

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **MHA 11816712**

Date In: 14/12/18-19:50	Job description	Date & Time Completed	Done by
Ref No: NA1141802251724	SAS e-filing		
Veh No: JK22844x	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/12/18-1345	i-Motor Claim Form	M/1102874-001	14/12/18 16:00
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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **JA 8257B** 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:	Date & Time Completed	Done by
(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

NA1808244	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: 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)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*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 (N-on INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	14/12/2018 15:50
Date Of Accident	14/12/2018 13:15
Exact Location Of Accident	BEDOK CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2846X
Insured/Policyholder	
Name Of Registered Owner	NG PUAY HONG
NRIC No	S1760706E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93834087
Alternative Phone No	OFFICE-93834087

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ASX 2.0 CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5100154804
Cover Note Number	

Driver

Name of Driver	CHUA TIAM HEE
NRIC No	S1792219Z
Date Of Birth	17/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2005
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92483272
Fax Number	
Contact Number	OFFICE-92483272
EEmail Address	NOEMAIL

Address	BLK 725 JURONG WEST AVENUE 5 #10-168
Postcode	640725
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 - 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	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

REFER TO STATEMENT.

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	SLA8257B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

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:

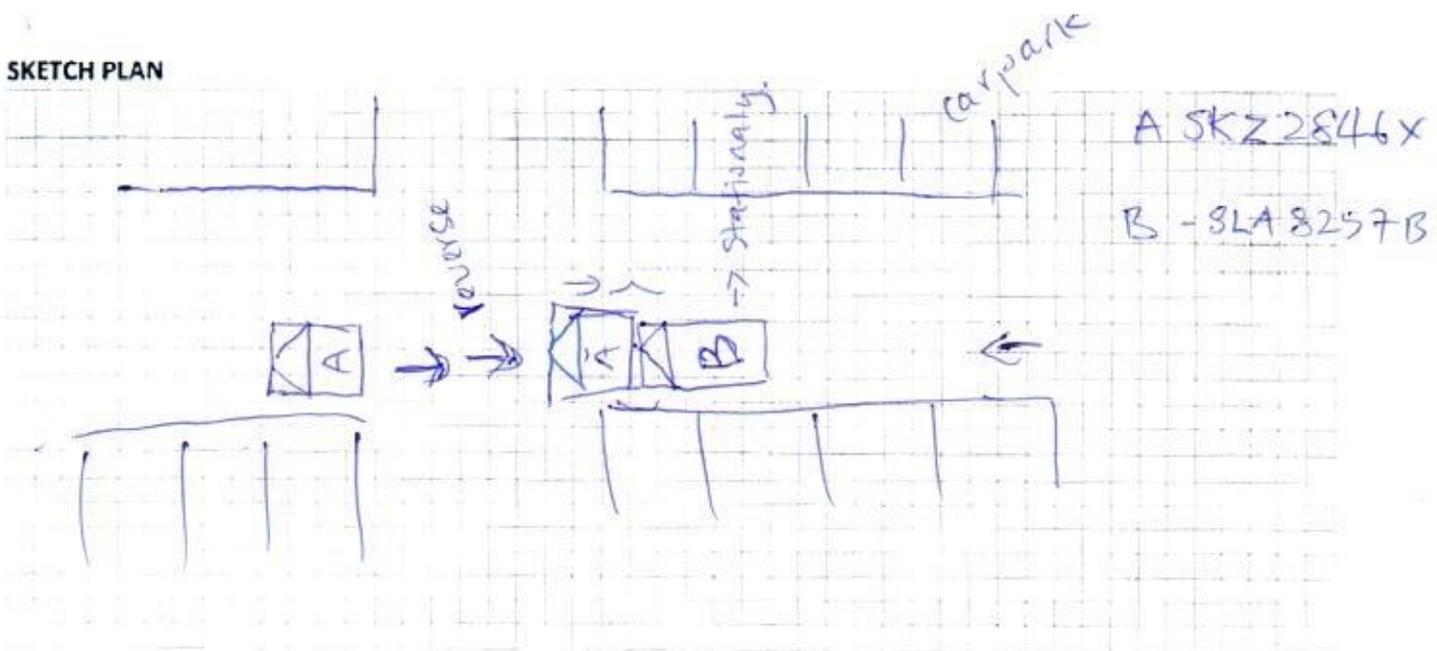


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Bedok Centre Carpark

On the date and time, I reverse my car and accidentally hit onto vehicle 'B' SLA 8257B at Bedok Centre Carpark.

I reverse my vehicle to make a Three point turn at the moment. and suddenly a motorcycle come out from the Carpark and I wrongly judged hit onto the rear vehicle 'B' SLA 8257B.

