

**NATIONAL Assessment Centre Services** [DP 1/2005]

Date In: 17/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002554/13	SAS e-filing		
Veh No: SJU2308X	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 16/12/18 0930	i-Motor Claim Form	17/102 4180 - 001	
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: SLQ3360J	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%; F: 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

NA1808289	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) RT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat 1:</b>	6) TR : Re-inspection \$75		
<b>Cat 2/3:</b>	7) NI : Idnc DA + SMRT Survey \$160		
	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 \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idnc 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	17/12/2018 09:43
Date Of Accident	16/12/2018 09:30
Exact Location Of Accident	EUNOS LINK AFTER KAKI BUKIT AVE 2 JUNC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2308X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HONG YIT HEONG
NRIC No	S2172100Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96705103
Alternative Phone No	OTHERS-96705103

### Vehicle Particulars

Manufacturer	TOYOTA
Model	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	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	5049952575-07
Cover Note Number	

### Driver

Name of Driver	HONG YIT HEONG
NRIC No	S2172100Z
Date Of Birth	14/06/1958
Occupation	INDOOR
Date Of Driving Pass	25/07/1980
Driving Experience	38 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96705103
Fax Number	
Contact Number	OTHERS-96705103
EMail Address	NOEMAIL

Address	BLK 352 UBI AVE 1 #03-977
Postcode	400352
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	SIDE SWIPE
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?	NO
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 STRAIGHT FROM EUNOS LINK ON THE EXTREME LEFT LANE. SUDDENLY VEH(B) BEARING REG NO SLQ3360J CAME OUT FROM KAKI BUKIT AVE 2 FILTER LANE WITHOUT LOOKING FOR ONCOMING VEH AND HIT ONTO MY REAR LEFT SIDE PORTION OF MY VEH.

#### 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	SLQ3360J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR CHUA
NRIC/Passport Number	S7039225I
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.
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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:

*Myp* 17.12.2018

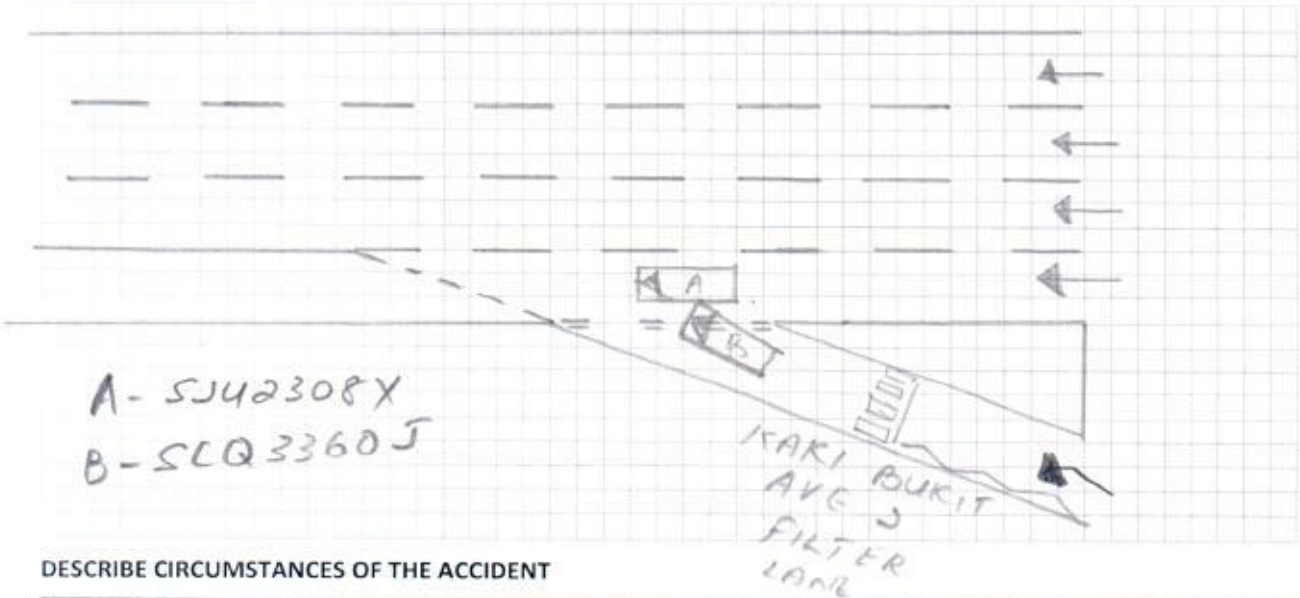
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

*sfym* 17/12/18

SKETCH PLAN

EUNOS LINK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]* 17/12/2018  
 Policyholder's Signature  
 Date & Time:

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

*[Signature]* 17/12/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S2172100Z  
 Name: HONG YIT HEONG

Birth Date: 14 Jun 1958  
 Issue Date: 09 Jul 2003

000041347H

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S2172100Z



Name: HONG YIT HEONG  
 冯月香

Race: CHINESE  
 Date of Birth: 14-06-1958 Sex: F  
 Country of Birth: MALAYSIA

S2172100Z

YOU ARE LICENSED 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	25 Jul 1960

Exercise No: S2172100Z

NP 428A

A0189297



NRIC No: S2172100Z



Blood Group: AB+ Date of issue: 07-08-2002

Address:  
 APT BLK 352 UBI AVENUE 1  
 #03-977  
 SINGAPORE 400352

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="16/12/2018 09:30"/>
Vehicle No. (For Motor)	<input type="text" value="SJU2308X"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	S049952575-07		HONG YIT HEONG	S2172100Z	GPC	drivo CLASSIC	SJU2308X	SJU2308X	24/05/2018	23/05/2019

Continue

**Claim Handling**

Accident MT/1024180

Policy No.	5049952575-07	Vehicle No.	SJU2308X	GST Registration No.
Certificate No.				
Policyholder Name	HONG YIT HEONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96705103	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

➤ **Accident Details**

Report Date	17/12/2018 19:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/12/2018	Time of Accident hh:mm	09:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	EUNOS LINK AFTER KAKI BUKIT AVE 2 JUNC			

➤ **Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	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	BLK 352 #03-977	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5049952575-07	

➤ **O1 Driver Info**

Driver Name	HONG YIT HEONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S2172100Z	Driver DOB
Register Date of Driver License	01/01/2001	Driver Age	60	Driving Experience
Contact No.(Mobile)	96705103	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 352	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-977			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	HONG YIT HEONG
Contact No.(Mobile)	96705103	Contact No. (Home)	NIL
Email Address		O1 Vehicle Number	SJU230
Claim Description	SJU2308X / SLQ33603 ON 16 Dec 2018		
Preferred Workshop	Preferred Repair Option	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	17/12/2018 19:56	Received	
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter



Save Submit

Attachment

Accident No. MT/1024180 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 17/12/2018 00:00

Path \*

Category \*

Confidential

- Choose File No file chosen
- Choose File No file chosen
- Choose File No file chosen
- Choose File No file chosen
- Choose File No file chosen
- Choose File No file chosen
- Choose File No file chosen
- Message Read

Clear	Please Select	NO
Clear	Please Select	NO
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Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:56	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:56	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:56	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:56	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:56	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:55	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:55	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:55	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:55	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:55	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 19:55	Photos	Normal	Photos ;

Video List

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