

NATIONAL Assessment Centre Services: [wef 1 Jan'05] **MHA11814430**

Date In: 8/11/18 - 12:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC 150 2086/24	SAS e-filing		
Veh No: JME 3403	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/11/18 - 12:45	i-Motor Claim Form	MHA1018909-001	8/11/18 20:38
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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **JDS8646K** 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

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add. Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat 1:	6) TR : Re-inspection \$75		
Dat 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) 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 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	08/11/2018 11:48
Date Of Accident	07/11/2018 12:40
Exact Location Of Accident	JUNC NORTH BRIDGE RD & COLEMAN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3470B
Insured/Policyholder	
Name Of Registered Owner	LOH NGIAP SOO
NRIC No	S7605045G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98636753
Alternative Phone No	OFFICE-98636753

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G 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	5104743254
Cover Note Number	

Driver

Name of Driver	LOH NGIAP SOO (LU YEZHI)
NRIC No	S7605045G
Date Of Birth	29/02/1976
Occupation	INDOOR
Date Of Driving Pass	20/04/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98636753
Fax Number	
Contact Number	OFFICE-98636753
EMail Address	NOEMAIL

Address	BLK 62 TELOK BLANGAH HEIGHTS #10-195
Postcode	100062
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 - MAJOR/MINOR RD
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?	
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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE OF ST ANDREW'S CATHEDRAL TO CHECK INCOMING VEHICLES ALONG THE MAIN RD. SUDDENLY VEHICLE B WAS TRAVELLING ALONG LANE 4 AND HIT ONTO MY VEHICLE FRONT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS8646K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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.
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:

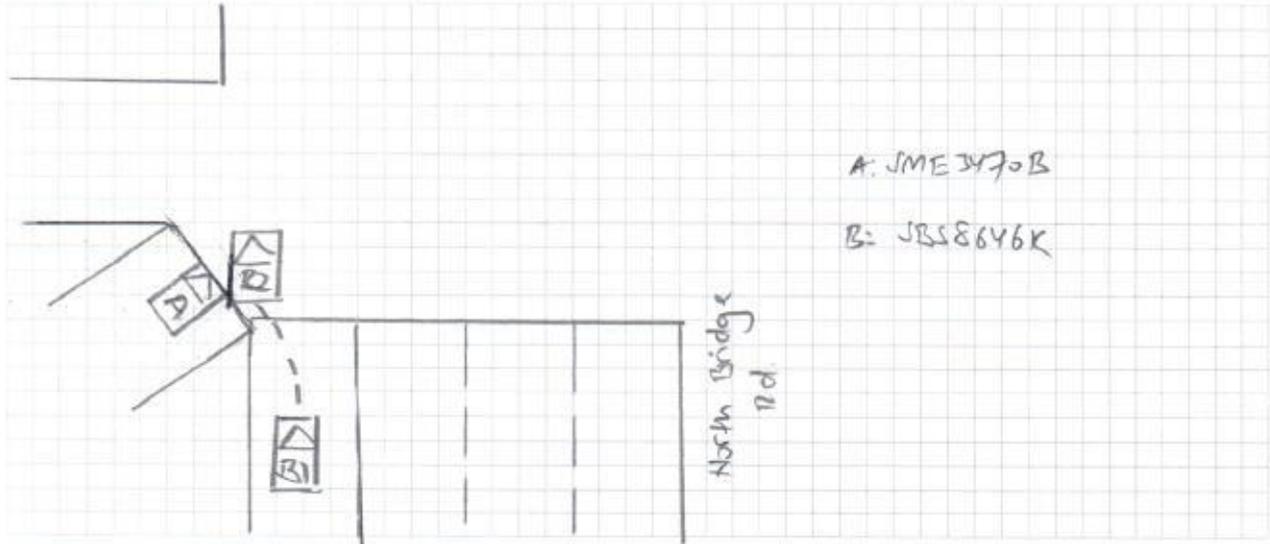
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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 DRIVING LICENCE

