

# NATIONAL Assessment Centre Services

Date In: 06/10/2018 09:24	Job description	Date & Time Completed	Done by
Ref No: NA/INC18018122/K4	SAS e-filing		
Veh No: SLG 597R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/10/2018 20:10	i-Motor Claim Form	MT/10/4605-001	8/10/18 11:19
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: UNKNOWN	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:-	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

NA1806378	<b>Invoice Preparation Checklist</b>	Am't (\$) Inc Bill	Am't (\$) Add. Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpf Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N'n INC) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			



## 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 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. 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	06/10/2018 09:24
Date Of Accident	05/10/2018 20:10
Exact Location Of Accident	SUNTEC TOWER 3 & 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG597R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAM KAU MING GEORGE
NRIC No	S7625136C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96319598
Alternative Phone No	OTHERS-96319598

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102804898
Cover Note Number	

### Driver

Name of Driver	HAM KAU MING GEORGE
NRIC No	S7625136C
Date Of Birth	13/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	13/01/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96319598
Fax Number	
Contact Number	OTHERS-96319598
EMail Address	NOEMAIL

Address	BLK 109B EDGEDALE PLAINS #12-113
Postcode	822109
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?	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: : NIL GENDER: : FEMALE

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## 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:

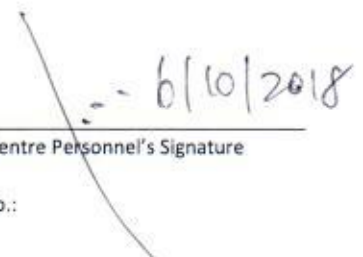
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



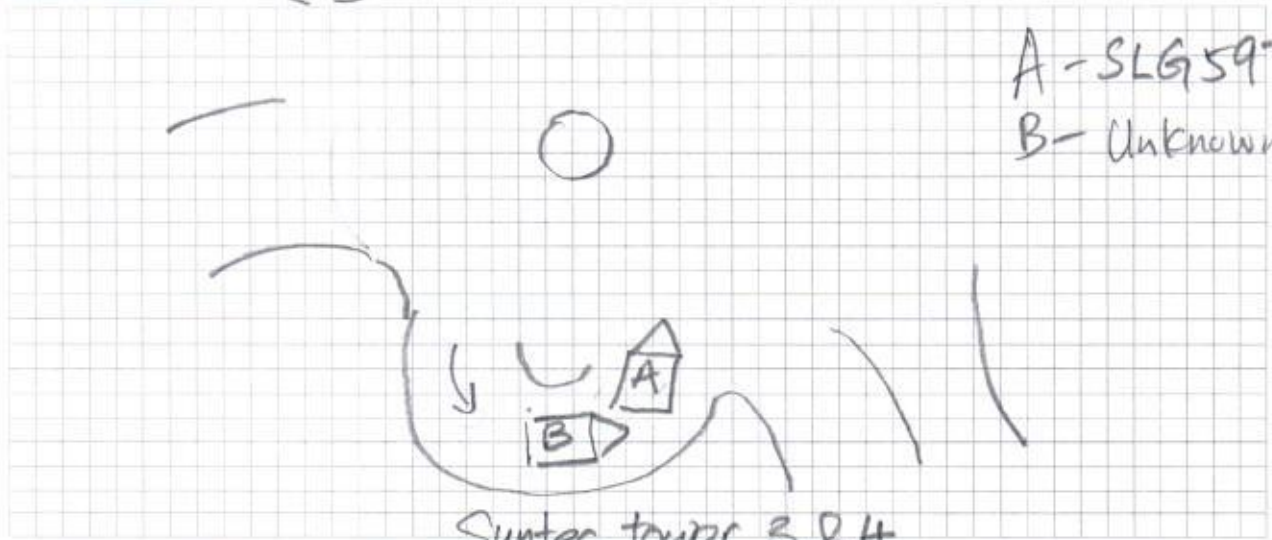
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



6/10/2018

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

# SKETCH PLAN



A - SLG597R  
B - Unknown

Suntec tower 324

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was stopping before yellow box, Suntec tower 324 drop off point, awaiting chance to go into the roundabout. Vehicle B bang onto the rear bumper while vehicle A is stationary.

