

NATIONAL Assessment Centre Services [Ref: JAV05] MA/804966			
Date In: 07/08/2018 11:37	Job description	Date & Time Completed	Done by
Ref No: MA/804966/4357	SAS e-filing		
Veh No: GBE 8605	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 06/08/2018 13:00	i-Motor Claim Form	MT/006265-001	07/08/2018
OD: TP <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:39
	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: SLD 9348A	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

MA/804966	Invoice Preparation Checklist		Amt (\$) Est. Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
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:-			
	ON*			
QC Checked by (Engr-In-Charge):	*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 (Non 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	07/08/2018 11:37
Date Of Accident	06/08/2018 13:00
Exact Location Of Accident	ALONG LOWER DELTA TURNING RIGHT INTO AYE (JURONG)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE860J
Insured/Policyholder	
Name Of Registered Owner	FOO SHEAN ENG NEWSPAPER AGENCY
Co Reg No	53158241L
Email Address	KELLYQIN93@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83652476
Alternative Phone No	OFFICE-85690053

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073486615-02
Cover Note Number	

Driver

Name of Driver	OH SHU QIN, KELLY
NRIC No	S9338678G
Date Of Birth	19/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83652476
Fax Number	
Contact Number	OTHERS-85690053
Email Address	KELLYQIN93@HOTMAIL.COM

Address	BLK 129 BUKIT MERAH VIEW #07-154
Postcode	150129
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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: : BROTHER 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

PLEASE REFER TO SKETCH PLAN

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	SLD9348A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHING HUAT
NRIC/Passport Number	S2503674C
Contact Number	98481313
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

FOO SHEAN ENG

01/ 6/8/2018 5:25pm

Kw

6/8/2018 5:25pm

01/08/2018
Name: Ref L. W. Tan
NRIC/FIN No.:

Policyholder's Signature
Date & Time:

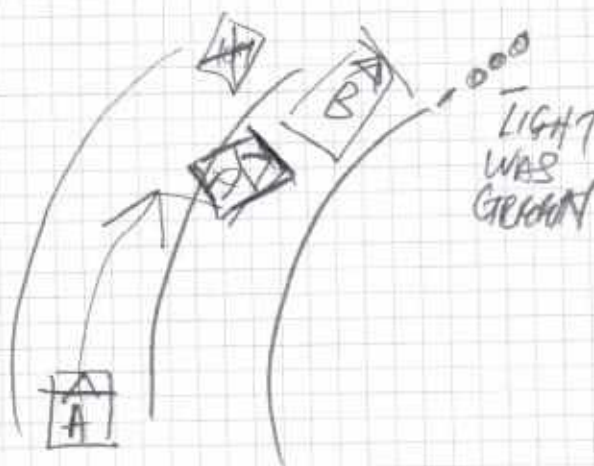
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

ALONG LOWER DELTA TOWARDS BYK (TURNING)

A) GBE 860J
B) SLD 9348A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

6/8/2018, 1pm. lower delta turning Right toward AYE (Turn). I was on Second lane. in front of me was a big lorry so i Switch lane to the first lane because the light was ~~green~~ green light. After i Switch lane i saw a car ~~as~~ SLD 9348A starting moving and than Stop. ~~at~~ i cannot brake in time.

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.:

Claim Handling

Accident MT/1006265

Policy No.	5073486615-02	Vehicle No.	GBE66J	GST Registration No.	
Certificate No.					
Policyholder Name	FOO SHEAN ENG NEWSPAPER AGENCY	Cover Type	Comprehensive	Policyholder NRIC	S31582411
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	83652476	Special Remark		Contact No.(Home)	
Email Address		TCA	< No Yes	eCode	No
RFK	< No Yes	MCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private rate	No
Accident Details					
Report Date	07/08/2018 12:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/08/2018	Time of Accident Minimum	13:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG LOWER DELTA TURNING RIGHT INTO AYE (JURONG)				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 129 #07-154	Address 2	BUKIT MERAH VIEW	Address 3	SINGAPORE 150129
Address 4		Address Type	Singapore address	Post Code	150129
Unit No.	07-154	Related Policy Number	5073486615-03		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/10/1993
Unnamed Driver Name	OH SHU QIN, KELLY	Driver NRIC	S9338678Q	Driving Experience	4
Register Date of Driver License	12/05/2014	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	85690053	Contact No.(Office)		Address 3	BUKIT MERAH VIEW
Address 1	BLK 129 #07-154	Address 2	BUKIT MERAH VIEW	Post Code	150129
Address 4	SINGAPORE 150129	Address Type	Foreign address		
Unit No.	07-154				
Does he own a Singapore Registered car?	< Yes & No	Driver Vehicle No.	GBE66J	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes & No		

