

NATIONAL Assessment Centre Services: [ver 1 Jan'03] MNA 119009796.

Date In: 21/1/19 14:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001290/64.	SAS e-filing		
Veh No: SKK 6635R.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/1/19 08:10.	I-Motor Claim Form	MT/1028860-001	21/1/19 18:03.
OD: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMA 46468.	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: 678816616	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

NA1900585		Invoice Preparation Checklist		Am (\$)	Am (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
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) PT: Follow-Through Survey (Resurvey) \$30			
Auditors Comments:		For claiming against INC Only (ver 10 Jan 2003)			
		6) TR: Re-inspection \$75			
		7) N1: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		QD:			
		*N5: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$3			
		TP (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	21/01/2019 14:58
Date Of Accident	21/01/2019 08:10
Exact Location Of Accident	TPE TWDS PIE AFTER EXIT 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6635R
Insured/Policyholder	
Name Of Registered Owner	O KOK PENG
NRIC No	S7341993Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93857341
Alternative Phone No	OFFICE-93857341

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	5100822905
Cover Note Number	-

Driver

Name of Driver	O KOK PENG
NRIC No	S7341993Z
Date Of Birth	20/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	21/05/1993
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93857341
Fax Number	
Contact Number	OFFICE-93857341
Email Address	NOEMAIL

Address	BLK 537 WOODLANDS DR 16 #02-173
Postcode	730537
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	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)	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 ALONG TPE TWDS PIE AFTER EXIT 2 ON THE EXTREME LEFT LANE, I NEVER NOTICED VEH B (BEARING NO SMA4646B) STOP. AS THE RESULT, I HIT ONTO VEH B REAR PORTION.

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	SMA4646B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUADI NOOR BIN SIDI
NRIC/Passport Number	S7538458J
Contact Number	90689080
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:

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

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

SKETCH PLAN

Diagram illustrating the sketch plan of the accident scene. The diagram shows a vertical road with two lanes. A vehicle labeled 'B' is in the top lane, and a vehicle labeled 'A' is in the bottom lane. To the right of the road, the text reads:

A = SKK 6635R
B = SMA 4646B

Below the road, the text reads:

TPE twds PIE After Exit 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7341993Z



Name
O KOK PENG

胡 国 平

Race
CHINESE

Date of birth
20-11-1973

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7341993Z

Name
O KOK PENG


Birth Date 20 Nov 1973

Issue Date 17 May 2003





1000490028F

3438895



NRIC No. S7341993Z



Date of issue
04-12-2003

Address
APT BLK 537 WOODLANDS DRIVE 16
#02-173
SINGAPORE 730537

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
21 May 1993

NT 428A

Licence No: S7341993Z



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="21/01/2019 14:51"/>							
Vehicle No.(For Motor)	<input type="text" value="SKK6635R"/>	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 type="radio"/>	5100822905		O KOK PENG	S7341993Z	GPC	drivo CLASSIC	SKK6635R	SKK6635R	18/05/2018	17/05/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1028860

Policy No.	5100822905	Vehicle No.	SKK6635R	GST Registration No.	
Certificate No.					
Policyholder Name	O KOK PENG			Policyholder NRIC	5734
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	93857341	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
<div> <div> </div> <div> </div> </div>					
Report Date	21/01/2019 17:59	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	21/01/2019	Time of Accident hh:mm	08:10	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS PIE AFTER EXIT 2				
<div> <div> </div> <div> </div> </div>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<div> <div> </div> <div> </div> </div>					
<div> <div> </div> <div> </div> </div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

<div> <div> </div> <div> </div> </div>					
<div> <div> </div> <div> </div> </div>					
Address 1	BLK 537 #02-173	Address 2	WOODLANDS DRIVE 16	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	7305
Unit No.		Related Policy Number	5100822905		
<div> <div> </div> <div> </div> </div>					
Driver Name	O KOK PENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7341993Z	Driver DOB	20/11
Register Date of Driver License	21/05/1993	Driver Age	45	Driving Experience	25
Contact No.(Mobile)	93857341	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 537 #02-173	Address 2	WOODLANDS DRIVE 16	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	7305
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 Handling

Accident MT/1028860

Policy No.	5100822905	Vehicle No.	SKK6635R	GST Registration No.	
Certificate No.					
Policyholder Name	O KOK PENG			Policyholder NRIC	5734
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	93857341	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
<div> <div> </div> <div> </div> </div>					
Report Date	21/01/2019 17:59	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	21/01/2019	Time of Accident hh:mm	08:10	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS PIE AFTER EXIT 2				
<div> <div> </div> <div> </div> </div>					
<div> <div> </div> <div> </div> </div>					
Total Excess Applicable					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Excess Type		Windscreen Excess	100.00		

1/21/2019

Claim Handling(accident reporting Claim Task)

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

0.00

Total OD Excess Applicable

Driver is Covered?

TP Standard Excess

YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	BLK 537 #02-173	Address 2	WOODLANDS DRIVE 16	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	7305
Unit No.		Related Policy Number	S100822905		

O1 Driver Info

Driver Name	O KOK PENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRJC	S7341993Z	Driver DOB	20/11
Register Date of Driver License	21/05/1993	Driver Age	45	Driving Experience	25
Contact No.(Mobile)	93857341	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 537 #02-173	Address 2	WOODLANDS DRIVE 16	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	7305
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	O KOK PENG
Contact No.(Mobile)	93857341	Contact No. (Home)	68940090
Email Address	edmund_02002@yahoo.com.sg	O1 Vehicle Number	SKK6635R
Claim Description	SKK6635R / SMA4646B ON 21 Jan 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/01/2019 18:02	Claim Close Date	
Report Taken By	LIEW SHAN HUI	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1028860	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/01/2019 18:03
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on	NRIC/ Driving License	Normal		NRIC/ Driving License 2019-1-21
21 Jan 2019 18:03				



Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:03	SAS	Normal	SAS 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:03	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:03	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:03	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:03	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:03	Photos	Normal	Photos 2019-1-21
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:03	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:02	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:02	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:02	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:02	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:02	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:02	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:02	Photos	Normal	Photos 2019-1-21

Uploaded By/Date

Folder Date

File Name



Source

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