Damage was at rear bumper (visually)

## 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.:

6/10/2018



REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7625136C



Name  
 GEORGE HAM KAU MING  
 (FAN GAOMING)  
 范高明  
 Race  
 CHINESE  
 Date of birth  
 13-08-1976  
 Sex  
 M  
 Country of birth  
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number S7625136C

Name  
 GEORGE HAM KAU MING  
 (FAN GAOMING)


Birth Date 13 Aug 1976  
 Issue Date 13 Jan 2010




4112061



NRIC No. S7625136C



Date of issue  
 09-10-2007

APT BLK 109B EDGE DALE PLAINS #12-113  
 SINGAPORE 822109  
 NRIC No: S7625136C

Handwritten notes:  
 SF-003  
 20/9/18  
 96319598


Date: 18/02/2009 No: 6135201

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE: 13 Jan 2010

Class 3A Motor cars without clutch pedals (Auto)  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals  $\leq$  2500kg

Licence No: S7625136C



NP 428A

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

05/10/2018 20:10

Vehicle No.(For Motor)

SLG597R

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5102804898		HAM KAU MING GEORGE	S7625136C	GPC	drivo CLASSIC	SLG597R	Virtual Insured	01/08/2018	18/08/2019



## ▼ Policy Information

Policy No.	5102804898	Policyholder Name	HAM KAU MING GEORGE	Policyholder NRIC	S7625136C
Certificate No.					
Address	BLK 109B #12-113 EDGEDALE PLAINS SINGAPORE 822109				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/08/2018	Effective Date	01/08/2018 00:00	Expiry Date	18/08/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 109B #12-113	Address 2	EDGEDALE PLAINS	Address 3	SINGAPORE 822109
Address 4		Address Type	Singapore address	Post Code	822109
Unit No.		Related Policy Number	5102804898		

## ► Insured Object: Virtual Insured

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/08/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Aug 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HONG LEONG FINANCE LTD CHASSIS NUMBER: NZE1416090289 ENGINE NUMBER: 1NZD130824 VEHICLE REGISTRATION NUMBER: SLG597R ORIGINAL REGISTRATION DATE: 19 Aug 2008

Continue

Cancel

## Claim Handling

## Accident MT/1014605

Policy No.	5102804898	Vehicle No.	SLG597R	GST Registration No.	
Certificate No.					
Policyholder Name	HAM KAU MING GEORGE	Cover Type	drive CLASSIC	Policyholder NRIC	S762
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96319598	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

## ▼ Accident Details

Report Date	08/10/2018 10:16	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	05/10/2018	Time of Accident hh:mm	20:10	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	SUNTEC TOWER 3 & 4				

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ 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 109B #12-113	Address 2	EDGEDALE PLAINS	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	8221
Unit No.		Related Policy Number	5102804898		

## ▼ OI Driver Info

Driver Name	GEORGE HAM KAU MING (FAN GAOMING)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7625136C	Driver DOB	13/01
Register Date of Driver License	01/01/2008	Driver Age	42	Driving Experience	10
Contact No.(Mobile)	96319598	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 109B	Address 2	EDGEDALE PLAINS	Address 3	
Address 4		Address Type	Singapore address	Post Code	8221
Unit No.	#12-113				
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 OD-MX New

Claim Type *	OD-MX	Insured Name	HAM KAU MING GEORGE	Insured NRIC	S762
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SLG597R	TP Vehicle Number	UNK
Claim Description	SLG597R / UNKNOWN ON 5 Oct 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	Rece
Date Registered	08/10/2018 11:20	Claim Close Date		Date Received	08/10
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1014605	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

08/10/2018 10:20

Path *	Category *	Confidential	Urgency *
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Oct 2018 11:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Oct 2018 10:20	SAS	Normal	SAS 2018-10-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Oct 2018 10:20	Photos	Normal	Photos 2018-10-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Oct 2018 10:20	Photos	Normal	Photos 2018-10-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Oct 2018 10:20	Photos	Normal	Photos 2018-10-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Oct 2018 10:20	Photos	Normal	Photos 2018-10-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Oct 2018 10:20	Photos	Normal	Photos 2018-10-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Oct 2018 10:20	Photos	Normal	Photos 2018-10-8

## Video List

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