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.:

Vehicle No.	SKZ2846X	Model / Make	MIT ASX
Date of Accident	14/12/18		
Time of Accident	1315	HRS	
Location of Accident	Bedok Centre Carpark.		
Exact purpose use during accident	work.		
Name of Owner	Ng Puy Hong		
Telephone No.	H/P: 93834087	Home :	Office :
NRIC	S1760706E		
Address	Blk 725, Jurong West Ave 5 #10-168 S'640725		
Claim type	OD	THIRD PARTY	(REPORTING ONLY)
Insurance Company	NTUC		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire /Theft
Policy No.			
Name of Driver	As Above If No, CHUA TIAM HEE		
NRIC	S1792219Z	Any Passengers : 0	
Date of birth	17 NOV 1967		
Occupation	(Outdoor)	/	Indoor
Driving License Pass Date	05 AUG 2005		
Gender	(Male)	/	Female
Contact No.	H/P: 9248327	Home :	Office :
Address	Blk 725, Jurong West Ave 5 #10-168 S'640725		
Driver have any own vehicle	(No,)	If yes, Reg No.	
Relationship	Employee,	If no, state Husband	
Weather condition	(Clear)	Raining	Other
Road Surface	(Dry)	Wet	Other
Any Injuries	(No,)	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	(No,)	If Yes, Where?	
Vehicle B No.	SLA 8257 B	Any Passengers :	1
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion			
Camera Recorder	Yes / (No)		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?	Yes / No		
PARTICULAR WORKSHOP			
CONTACT NO.			
CONTACT PERSON			
FAX NO			
WORKSHOP EMAIL ADDRESS			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1792219Z



Name
CHUA TIAM HEE

Race
CHINESE

Date of birth
17-11-1967

Sex
M

S1792219Z

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1792219Z
Name: CHUA TIAM HEE

Birth Date: 17 Nov 1967
Issue Date: 27 Mar 2018

002787095B

P 5892034



NRIC No. S1792219Z



Date of issue
27-02-2018

Address

APT BLK 725 JURONG WEST AVENUE 5
#10-16B
SINGAPORE 640725

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	05 Aug 2005

NP 428A



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"/>	5100154804		NG PUAY HONG	S1760706E	GPC	drive CLASSIC	SKZ2846X	SKZ2846X	09/05/2018	08/05/2019

Continue

Policy Information

Policy No.	5100154804	Policyholder Name	NG PUAY HONG	Policyholder NRIC	S1760706E
Certificate No.					
Address	BLK 725 #10-168 JURONG WEST AVENUE 5 SINGAPORE 640725				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy Issue Date	08/05/2018	Effective Date	09/05/2018 00:00	Expiry Date	08/05/2019 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	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 725 #10-168	Address 2	JURONG WEST AVENUE 5	Address 3	SINGAPORE 640725
Address 4	Address Type		Singapore address	Post Code	640725
Unit No.	Related Policy Number		5100154804		

Insured Object: SKZ2846X

Endorsements

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

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1023874

Policy No.	S100154804	Vehicle No.	SK22846X	GST Registration No.	
Certificate No.					
Policyholder Name	NG PUAY HONG	Policyholder NRIC	S1760706E		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93834087	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	14/12/2018 15:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/12/2018	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK CENTRE CARPARK				
Excess					
Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 725 #10-168	Address 2	JURONG WEST AVENUE 5	Address 3	SINGAPORE 640725
Address 4		Address Type	Singapore address	Post Code	640725
Unit No.		Related Policy Number	S100154804		

Of Driver Info

Driver Name	CHUA TIAM HEE	Driver Type	Named Driver	Driver OOB	17/11/1967
Unnamed driver Name		Driver NRIC	S1792219Z	Driving Experience	13
Register Date of Driver License	05/08/2005	Driver Age	51	Contact No.(Home)	0
Contact No.(Mobile)	92483272	Contact No.(Office)	0	Address 3	SINGAPORE 640725
Address 1	BLK 725	Address 2	JURONG WEST AVENUE 5	Post Code	640725
Address 4		Address Type	Singapore address		
Unit No.	10-168				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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
-------------------------------------	------	-------------	---

Modification History

Claim 001 New

Claim Type *	DD-PW	Insured Name	NG PUAY HONG	Insured NRIC	S1760706E	
Contact No.(Mobile)	93834087	Contact No.(Home)	67919947	Contact No.(Office)	64629675	
Email Address	joanne.ng@gossinternational.co	Of Vehicle Number	SK22846X	TP Vehicle Number	SLA8257B	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SK22846X / SLA8257B ON 14 Dec 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name Unknown	GIA report	Received	
Date Registered	14/12/2018 16:00	Claim Close Date		Date Received	14/12/2018 00:00	
Report Taken By	Jackson					

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1023874	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/12/2018 16:02

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Size? (KB)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:01	SAS	Normal	SAS 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:01	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:01	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:01	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:01	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:01	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:01	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:01	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:01	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:01	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:01	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:00	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:00	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:00	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:00	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:00	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:00	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:00	Photos	Normal	Photos 2018-12-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Dec 2018 16:00	Photos	Normal	Photos 2018-12-14		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"/>	