	OFFICE-90182130
Email Address	NOEMAIL

Address	24 UPPER SERANGOON VIEW #11-27
Postcode	534205
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	WET

#### 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)	0

#### 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, MY VEHICLE WAS STATIONARY PARKED AT 94H JALAN SENANG. SUDDENLY VEHICLE B REVERSED HIS VEHICLE AND HIT ONTO MY VEHICLE FRONT LEFT 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 Witness 1

Name	AHMAD FAKHRURRAZI BIN MOHD YUSOFF
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC2695S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHANG PING
NRIC/Passport Number	G3484493W
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.
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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**.
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:

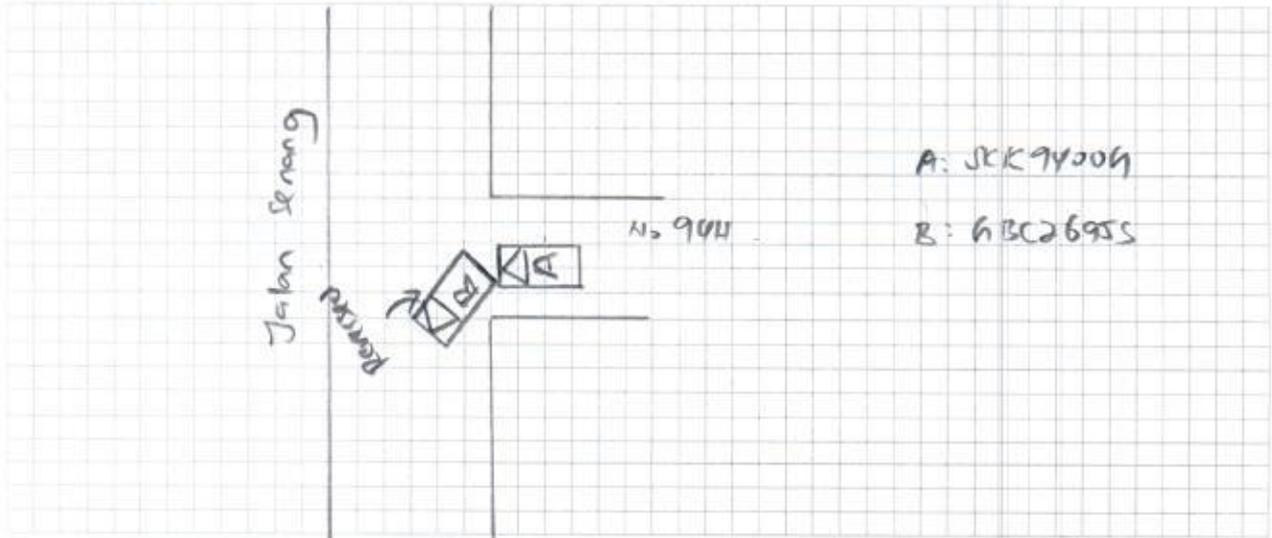
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



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: **S8621238B**

LOH ZHONGXIN, EDWIN

Birth Date: **02 Aug 1986**

Issue Date: **21 Sep 2005**

001369877J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8621238B**



Name: **LOH ZHONGXIN, EDWIN**

**盧仲信**

Race: **CHINESE**

Date of birth: **02-08-1986**

Country/Place of birth: **SINGAPORE**

Sex: **M**

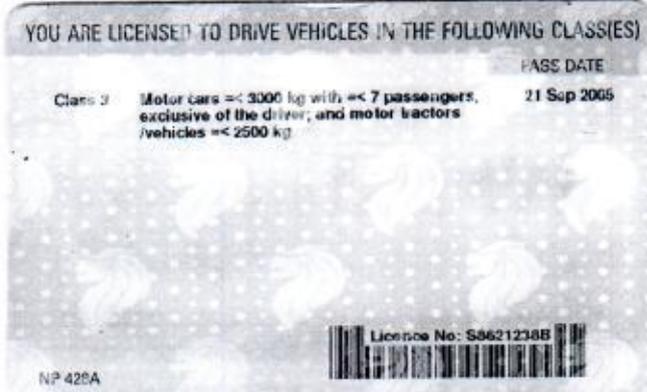



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	ISS DATE
Class 2	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver, and motor factors / vehicles =< 2500 kg	21 Sep 2005

NP 428A

Licence No: S8621238B



5772195



NRIC No: **S8621238B**



Date of issue: **21-07-2017**

Address: **24 UPPER SERANGOON VIEW #11-27 SINGAPORE 534205**

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)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5066334017-04		LOH SONG KIANG	S11930991	GPC	drive PREMIUM	SKK9400G	SKK9400G	01/07/2018	30/06/2019

Continue

▼ Policy Information

Policy No.	5066334017-04	Policyholder Name	LOH SONG KIANG	Policyholder NRIC	S1193099I	
Certificate No.						
Address	122D BRANKSOME ROAD SINGAPORE 439657					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N
Policy issue Date	08/06/2018	Effective Date	01/07/2018 00:00	Expiry Date	30/06/2019 23:59	
Excess Type	All Claims Excess					
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess	
Agent	VICTOR MOTOR CREDIT PTE LTI	Agent Tel.	68582020	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

▼ Policyholder Mailing Address

Address 1	122D BRANKSOME ROAD	Address 2	SINGAPORE 439657	Address 3	
Address 4		Address Type	Singapore address	Post Code	439657
Unit No.		Related Policy Number	5066334017-04		

▶ Insured Object: SKK9400G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Exit

Accident MT/1005536

Policy No.	5066334017-04	Vehicle No.	SKK9400G	GST Registration No.	
Certificate No.					
Policyholder Name	LOH SONG KIANG	Cover Type	drive PREMIUM	Policyholder NRIC	S1193099I
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97850631	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	T0
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	01/08/2018 14:44	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	01/08/2018	Time of Accident hh:mm	10:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	94H JALAN SENANG				

Benefits

Coverage		Sum Insured	1000		
Accessory					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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	122D BRANKSOME ROAD	Address 2	SINGAPORE 439657	Address 3	
Address 4		Address Type	Singapore address	Post Code	439657
Unit No.		Related Policy Number	5066334017-04		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/08/1986
Unnamed driver Name	LOH ZHONGKIN, S/W/M	Driver NRIC	S6621238B	Driving Experience	12
Register Date of Driver License	31/09/2005	Driver Age	31	Contact No. (Home)	0
Contact No. (Mobile)	90182130	Contact No. (Office)	0	Address 3	SINGAPORE S34205
Address 1	24 UPPER SERANGOON VIEW	Address 2	RJO VISTA	Post Code	S34205
Address 4		Address Type	Singapore address		
Unit No.	11-27				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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 New

Claim Type *	OD-MX	Insured Name	LOH SONG KIANG	Insured NRIC	S1193099I	
Contact No. (Mobile)	97850631	Contact No. (Home)	83451811	Contact No. (Office)	87427354	
Email Address		O1 Vehicle Number	SKK9400G	TP Vehicle Number	GBC26955	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claim Description	SKK9400G / GBC26955 ON 1 Aug 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	01/08/2018 14:47	Claim Close Date		Date Received	01/08/2018 00:00	
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	HT/1005536	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/08/2018 14:49

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

