

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **NA119201845**

Date In: 4/1/19 - 18:01	Job description	Date & Time Completed	Done by
Ref No: 4A/INC1900026224	SAS e-filing		
Veh No: JH J2LJA	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 3/1/19 - 18:30	i-Motor Claim Form	47/1026443-001	4/1/19 18:15
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: **mp1288U** 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 (\$) Est Bill	Amt (\$) 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 : Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	QJ)*	
	*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: 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	04/01/2019 18:01
Date Of Accident	03/01/2019 18:30
Exact Location Of Accident	CRAWFORD ST BEFORE JUNC NORTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5225A
Insured/Policyholder	
Name Of Registered Owner	HUNG CHIN SING
NRIC No	S2533043I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90307226
Alternative Phone No	OFFICE-90307226

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER PREMIUM HYBRID 2.5 CVT 4WD
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	5092468217-01
Cover Note Number	

Driver

Name of Driver	HUNG KIAH YONG
NRIC No	S8941663I
Date Of Birth	12/11/1989
Occupation	INDOOR
Date Of Driving Pass	23/09/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90307226
Fax Number	
Contact Number	OFFICE-90307226
EMail Address	NOEMAIL

Address	BLK 128 LORONG AH SOO #08-310
Postcode	530128
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	COLLISION - HEAD TO REAR
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	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)	2
Passenger 1	NAME: : TUNBOONRUANG SUPAPORN 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

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

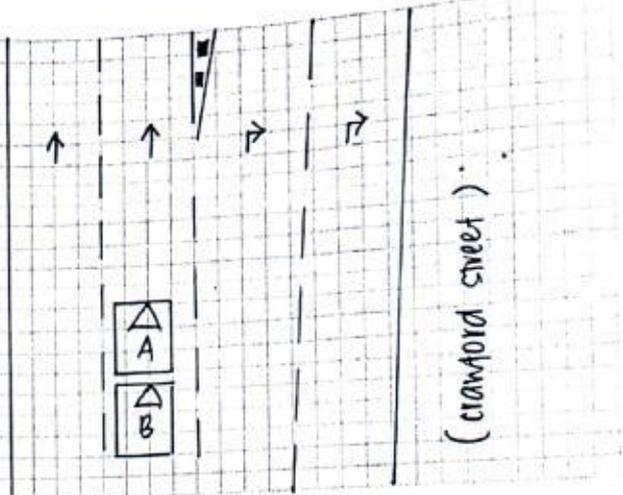
Vehicle Registration Number	SMF1288U
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

Vehicle A: SJH 5225A

Vehicle B: SMF 1288U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle 'A', SJH 5225A,
was stationary on the stated venue due to front car stopped.
About 2-3 seconds later, vehicle 'B', SMF 1288U, hit onto my
stationary vehicle's rear portion.

my passenger: Tunboonruang Supaporn
FIN # : G2223667P

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 01 / 2019) (DD/MM/YYYY), TIME: (18 : 28) (HH:MM)

LOCATION: Along Crawford Street, before North Bridge Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH 5225 A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5092468217-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota thamer
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Hung Chin Sing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: 128 Lorong An Soo #08-310 S(530128)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Hung Kiah Yong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 899416637 CONTACT: 9030 7226
c) ADDRESS: 128 Lorong An Soo #08-310 S(530128)

* d) DATE OF BIRTH: (12 / 11 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: child

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF 1288U MODEL: Honda Vatel
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(02) female
passenger

* No of passenger
(Including driver)
(UNKNOWN)

* No of passenger
(Including driver)
()

email =

fax =

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: S8941663I

Name:

HUNG KIAH YONG

Birth Date: 12 Nov 1989

Issue Date: 23 Sep 2011



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8941663I



Name

HUNG KIAH YONG

洪 啟 揚

Race

CHINESE

Date of birth

12-11-1989

Sex

M

Country of birth

SINGAPORE



REPORTED TO POLICE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

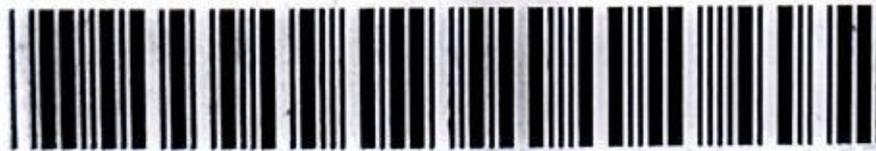
EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 23 Sep 2011

NP 428A



3636673



NRIC No. S8941663I

Date of issue
16-11-2004

Address
APT BLK 128 LORONG AH 800
#08-310
SINGAPORE 530128

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="03/01/2019 18:30"/>
Vehicle No. (For Motor)	<input type="text" value="SJH5225A"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092468217-01		HUNG CHIN SING	S25330431	GPC	drive CLASSIC	SJH5225A	SJH5225A	12/07/2018	11/07/2019

Policy Information

Policy No.	5092468217-01	Policyholder Name	HUNG CHIN SING	Policyholder NRIC	S2533043I
Certificate No.					
Address	BLK 128 #08-310 LORONG AH SOO SINGAPORE 530128				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/06/2018	Effective Date	12/07/2018 00:00	Expiry Date	11/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 128 #08-310	Address 2	LORONG AH SOO	Address 3	SINGAPORE 530128
Address 4		Address Type	Singapore address	Post Code	530128
Unit No.		Related Policy Number	5092468217-01		

Insured Object: SJH5225A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Exit

Claim Handling

Accident MT/1026443

Policy No.	5092468217-01	Vehicle No.	SJH5225A	GST Registration No.	
Certificate No.					
Policyholder Name	HUNG CHIN SING			Policyholder NRIC	S25330431
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	90307226	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	1
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
Accident Details					
Report Date	04/01/2019 18:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/01/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CRAWFORD ST BEFORE JUNG NORTH BRIDGE RD				
Excess					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 128 #08-310	Address 2	LORONG AH SOO	Address 3	SINGAPORE 530128
Address 4		Address Type	Singapore address	Post Code	530128
Unit No.		Related Policy Number	5092468217-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/11/1985
Unnamed driver Name	HUNG KIAH YONG	Driver NRIC	S89416631	Driving Experience	7
Register Date of Driver License	23/09/2011	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	90307226	Contact No.(Office)	0	Address 3	SINGAPORE 530128
Address 1	BLK 128	Address 2	LORONG AH SOO	Post Code	530128
Address 4		Address Type	Singapore address		
Unit No.	08-310				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	HUNG CHIN SING	Insured NRIC	S25330431	
Contact No.(Mobile)		Contact No.(Home)	93825436	Contact No.(Office)	62945825	
Email Address		OI Vehicle Number	SJH5225A	TP Vehicle Number	SMF1288U	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJH5225A / SMF1288U ON 3 Jan 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	04/01/2019 18:15	Claim Close Date		Date Received	04/01/2019 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						
<input type="button" value="Save"/> <input type="button" value="Submit"/>						

Attachment

Accident No.	MT/1026443	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/01/2019 18:16

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

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:16	SAS	Normal	SAS 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:16	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:16	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:16	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:15	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:15	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:15	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:15	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:15	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:15	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:15	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:15	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:15	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:15	Photos	Normal	Photos 2019-1-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2019 18:15	Photos	Normal	Photos 2019-1-4		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"/>				