

NATIONAL Assessment Centre Services [ref: Jan 05] **MMAY18103859**

Date In: 13/08/2018 10:12	Job description	Date & Time Completed	Done by
Ref No: NBA/INCL201461914	SAS e-filing		
Veh No: SKD 663K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/08/2018 17:25	i-Motor Claim Form	MM/1006946001	13/08/2018
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:34
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SLX 34774** 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:	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		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100);	INC (\$50)		
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		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)			
Date 2/3:	6) TR: Re-inspection	\$75		
	7) NI: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	ON*			
	*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: Idao 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	13/08/2018 10:12
Date Of Accident	12/08/2018 17:25
Exact Location Of Accident	ALONG QUEENSWAY TOWARDS FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD663K
Insured/Policyholder	
Name Of Registered Owner	CHIA TECK KHOON
NRIC No	S1573435C
Email Address	ENGSOONLOH@DYNACODE.COM.SG
Mobile Phone No	(LOCAL) +65-97890330
Alternative Phone No	OTHERS-94874712

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 G (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082232536-02
Cover Note Number	

Driver

Name of Driver	LOH ENG SOON
NRIC No	S8604561C
Date Of Birth	25/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94874712
Fax Number	
Contact Number	OTHERS-97890330
Email Address	ENGSOONLOH@DYNACODE.COM.SG

Address	BLK 105A DEPOT ROAD #10-613
Postcode	101105
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	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

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	SLX3477U
Vehicle Make/Model/Colour	BMW X1
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PRABANDHAM KRISHNA PRIYA
NRIC/Passport Number	S7678728Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :

Passenger 2

NAME: :

GENDER: :

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.

Policyholder's Signature
Date & Time:

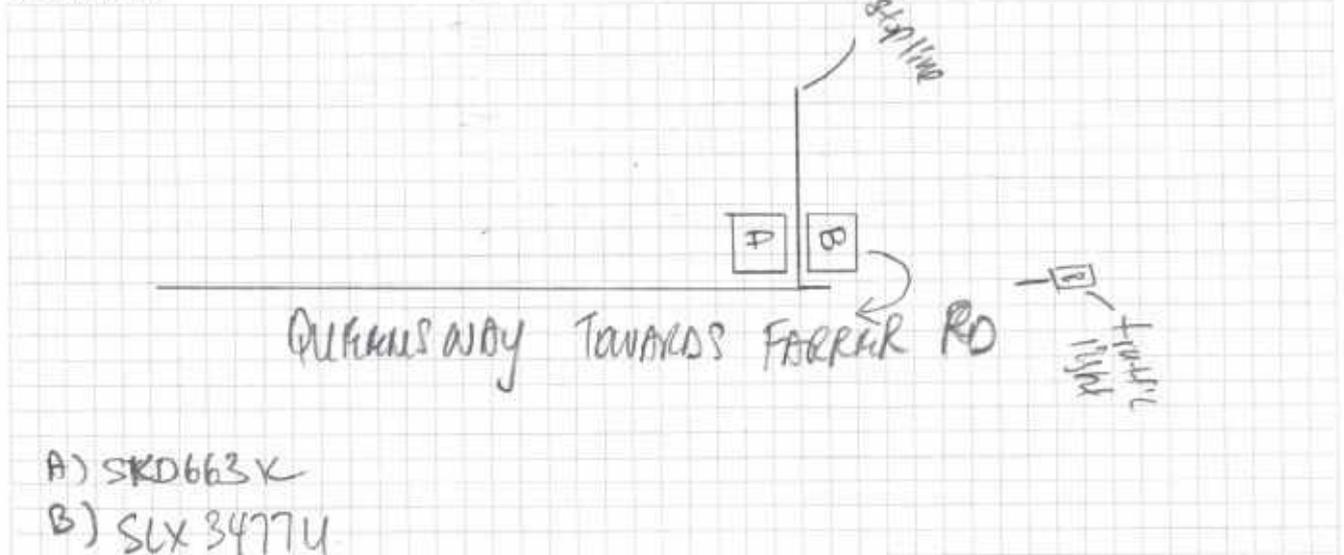
[Signature] 13/08/18 10.08am

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

[Signature] 13/08/2018

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

SKETCH PLAN



A) SKD663K

B) SLX 3477U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/08/18 at 5:25pm, 3rd party vehicle was in front of me. we were both making a u-turn. Road was clear in front of her with traffic light showing green. 3rd party car was still moving forward on the stop line when the arrow was still showing green. suddenly the traffic light turn amber and she E-brake to stop the car. At that point of time, her car was stop after the traffic stop line. I was unable to stop my vehicle in time and hit onto the back of her vehicle.

3rd party driver was doing Test Drive of the BMW X1. She seems to have little experience in driving or a new driver in Singapore. In the picture, 3rd party vehicle was stationary after the stop line.

