

NATIONAL Assessment Centre Services (wef 1 Jan 05) **MHA 1900 48**

Date In: 3/1/19-16:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC19000160/24	SAS e-filing		
Veh No: LX1371M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/12/18-21:35	i-Motor Claim Form	M711026264-001	3/1/19 17:35
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: **JU9976T** 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: (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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2 / 3:	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idao Mobile 30			
	*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			
	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	03/01/2019 16:48
Date Of Accident	22/12/2018 01:55
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX1371M
Insured/Policyholder	
Name Of Registered Owner	LIM SOH CHIN
Work Permit No	S1772308A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97566781
Alternative Phone No	OFFICE-97566781

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5DR
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0083553095-14
Cover Note Number	

Driver

Name of Driver	PANG JIAHAO, JASON
NRIC No	S9101490D
Date Of Birth	20/01/1991
Occupation	INDOOR
Date Of Driving Pass	28/07/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96425332
Fax Number	
Contact Number	OFFICE-96425332
Email Address	NOEMAIL

Address BLK 427 PASIR RIS DRIVE 6
#06-43

Postcode 510427

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 CHAIN 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 3

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: : FION LEONG
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK POLICE DIVISIONAL HQ (G DIVISION)

Police Station Address **ROAD:** 30 BEDOK NORTH ROAD , **POSTCODE:** 469676 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-2440000 - **FAX NO:** 64443009

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - G/20181222/7004.

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 SLJ9740T

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
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)

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 willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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:

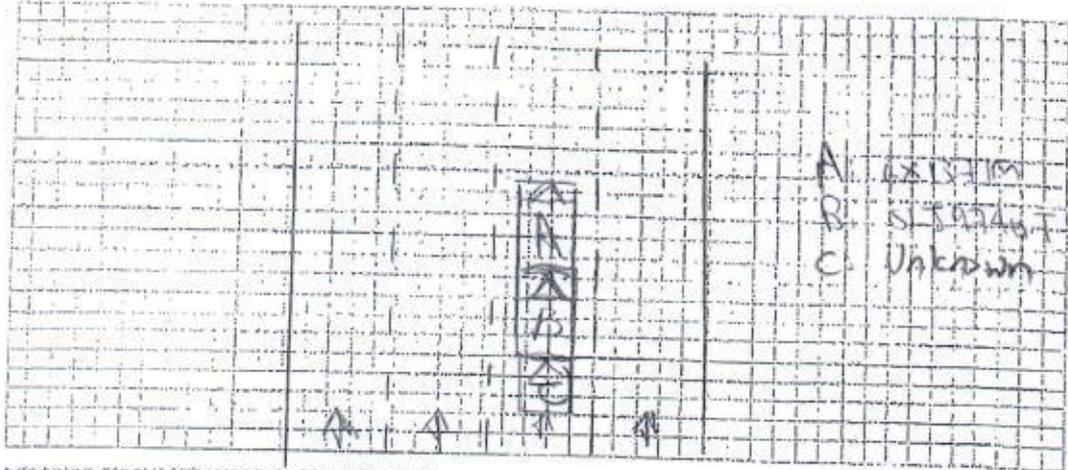
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Refer to Police Report.

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/PIN No.:

Date of Accident : 20/10/18 Accident Time: 0155 (24-HR-Format)
 Accident Place : PIE towards Changi Airport
 Vehicle Reg. No. (Car Plate No.) : Gx1371M
 Vehicle Make/Model :
 Insurance Company : NTUC Policy No. :
 Owner or Company Name / IC No. : Lim Soh Chin
 Owner or Company Contact No. : 97566781 Owner's Hp : Company Tel :
 DRIVER'S Name / IC No. : Pang Jiahao, Jason
 DRIVER'S Date Of Birth : 20/01/1991 DRIVER'S License Pass Date : 28/07/16
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others :
 DRIVER'S Address : Blk 427 Pass Ris Drive 6 # 06-43
 DRIVER'S Contact No. / Alt No. : 1) 96425332 2) :
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address :
 Weather & Road Surface : CLEAR & DRY \ ~~RAINING & WET~~ \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 2
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SLJ9740T</u>	Vehicle Reg. No: <u>Unknown</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Passenger 1 : Fion Leong (Female)
 Contact : 96840807
 Occupation : Indoor
 * No injury.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9101490D



Name
PANG JIAHAO, JASON

龐 偉 瑋

Race
CHINESE

Date of birth Sex
20-01-1991 M

Country of birth
SINGAPORE

S9101490D



3948866



IRIC No. S9101490D

Date of issue
26-10-2006

Address
APT BLK 427 PASIR RIS DRIVE 6
#06-43
SINGAPORE 510427

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S9101490D

PANG JIAHAO, JASON

Birth Date: 20 Jan 1991
Issue Date: 29 Jul 2016



002593044C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

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 28 Jul 2016



Licence No: S9101490D

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: 22/12/2018 01:55

Vehicle No.(For Motor): GX1371M 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"/>	0083553095-14		LIM SOH CHIN	S1772308A	GCV	Third Party, Fire & Theft	GX1371M	GX1371M	17/02/2018	16/02/2019

Continue

Policy Information

Policy No.	0083553095-14	Policyholder Name	LIM SOH CHIN	Policyholder NRIC	S1772308A
Certificate No.					
Address	BLK 427 #06-43 PASIR RIS DRIVE 6 SINGAPORE 510427				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	07/02/2018	Effective Date	17/02/2018 00:00	Expiry Date	16/02/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess Young/Inexperience Driver Excess				
Agent	INSTRADE AGENCY & SERVICES	Agent Tel.	62551407	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 427 #06-43	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510427
Address 4	Address Type		Singapore address	Post Code	510427
Unit No.	Related Policy Number		0083553095-14		

Insured Object: GX1371M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

[Exit](#)

Accident **MT/1026264**

Policy No.	0083553095-14	Vehicle No.	GX1371M	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SOH CHEN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S1772308A
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97566781	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	TK
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Enticement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	03/01/2019 17:33	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
Date of Accident	22/12/2018	Time of Accident (numm)	01:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PTE TWD5 CHANGI AIRPORT				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
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 427 #06-43	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510427
Address 4		Address Type	Singapore address	Post Code	510427
Unit No.		Related Policy Number	0083553095-14		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/01/1991
Unnamed driver Name	PANG IAHAO, JASON	Driver NRIC	S91014900	Driving Experience	2
Register Date of Driver License	28/07/2016	Driver Age	27	Contact No. (Home)	0
Contact No. (Mobile)	96425332	Contact No. (Office)	0	Address 3	SINGAPORE 510427
Address 1	BLK 427	Address 2	PASIR RIS DRIVE 6	Post Code	510427
Address 4		Address Type	Singapore address		
Unit No.	06-43			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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 **New**

Claim Type *	OD-MX	Insured Name	LIM SOH CHEN	Insured NRIC	S1772308A
Contact No. (Mobile)	97566781	Contact No. (Home)	65823207	Contact No. (Office)	
Email Address	silverpang@gmail.com	DI Vehicle Number	GX1371M	TP Vehicle Number	SL9740T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GX1371M / SL9740T ON 22 Dec 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/01/2019 17:35	Claim Close Date		Date Received	03/01/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1026264	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/01/2019 17:35	
Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jan 2019 17:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jan 2019 17:35	SAS	Normal	SAS 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jan 2019 17:35	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jan 2019 17:35	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jan 2019 17:35	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jan 2019 17:35	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jan 2019 17:35	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jan 2019 17:35	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jan 2019 17:35	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jan 2019 17:35	Photos	Normal	Photos 2019-1-3		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action