

# NATIONAL Assessment Centre Services. (part 1 Jan 2005) MNA 118167002.

Date In: 29 112118 09:32	Job description	Date & Time Completed	Done by
Ref No: MNA/INC180232971 h4.	SAS e-filing		
Veh No: SLT 25810.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29 112118 03:30.	I-Motor Claim Form	MT11025692-001	29/12/18 17:38
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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: Kerb.	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 repaler.

( ) 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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref: 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref: 2/3:	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 (Non INC) against INC \$20		
	9) N12: Idao 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	29/12/2018 09:32
Date Of Accident	29/12/2018 03:30
Exact Location Of Accident	CTE TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2581D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KONG FATT
NRIC No	S0837106G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81381104
Alternative Phone No	OFFICE-81381104

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	5103965854
Cover Note Number	-

### Driver

Name of Driver	WONG CHANG YEW JONATHAN
NRIC No	S9401219H
Date Of Birth	09/01/1994
Occupation	INDOOR
Date Of Driving Pass	28/06/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90293487
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 414 EUNOS RD 5 #03-60
Postcode	400414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GRANDSON
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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: : UNKNOWN
	GENDER: : MALE

#### 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 CTE TOWARDS PIE, I ACCIDENTALLY HIT ONTO THE RIGHT SIDE KERB. NO DAMAGE TO 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	
Vehicle Make/Model/Colour	KERB
Details Of Properties	
Vehicle Category	GOVERNMENT
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.:

Please Refer to Statement

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

in every



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9401219H



Name

WONG CHANG YEW, JONATHAN

黄正耀

Race

CHINESE

Date of birth

09-01-1994

Sex

M

Country of birth

SINGAPORE

S9401219H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9401219H

Name

WONG CHANG YEW, JONATHAN

Birth Date 09 Jan 1994

Issue Date 28 Jun 2012



002081956A

4394669



NRIC No. S9401219H



Date of issue

27-04-2009

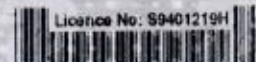
Address

APT BLK 414 EUNOS ROAD 5  
#03-60  
SINGAPORE 400414

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 28 Jun 2012



Licence No: S9401219H

NP 426A

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="29/12/2018 09:31"/>
Vehicle No.(For Motor)	<input type="text" value="SLT2581D"/>	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"/>	5103965854		KONG FATT	S0837106G	GPC	drivo CLASSIC	SLT2581D	SLT2581D	24/10/2018	23/10/2019

## Claim Handling

Accident MT/1025692

Policy No.	5103965854	Vehicle No.	SLT2581D	GST Registration No.	
Certificate No.					
Policyholder Name	KONG FATT			Policyholder NRIC	50837
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81381104	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input checked="" 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	No
<b>▼ Accident Details</b>					
Report Date	29/12/2018 17:34	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	29/12/2018	Time of Accident hh:mm	03:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS PIE				
<b>▼ Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					

<b>▼ Policyholder Mailing Address</b>					
Address 1	BLK 411 #11-118	Address 2	EUNOS ROAD 5	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	40041
Unit No.		Related Policy Number	5103965854		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG CHANG YEW JONATHAN	Driver NRIC	S9401219H	Driver DOB	09/01/
Register Date of Driver License	28/06/2012	Driver Age	24	Driving Experience	6
Contact No.(Mobile)	90293487	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 414 #03-60	Address 2	EUNOS ROAD 5	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	40041
Unit No.	03-60				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	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 *	OD-MX ▼	Insured Name	KONG FATT
Contact No.(Mobile)	96962432	Contact No.(Home)	67445160
Email Address		DI Vehicle Number	SLT2581D
Claim Description	SLT2581D / KERB ON 29 Dec 2018		
Preferred Workshop	0	Insured Liability	Partially at Fault ▼
Repair No. Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼
Date Registered		GIA report	Received ▼
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1025692	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

29/12/2018 17:38

Path \*

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

	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 ▼
Clear	Please Select ▼	NO ▼	Normal ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:38	SAS	Normal	SAS 2018-12-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:38	Photos	Normal	Photos 2018-12-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:38	Photos	Normal	Photos 2018-12-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:38	Photos	Normal	Photos 2018-12-29
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:38	Photos	Normal	Photos 2018-12-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:37	Photos	Normal	Photos 2018-12-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:37	Photos	Normal	Photos 2018-12-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:37	Photos	Normal	Photos 2018-12-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:37	Photos	Normal	Photos 2018-12-29
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:37	Photos	Normal	Photos 2018-12-29

## Video List

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