Modification History

Claim 001 New

Claim Type *	Q1-MX	Insured Name	FOO SHEAN ENG NEWSPAPER A	Insured NRIC	S31582411
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		Q1 Vehicle Number	GBE66J	TP Vehicle Number	SLD93
Claim Description	GBE66J / SLD93A ON 6 Aug 2018				
Preferred Workshop		Insured Liability	Fully at Fault		
Excess no. Finalisation	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered		Repair Option		Claim Close Date	07/08/2018 12:38
Report Taken By				Date Received	07/08/2018

Print AX letter

Save Submit

Attachment

Accident No.	MT/1006265	Claim No.	001
Last Doc. Received	Yes No	Upload Date	07/08/2018 12:39
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE- S (BUKIT MERAH)) on 07 Aug 2018 12:39		Photos	Normal

	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	Photos	Normal	Photos 2018-8-7
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	Photos	Normal	Photos 2018-8-7
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	Photos	Normal	Photos 2018-8-7
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	Photos	Normal	Photos 2018-8-7
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	Photos	Normal	Photos 2018-8-7
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	Photos	Normal	Photos 2018-8-7
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	Photos	Normal	Photos 2018-8-7
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	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	Photos	Normal	Photos 2018-8-7
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	Photos	Normal	Photos 2018-8-7
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	Photos	Normal	Photos 2018-8-7
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	Photos	Normal	Photos 2018-8-7
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	SAS	Normal	SAS 2018-8-7
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Aug 2018 12:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-7

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 06/08/2018 (DD/MM/YYYY), TIME: 1:00pm (HH:MM)

LOCATION: Along lower Bukit Merah Turnoff Right to Ayer Jurong

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GDE 860J
 b) INSURANCE COMPANY: U. Income
 c) POLICY NUMBER: To Yea Hock
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: OH Seng Huat Foo Sheng Eng Newspaper agency (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S171438G CONTACT: 84932124 83652476
 c) ADDRESS: Block 129, Bukit Merah View #07-154 S(150129)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: OH Shu Qin Kelly (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1338678G CONTACT: 85690053
 c) ADDRESS: Block 129, Bukit Merah view #07-154 (150129)

*d) DATE OF BIRTH: 18/10/1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 May 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter

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: SLD 9348A MODEL: Honda
 b) DRIVER'S NAME: TAN Ching Huat
 c) NRIC/FIN/PASSPORT: S2503674C CONTACT: 9848 1313

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Kellyqin93@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9338678G



Name

OH SHU QIN, KELLY

胡淑琴

Race

CHINESE

Date of birth

18-10-1993

Sex

F

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9338678G

Name

OH SHU QIN, KELLY

Birth Date 18 Oct 1993

Issue Date 12 May 2014



4294282

NRIC No. S9338678G



Date of issue

17-10-2008

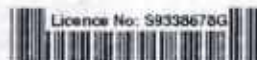
Address

APT BLK 129 BUKIT MERAH VIEW
#07-154
SINGAPORE 150129

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 12 May 2014



NP 428A

Hello, NAC_BUKIT_MERAH_800676

[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="06/08/2018 17:04"/>
Vehicle No. (For Motor)	<input type="text" value="GBE860J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073486615-02		FOO SHEAN ENG NEWSPAPER AGENCY	53158241L	GCV	Comprehensive	GBE860J	GBE860J	28/08/2017	27/08/2018