

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MMA 118152258

Date In: 24/11/18 09:34	Job description	Date & Time Completed	Done by
Ref No: MA/INC18021258/64	SAS e-filing		
Veh No: SKC 4165 K	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 23/11/18 17:50	I-Motor Claim Form	MT/1021268-001	24/11/18 17:24
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: ()	Tot:	Fac:
TP Particulars: Veh No: SKC 2375 U INC () / Non-INC ()	Tel: ()	
Owner / Driver: ()		
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 repaiar.

() 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

MA1807700	Invoice Preparation Checklist	Am (\$)	Ad (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	3e.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee 540/545		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	6) TR: Re-Inspection \$75		
Sub 1:	7) NI: Idan DA + SMRT Survey \$160		
Sub 2/3:	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idan 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	24/11/2018 09:34
Date Of Accident	23/11/2018 17:50
Exact Location Of Accident	AYE TWDS TUAS BEFORE EXIT 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC4165K
Insured/Policyholder	
Name Of Registered Owner	KAN PAK CHUIN
NRIC No	S1300434Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97310291
Alternative Phone No	OFFICE-97310291
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088330095-01
Cover Note Number	-
Driver	
Name of Driver	KAN MUN HOE(JIAN WENHAO)
NRIC No	S8933409H
Date Of Birth	26/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98500233
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	27 PASIR RIS ST 72 #15-16
Postcode	518767
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	RAINING
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 AYE TWDS TUAS B4 EXIT 8 ON THE FIRST LANE, THE TAXI INFRONT OF ME SLOW DOWN AND STOP. AS SUCH I FOLLOW TO SLOW DOWN MY VEH, DUE TO THE ROAD SURFACE WAS WET, I CANNOT STOP IN TIME. AS THE RESULT, HIT ONTO THE TAXI REAR LEFT 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	SHC2375U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG TUCK HONG
NRIC/Passport Number	
Contact Number	96786876
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8933409H**

Name: **KAN MUN HOE (JIAN WENHAO)**

Birth Date: **26 Aug 1989**

Issue Date: **11 Apr 2011**

001955014J




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8933409H**

Name: **KAN MUN HOE (JIAN WENHAO)**
簡文濠

Race: **CHINESE**

Date of birth: **26-08-1989** Sex: **M**

Country of birth: **SINGAPORE**





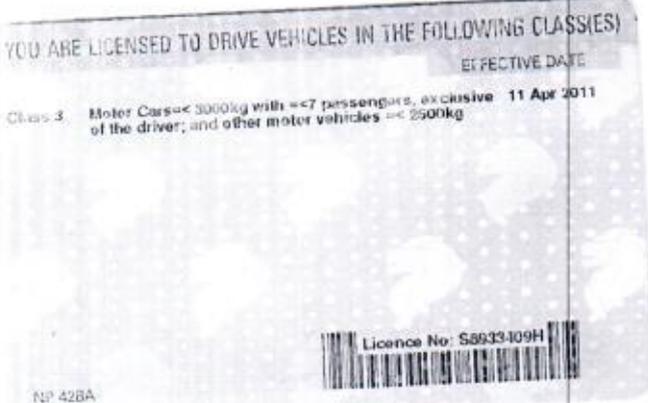
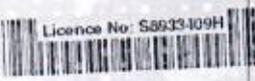

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

EFFECTIVE DATE: **11 Apr 2011**

Class 3: Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

NP 428A

License No: **S8933409H**

3609642

NRIC No. **S8933409H**

Date of issue: **06-09-2004**

27 PASIR RIS STREET #15-16
SINGAPORE 518767

NRIC No: **S8933409H** Date: **08-11-2005** No: **5320470**




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="checkbox"/>	5088330095-01		KAN PAK CHUIN	S1300434Z	GPC	drive CLASSIC	SKC4165K	SKC4165K	06/03/2018	05/03/2019

Continue

Claim Handling

Accident MT/1021268

Policy No.	5088330095-01	Vehicle No.	SKC4165K	GST Registration No.	
Certificate No.				Policyholder NRIC	51300
Policyholder Name	KAN PAK CHUIN	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97310291	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	24/11/2018 17:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	23/11/2018	Time of Accident hh:mm	17:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWDS TUAS BEFORE EXIT 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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	27 PASIR RIS STREET 72	Address 2	#15-16 WHITEWATER	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	51876
Unit No.		Related Policy Number	5088330095-01		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/08/
Unnamed driver Name	KAN MUN HDE(JIAN WENHAO)	Driver NRIC	S8933409H	Driving Experience	7
Register Date of Driver License	11/04/2011	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	98500233	Contact No.(Office)		Address 3	SINGA
Address 1	27 PASIR RIS STREET 72	Address 2	#15-16 WHITEWATER	Post Code	51876
Address 4		Address Type	Singapore address		
Unit No.	15-16	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> 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 *					
Contact No.(Mobile)		Insured Name	KAN PAK CHUIN	Contact No.(Home)	NIL
Email Address		Contact No.(Office)		Vehicle Number	SKC4165K
Claim Description		SKC4165K / SHC2375U ON 23 Nov 2018			
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received
Ballot No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Registered	24/11/2018 17:23
Date Registered		Report Taken By	LIEW SHAN HUI	Claim Close Date	
<input type="checkbox"/> Print AX letter					
Save Submit					
Attachment					
Accident No. MT/1021268 Claim No. 001					

LAST DOC. RECEIVED

Yes No

Path *

- Choose File No file chosen

Message Read

Upload Date

24/11/2018 17:24

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 Nov 2018 17:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:24	SAS	Normal	SAS 2018-11-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:24	Photos	Normal	Photos 2018-11-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:24	Photos	Normal	Photos 2018-11-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:24	Photos	Normal	Photos 2018-11-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:23	Photos	Normal	Photos 2018-11-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:23	Photos	Normal	Photos 2018-11-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Nov 2018 17:23	Photos	Normal	Photos 2018-11-24

Video List

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