

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] MNA 118137308.

Date In: 23/10/18 09:06	Job description	Date & Time Completed	Done by
Ref No: WA/INC18019205/64	SAS e-filing		
Veh No: 5GL 7837X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/10/18 07:50	I-Motor Claim Form	MT/1016904 ⁰⁰¹	24/10/18 10:37
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: SLY 8386B. 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:- (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 (\$)	Am't (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: 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		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*N5: Courtesy Car / Tpl 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 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 willful 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	23/10/2018 09:06
Date Of Accident	23/10/2018 07:50
Exact Location Of Accident	BARTLEY ROAD EAST TWDS BARTLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL7837K
Insured/Policyholder	
Name Of Registered Owner	ONG SIEW GIOK
NRIC No	S1357355G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94474051
Alternative Phone No	OFFICE-94474051

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.6 MT
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5078660817-02
Cover Note Number	-

Driver

Name of Driver	KEANO CHUA WEE HAN
NRIC No	S8010230E
Date Of Birth	10/04/1980
Occupation	INDOOR
Date Of Driving Pass	28/10/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94474051
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 707 TAMPINES ST 71 #11-80
Postcode	520707
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	
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 BARTLEY RD EAST TWDS BARTLEY RD ON THE FIRST LANE. ALL OF A SUDDEN, VEH B (BEARING NO SLV8386B) SUDDENLY JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV8386B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OOI KIN YOONG
NRIC/Passport Number	S8472535H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

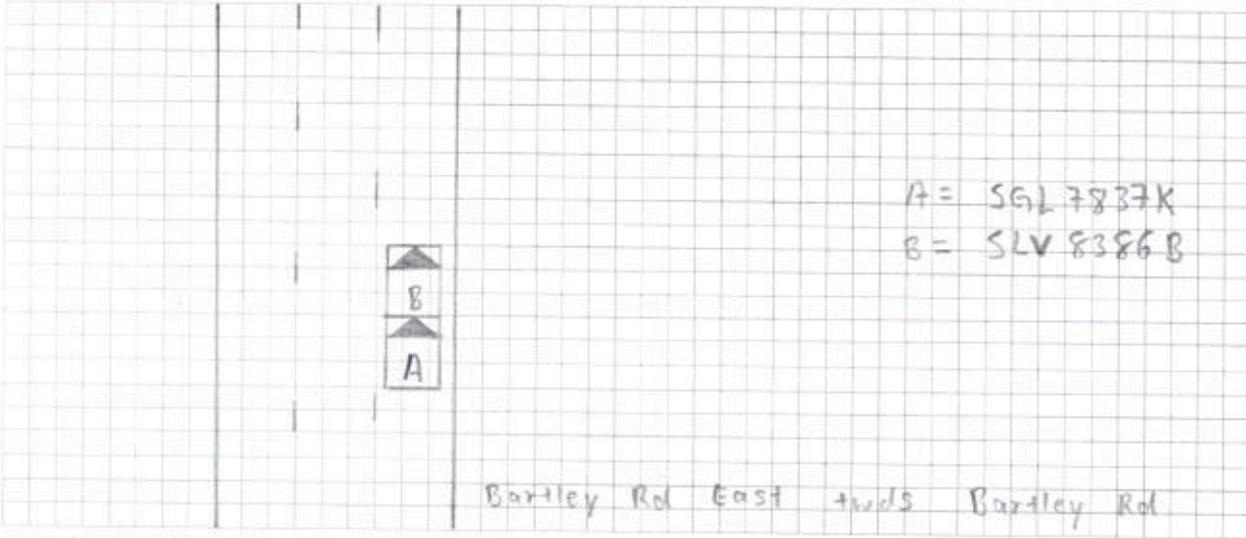


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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
IDENTITY CARD NO. S8010230E



Name
KEANO CHUA WEE HAN

蔡 伟 瀚

Race
CHINESE
Date of birth
10-04-1980 Sex
M
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8010230E**
Name

**CHUA WEE HAN
(CAI WEIHAN)**

Birth Date **10 Apr 1980**
Issue Date **07 Oct 2003**



8840398



NRIC No. **S8010230E**

Date of issue
13-02-2006

Address
**APT BLK 707 TAMPINES STREET 71
#11-80
SINGAPORE 520707**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

Class 3 **Motor Cars and Motor Tractors the weight of, which unladen does not exceed 2500 kilograms**

PASS DATE
28 Oct 1999



NP 428A

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="23/10/2018 09:06"/>
Vehicle No.(For Motor)	<input type="text" value="SGL7837K"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078660817-02		ONG SIEW GIOK	S1357355G	GPC	Third Party	SGL7837K	SGL7837K	28/03/2018	27/03/2019

Claim Handling

Accident MT/1016904

Policy No.	5078660817-02	Vehicle No.	SGL7837K	GST Registration No.	
Certificate No.					
Policyholder Name	ONG SIEW GIOK			Policyholder NRIC	S1357
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	94474051	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	24/10/2018 10:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	23/10/2018	Time of Accident hh:mm	07:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BARTLEY ROAD EAST TWDS BARTLEY RD				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
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 819 #07-646	Address 2	TAMPINES STREET 81	Address 3	TAMPINES
Address 4	SINGAPORE 520819	Address Type	Singapore address	Post Code	520819
Unit No.	01-265	Related Policy Number	5078660817-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KEANO CHUA WEE HAN	Driver NRIC	S8010230E	Driver DOB	10/04/
Register Date of Driver License	28/10/1999	Driver Age	38	Driving Experience	18
Contact No.(Mobile)	94474051	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 707 #11-80	Address 2	TAMPINES STREET 71	Address 3	TAMPINES
Address 4	SINGAPORE 520707	Address Type	Singapore address	Post Code	520707
Unit No.	11-80				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input 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	ONG SIEW GIOK
Contact No.(Mobile)	96684843	Contact No.(Home)	NIL
Email Address	esgjenny@gmail.com	OI Vehicle Number	SGL7837K
Claim Description	SGL7837K / SLV8386B ON 23 Oct 2018		
Preferred Workshop	0	Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	24/10/2018 10:36
			LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1016904	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

24/10/2018 10:37

Path *

- Choose File No file chosen

Message Read

Clear	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 24 Oct 2018 10:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:37	SAS	Normal	SAS 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:37	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:37	Photos	Normal	Photos 2018-10-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:36	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:36	Photos	Normal	Photos 2018-10-24

Video List

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