

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MMA 118139108

Date In: 26/10/18 11:52	Job description	Date & Time Completed	Done by
Ref No: NA/IMC 1801951114	SAS e-filing		
Veh No: SJZ 272 B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/10/18 17:45	i-Motor Claim Form	MT/1017390001	27/10/18 10:27
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: SBS 3824x	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

NA1806938	Invoice Preparation Checklist	Amr (\$)	Amr (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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*		
	*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 \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat 1:			
Dat 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	26/10/2018 11:52
Date Of Accident	25/10/2018 17:45
Exact Location Of Accident	BEFORE JUNC OF AMK AVE 3 & AMK AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ272B
Insured/Policyholder	
Name Of Registered Owner	FONG YOKE SAN
NRIC No	S1739971C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91902768
Alternative Phone No	OFFICE-91902768

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	5099320792
Cover Note Number	-

Driver

Name of Driver	KWOK SING CHEONG
NRIC No	S1714489H
Date Of Birth	06/04/1965
Occupation	INDOOR
Date Of Driving Pass	15/09/1994
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82028688
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 97A UPPER THOMSON RD #10-03
Postcode	574327
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

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 AMK AVE 3 BEFORE THE JUNCTION OF AMK AVE 8 ON THE SECOND LANE FROM THE LEFT. WHEN I NOTICED THE BUS FROM THE EXTREME LEFT LANE TRY TO CUT INTO MY LANE, I STOP MY VEH TO GIVE WAY. BUT THE BUS RIGHT REAR PORTION MISJUDGED HIT ONTO MY VEH LEFT FRONT 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	SBS3824X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	ZHOU JIAN
NRIC/Passport Number	G2551406N
Contact Number	98969948
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.
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. 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:


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

SKETCH PLAN

Please Refer to sketch

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.:

Car : SJZ 272 B

Name : Kwok SING CHONG

V/C : S1714489H

Insurance Co : NTUC

Owner : Fong Yoke San

V/C : S1739971C

Bus Driver Name : ZHOU JIAN

License

FIN NO : G2551406N

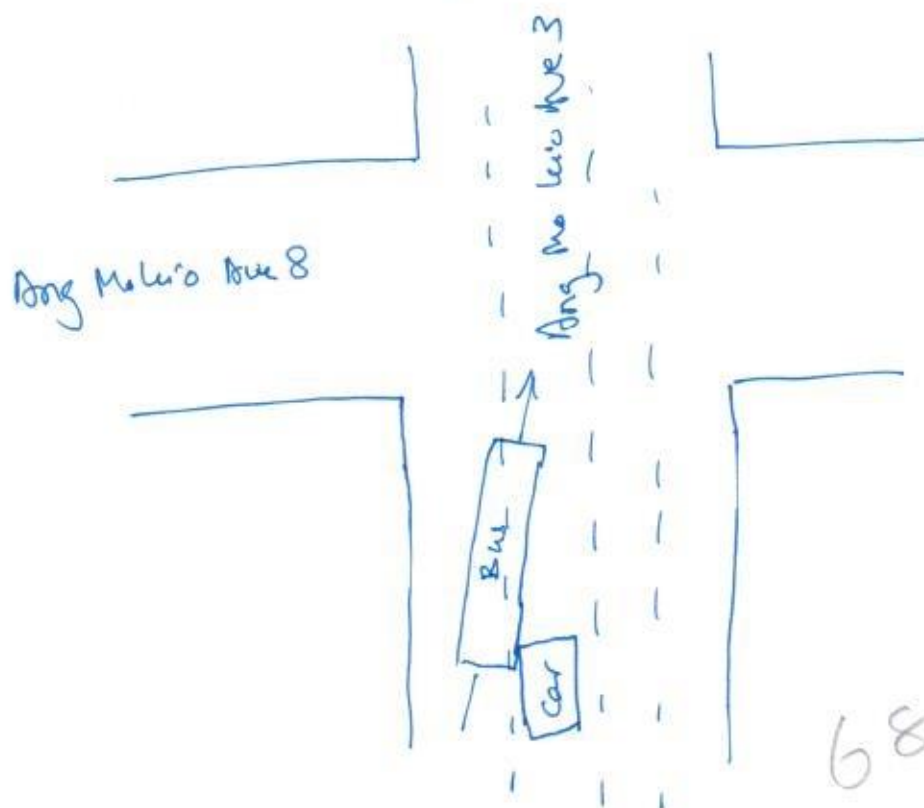
Phone : 98969948

Bus Nos. : 132

SBS 3824 X

Time : 5-45 pm

Location : Ang Mo Kio Ave 3 towards and before
Ang Mo Kio Ave 8 Junction



68410055

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1714489H**

Name: **KWOK SING CHEONG**

Birth Date: **06 Apr 1965**

Issue Date: **25 Feb 2004**

001137799E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1714489H**

Name: **KWOK SING CHEONG**

郭 胜 昌

Race: **CHINESE**

Date of birth: **06-04-1965**

Country/Place of birth: **SINGAPORE**

Sex: **M**



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

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

PASS DATE: **15 Sep 1994**

NP 428A

Licence No: **S1714489H**

5347011

NRIC No. **S1714489H**

Date of issue: **01-09-2014**

APT BLK 97A UPPER THOMSON ROAD #10-03
SINGAPORE 574327

NRIC No: **S1714489H**

Date: **24/08/2017**



Hello, NAC_PAYA_UBI_800601

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

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099320792		FONG YOKE SAN	S1739971C	GPC	drive CLASSIC	SJZ272B	SJZ272B	28/03/2018	27/03/2019

Claim Handling

Accident MT/1017390

Policy No.	5099320792	Vehicle No.	SJZ272B	GST Registration No.	
Certificate No.					
Policyholder Name	FONG YOKE SAN			Policyholder NRIC	S17390
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91902768	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	27/10/2018 10:22	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	25/10/2018	Time of Accident hh:mm	17.45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEFORE JUNC OF AMK AVE 3 & AMK AVE B				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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	97A UPPER THOMSON ROAD	Address 2	#10-03 LAKEVIEW ESTATE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	57432
Unit No.		Related Policy Number	5099320792		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KWOK SING CHEONG	Driver NRIC	S1714489H	Driver DOB	06/04/
Register Date of Driver License	15/09/1994	Driver Age	53	Driving Experience	24
Contact No.(Mobile)	82028688	Contact No.(Office)		Contact No.(Home)	
Address 1	97A UPPER THOMSON ROAD	Address 2	#10-03 LAKEVIEW ESTATE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	57432
Unit No.	10-03				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	FONG YOKE SAN
Contact No.(Mobile)	91913994	Contact No.(Home)	NIL
Email Address	SAN91313@YAHOO.COM.SG	O1 Vehicle Number	SJZ272B
Claim Description	SJZ272B / SBS53824X ON 25 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	27/10/2018 10:25
			LIEW SHAN HUI
Print AK letter			
Save Submit			
Attachment			

Accident No. MT/1017390 Claim No. 001

Last Doc. Received

* Yes ☐ No ☐

Upload Date

27/10/2018 10:27

Path *

Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

Category *

Confidential

Urgency *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:27	SAS	Normal	SAS 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:27	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:27	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:27	Photos	Normal	Photos 2018-10-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:26	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:26	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:26	Photos	Normal	Photos 2018-10-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:26	Photos	Normal	Photos 2018-10-27

Video List

Uploaded By/Date	Folder Date	File Name	Source
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