DECLARATION

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

 Policyholder's Signature
 Date & Time:

[Signature] 13/08/18 1030am
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature] 13/08/2018
 Reporting Centre Personnel's Signature
 Name: *[Signature]*
 NRIC/FIN No.:

Claim Handling

Accident NT/1006946

Policy No.	5082232536-02	Vehicle No.	SKD663K	GST Registration No.	
Certificate No.					
Policyholder Name	CHIA TECK KHOOH	Cover Type	Drive CLASSIC	Policyholder NRIC	S1573435C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	97860330	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
EPF	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	13/08/2018 16:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/08/2018	Time of Accident hh:mm	13:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG QUEENSWAY TOWARDS FARRER ROAD				

Benefits

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 132 #04-18	Address 2	CLARENCE LANE	Address 3	CLARENCE VILLE
Address 4	SINGAPORE 140132	Address Type	Singapore address	Post Code	140132
Unit No.	04-18	Related Policy Number	5082232536-02		

Q1 Driver Info

Driver Name	LOH ENG SOON	Driver Type	Named Driver	Driver DOB	25/02/1986
Unnamed driver name		Driver NRIC	S0604561C	Driving Experience	14
Register Date of Driver License	10/07/2004	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	94874732	Contact No.(Office)		Address 3	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	= Yes = No	Driver Vehicle No.	SKD663K	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	= Yes = No		

Modification History

Claim 001 [Back](#)

Claim Type *	DD-MX	Insured Name	CHIA TECK KHOOH	Insured NRIC	S1573435C	
Contact No.(Mobile)	97860330	Contact No.(Home)	82563430	Contact No.(Office)		
Email Address	tkchia5@yahoo.com	Q1 Vehicle Number	SKD663K	TP Vehicle Number	SLX34	
Claim Description	SKD663K / SLX3477U ON 12 Aug 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at fault	Q1A report	Returned	
Sanction no. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown			
Date Registered	13/08/2018 16:35	Claim Close Date		Date Received	13/08/2018	
Report Taken By	BOGLI WAHAB					

Print AIC letter

Save Submit

Attachment

Accident No.	NT/1006946	Claim No.	001
Last Doc. Retrieved	13/08/2018 16:34	Upload Date	13/08/2018 16:34
Path *		Category *	Confidential
Choose File	No file chosen	Confidential	Normal
Choose File	No file chosen	Urgency *	Normal
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERBAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERBAH))	on 13 Aug 2018 16:34	Photos	Normal	Photos 2018-8-13



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:34	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:34	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:33	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:33	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:33	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:33	Photos	Normal	Photos 2018-8-13
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:33	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:33	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:33	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:33	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:33	SAS	Normal	SAS 2018-8-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 16:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-13

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 08 / 2018 (DD/MM/YYYY), TIME: (17 : 25) (HH:MM)

LOCATION: Queparway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKD663K
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5082232536-02
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Honda Shuttle
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Chia Teck Khion (MALE) FEMALE
b) NRIC/FIN/PASSPORT: S1573435C CONTACT: 9789 0330
c) ADDRESS: BK 132 Clarence Lane #04-16 Spore. 140132

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Loh Eng Soon (MALE) FEMALE
b) NRIC/FIN/PASSPORT: S8604561C CONTACT: 9487 4712
c) ADDRESS: 105 A Depot Road # 10-613 Spore. 10105

*d) DATE OF BIRTH: (25 / 02 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/07/2004

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

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: SLX 3477U MODEL: BMW X1
b) DRIVER'S NAME: PRA BANDHAM KRISHNA PRIYA
c) NRIC/FIN/PASSPORT: S7678728Z CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
(3)

*No of passenger
(including driver)
()

Email = engsoonloh@dynamcode.com.sg

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8604561C



Name
LOH ENG SOON

罗永顺

Race
CHINESE
Date of birth
25-02-1986 Sex
M
Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8604561C**
Name
LOH ENG SOON

Birth Date: **25 Feb 1986**
Issue Date: **10 Jul 2004**

001255981A

5606663



NRIC No: **S8604561C**



Date of issue
01-06-2016

APT BLK 105A DEPOT ROAD #10-613
SINGAPORE 101105

NRIC No: **S8604561C**

Date: **29/06/2017**

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

Class	Description	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	10 Jul 2004

NP 428A



My Desktop

Notice of Loss

Policy Query

Policy No.:	<input type="text"/>	Date of Accident:	<input type="text" value="13/08/2018 09:54"/>
Vehicle No. (For Motor):	<input type="text" value="SKD663K"/>	Certificate Number:	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5082232536-02		CHIA TECK KHOON	S1573435C	GPC	drive CLASSIC	SKD663K	SKD663K	28/07/2018	27/07/2019

Continue