Licence Number: **S7605045G**
 Name: **LOH NGIAP SOO (LU YEZHI)**

Birth Date: **29 Feb 1976**
 Issue Date: **29 Mar 2003**

000337441H



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7605045G**



Name: **LOH NGIAP SOO (LU YEZHI)**
 卢业之

Race: **CHINESE**
 Date of birth: **29-02-1976** Sex: **M**

Country of birth: **SINGAPORE**

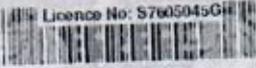




YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Apr 2000

Licence No: S7605045G



1P 42PA

3853421



NRIC No: **S7605045G**



Date of issue: **13-03-2006**

APT BLK 62 TELOK BLANGAH HEIGHTS #10-1&5
 SINGAPORE 100062

NRIC No: **S7605045G** Date: **26/07/2016**

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104743254		LOH NGIAP SOO	S76D5D45G	GPC	drvo CLASSIC	SME3470B	SME3470B	17/10/2018	16/10/2019

Continue

Policy Information

Policy No.	5104743254	Policyholder Name	LOH NGIAP SOO	Policyholder NRIC	S7605045G
Certificate No.					
Address	BLK 62 #10-195 TELOK BLANGAH HEIGHTS BLANGAH GARDEN SINGAPORE 100062				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	17/10/2018	Effective Date	17/10/2018 00:00	Expiry Date	16/10/2019 23:59
Excess Type	All Claims Excess				
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	Young/Inexperience Driver Excess	
Agent	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 62 #10-195	Address 2	TELOK BLANGAH HEIGHTS	Address 3	BLANGAH GARDEN
Address 4	SINGAPORE 100062	Address Type	Singapore address	Post Code	100062
Unit No.	10-195	Related Policy Number	5104743254		

Insured Object: SME3470B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Claim Handling

Exit

Accident MT/1018967

Policy No.	5104743254	Vehicle No.	SME3470B	GST Registration No.	
Certificate No.					
Policyholder Name	LOH NGIAP SOO	Cover Type	drive CLASSIC	Policyholder NRIC	S7605045G
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	98636753	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	11
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	08/11/2018 20:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	07/11/2018	Time of Accident Injuri	12:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC NORTH BRIDGE RD & COLEMAN ST				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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 Status Verified	No
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 62 #10-195	Address 2	TELOK BLANGAH HEIGHTS	Address 3	BLANGAH GARDEN
Address 4	SINGAPORE 100062	Address Type	Singapore address	Post Code	100062
Unit No.	10-195	Related Policy Number	5104743254		

OS Driver Info.					
Driver Name	LOH NGIAP SOO (LU YEZHI)	Driver Type	Main Driver	Driver DOB	29/02/1975
Unnamed driver Name		Driver NRIC	S7605045G	Driving Experience	18
Register Date of Driver License	20/04/2000	Driver Age	42	Contact No. (Home)	0
Contact No. (Mobile)	98636753	Contact No. (Office)	0	Address 3	BLANGAH GARDEN
Address 1	BLK 62	Address 2	TELOK BLANGAH HEIGHTS	Post Code	100062
Address 4	SINGAPORE 100062	Address Type	Singapore address		
Unit No.	10-195			Driver Insurer Company	
Does he own & Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	LOH NGIAP SOO	Insured NRIC	S7605045G
Contact No. (Mobile)	98636753	Contact No. (Home)	62786637	Contact No. (Office)	
Email Address		OI Vehicle Number	SME3470B	TP Vehicle Number	SBS8646K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SME3470B / SBS8646K ON 7 Nov 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/11/2018 20:38	Claim Close Date		Date Received	08/11/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No. MT/1018967 Claim No. 001
 LAST Doc. Received Yes No Upload Date 08/11/2018 20:40

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mig Ser# (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:39	SAS	Normal	SAS 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:39	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:39	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:39	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:39	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:39	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:39	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:39	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:39	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:38	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:38	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:38	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:38	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:38	Photos	Normal	Photos 2018-11-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2018 20:38	Photos	Normal	Photos 2018-11-8		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				