

NATIONAL Assessment Centre Services Part 1 Jan 2005 **MMA 118123631**

Date In: 24/1/18 14:05	Job description	Date & Time Completed	Done by
Ref No: MA11MC18017310164	SAS e-filing		
Veh No: SGY 7558 M	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 24/1/18 09:55	i-Motor Claim Form	MT/1012839-001	25/1/18 09:22
OD: AP 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: **SLL 8914 E** 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

MA1806053

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist		Ant (\$) Est Bill	Ant (\$) Add Bill
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) RT: 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:-			
QD*			
*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		
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	24/09/2018 14:05
Date Of Accident	24/09/2018 09:55
Exact Location Of Accident	PIE TWDS CHANGI EXIT PAYA LEBAR RD B4 CIRCUIT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7558M
Insured/Policyholder	
Name Of Registered Owner	SOH GUAN HONG
NRIC No	S1178657Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97382550
Alternative Phone No	OFFICE-97382550

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5G CVT ABS D/AIRBAG 2WD
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	5076657929-02
Cover Note Number	-

Driver

Name of Driver	SOH GUAN HONG
NRIC No	S1178657Z
Date Of Birth	17/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1975
Driving Experience	43 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97382550
Fax Number	
Contact Number	OFFICE-97382550
Email Address	NOEMAIL

Address	BLK 559 JURONG WEST ST 42 #06-475
Postcode	640559
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	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	
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)	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

I WAS TRAVELLING ALONG PIE TWDS CHANGI EXIT TO PAYA LEBAR RD BEFORE CIRCUIT RD, VEH INFRONT OF ME STOP, AS SUCH I MANAGE TO STOP. ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SLL8914E) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT CAMERA ONLY, HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL8914E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHI YANJIE
NRIC/Passport Number	S8313678B
Contact Number	91728654
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Sketch Plan area with grid lines and handwritten notes:

- Top left: circuit Rd
- Top right: A= SGV7558 M, B= SLL 8914 E
- Bottom left: A, B (in boxes)
- Bottom right: PIE tw/s Changi Exit Paya Lebar Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section with a large diagonal line across the text area.

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: **S1178657Z**
 Name: **SOH GUAN HONG**
 Birth Date: **17 Oct 1955**
 Issue Date: **13 Nov 2003**

000994491C



REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S1178657Z**
 Name: **SOH GUAN HONG**
 苏源丰
 Race: **CHINESE**
 Date of Birth: **17-10-1955** Sex: **M**
 Country of Birth: **SINGAPORE**

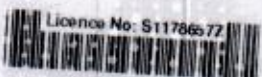


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Jan 1975
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	28 Jul 1977
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	20 Jan 1976

NP 428A

Licence No: S1178657Z



2002952


 NRIC No. **S1178657Z**
 Blood Group: **B+** Date of issue: **09-05-1994**
 APT BLK 559 JURONG WEST STREET 42 #06-475
 SINGAPORE 640558
 NRIC No: **S1178657Z** Date: **09-11-1999** No: **3172265**

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="24/09/2018 13:57"/>
Vehicle No.(For Motor)	<input type="text" value="SGV7558M"/>	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"/>	5076657929-02		SOH GUAN HONG	S1178657Z	GPC	drive CLASSIC	SGV7558M	SGV7558M	23/12/2017	22/12/2018

Claim Handling

Accident MT/1012839

Policy No.	5076657929-02	Vehicle No.	SGV7558M	GST Registration No.	
Certificate No.					
Policyholder Name	SOH GUAN HONG			Policyholder NRIC	S11786
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97382550	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	25/09/2018 09:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	24/09/2018	Time of Accident hh:mm	09:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI EXIT PAYA LEBAR RD B4 CIRCUIT RD				

Excess

Own Damage Excess	600.00	Additional Excess	1000	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		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 559 #06-475	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	640551
Unit No.		Related Policy Number	5046208114-08		

OI Driver Info

Driver Name	SOH GUAN HONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S11786572	Driver DOB	17/10/1975
Register Date of Driver License	04/01/1975	Driver Age	62	Driving Experience	43
Contact No.(Mobile)	97382550	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 559 #06-475	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	640551
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	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	SOH GUAN HONG
Contact No.(Mobile)	97382550	Contact No. (Home)	
Email Address		Vehicle Number	SGV7558M
Claim Description	SGV7558M / SLL8914E ON 24 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	25/09/2018 09:20	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1012839	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

25/09/2018 09:22

Path *

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

	Category *	Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:22	SAS	Normal	SAS 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:22	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:22	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:21	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:21	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:21	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:21	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:21	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:20	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:20	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:20	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:20	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:20	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:20	Photos	Normal	Photos 2018-9-25

Video List

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

SKETCH PLAN

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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.: