

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

MANA 11 F1 588933

Date In: 10/12/18 12:01	Job description	Date & Time Completed	Done by
Ref No: NA/INC18022106164	SAS e-filing		
Veh No: SDN 6064E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/12/18 08:20	I-Motor Claim Form	MT/1023219-001	10/12/18 16:01
OD: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SDG 9978K

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: YBS (

) / NO (

)

Excess: (\$

)

Loading: \$1,000 (

) / \$2,000 (

)

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In (

) / Towed-In (

) ; Invoice: YES (

) / NO (

) ; Towing Co: (

)

Remarks:

(INC Hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

MA1808067

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

Invoice / Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (ver 10 Jan 2003)

6) TR: Re-inspection \$75

7) NI: Idao 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

TE (N11): TP (N-in INC) against INC \$20

9) N12: Idao Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Am (\$)

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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	10/12/2018 10:01
Date Of Accident	10/12/2018 08:20
Exact Location Of Accident	HOLLAND RD NEAR ESSO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN6064E
Insured/Policyholder	
Name Of Registered Owner	MOO AUTO
Co Reg No	53373000K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088701

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097144301
Cover Note Number	-

Driver

Name of Driver	LEW FAN JONG
NRIC No	S7001624I
Date Of Birth	18/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	27/05/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97558835
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 353 BUKIT BATOK ST 34 #03-150
Postcode	650353
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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)	2
Passenger 1	NAME: : SOPHIA LEE SOK FUN
	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

I WAS TRAVELLING STRAIGHT ALONG HOLLAND RD ON THE FIRST LANE SOMEWHERE NEAR THE ESSO STATION, ALL OF A SUDDEN, VEH B (BEARING NO SDG9978K) FROM THE SECOND LANE ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION. DUE TO THE IMPACT, MY VEH BEEN PUSH TO THE RIGHT SIDE AND HIT ONTO THE KERB.

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	SDG9978K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THIO SHU-MAN CHRISTINA
NRIC/Passport Number	S8007043H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

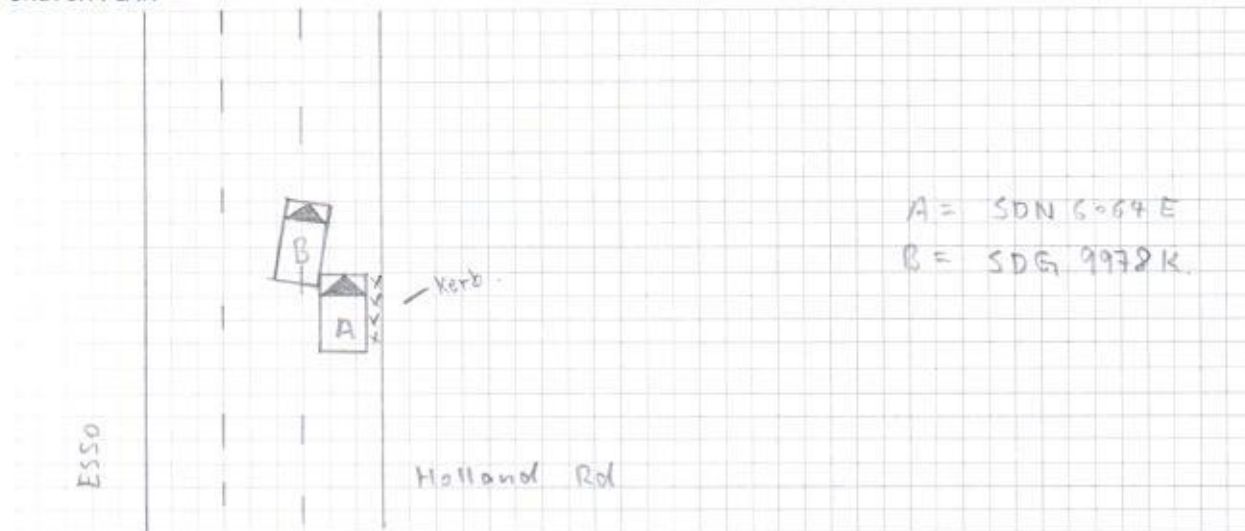


Policyholder's Signature
Date & Time:

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

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 DRIVING LICENCE

Licence Number: **S70016241**
Name: **LEW FAN JONG**

Birth Date: **18 Jan 1970**
Issue Date: **16 Jul 2003**




 000663160F

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

Class	Vehicle Class	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 May 1993

NP 428A

Licence No: S70016241



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S70016241



Name

LEW FAN JONG



刘焕忠

Race

CHINESE

Date of Birth

Sex

18-01-1970

M

Country of Birth

SINGAPORE

S70016241

0 1 7 0 6 7 4



NRIC No. S7001624I

Blood Group Date of issue

AB+ 29-11-1991

APT BLK 353 BUKIT BATOK STREET 34 #03-150
SINGAPORE 650353

NRIC No: S7001624I

Date: 25-11-2003 No: 4836156

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="10/12/2018 09:53"/>
Vehicle No.(For Motor)	<input type="text" value="SDN6064E"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5097144301		MOO AUTO	53373000K	GFT	Third Party	SDN6064E	SDN6064E	01/06/2018	

Policy Information

Policy No.	5097144301	Policyholder Name	MOO AUTO	Policyholder NRIC	53373000K
Certificate No.					
Address	317 OUTRAM ROAD #B1-37 CONCORDE SHOPPING CENTRE SINGAPORE 169075				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/01/2018	Effective Date	03/01/2018 00:00	Expiry Date	02/01/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#B1-37 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	08-13	Related Policy Number	5100745627		

Insured Object: SDN6064E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	03/01/2018 00:00	Basic Information Endorsement	000001286727992	Endorsement Take Effective	update address
2	05/01/2018 00:00	Basic Information Endorsement	000001286728839	Endorsement Take Effective	update address
3	01/02/2018 00:00	Basic Information Endorsement	000001286748196	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKN3415M 02-02-2018 \$1,050.80 In view of this amendment, an additional premium of \$1,050.80(inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
4	05/02/2018 00:00	Basic Information Endorsement	000001286749720	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE</p>

Claim Handling

Accident MT/1023219

Policy No.	5097144301	Vehicle No.	SDN6064E	GST Registration No.	
Certificate No.					
Policyholder Name	MOO AUTO			Policyholder NRIC	533731
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90088701	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	10/12/2018 15:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	10/12/2018	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOLLAND RD NEAR ESSO				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	317 OUTRAM ROAD	Address 2	#B1-37 CONCORDE SHOPPING	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	169071
Unit No.	08-13	Related Policy Number	5100745627		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEW FAN JONG	Driver NRIC	S7001624	Driver DOB	18/01/
Register Date of Driver License	27/05/1993	Driver Age	48	Driving Experience	25
Contact No.(Mobile)	97558835	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 353 #03-150	Address 2	BUKIT BATOK STREET 34	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	650351
Unit No.	03-150				
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
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Modification History

Claim 001 New

Claim Type *	GD-MX	Insured Name	MOO AUTO
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL
Email Address		OI Vehicle Number	SDN6064E
Claim Description	SDN6064E / SDG9978K ON 10 Dec 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	10/12/2018 15:59
			LIEW SHAN HUI
Print AK letter			

Save Submit

Attachment

Accident No.	MT/1023219	Claim No.	001
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10/12/2018 16:01

Urgency *

Clear
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Please Select
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10 Dec 2018 15:59

NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o
10 Dec 2018 15:59

Photos

Normal

Photos 2018-12-10

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading