

NATIONAL Assessment Centre Services.

(ref: Jan'05)

NA1469014077

Date In: 29/6/2019 19:48	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/9001442/4	SAS e-filing		
Veh No: SMG 7353 U	E-mail (w/da 3hrs, AIC 2hrs)		
D.O.A: 29/6/2019 07:20	I-Motor Claim Form	mt1030097-001	29/6/2019 07:33
OD: TP Reporting Only	I-Motor W/O (With: 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:

SMG 7353 U

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: (

Roll Back:

INC/100%: 67810010

Date & Time Completed: 29/6/2019 07:33

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time:

Signature:

NA1900831

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref: 1:

2/3:

Invoice Ref: 10010010

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$80)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N11) against INC \$20

9) N12: Idao Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

NA1900831

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	29/01/2019 19:48
Date Of Accident	29/01/2019 07:20
Exact Location Of Accident	VISTA EXCHANGE GREEN SLIP RD INTO BUONA VISTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1029H
Insured/Policyholder	
Name Of Registered Owner	KANG SUNGSIG
NRIC No	S7364551D
Email Address	SSKANG73@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98240498
Alternative Phone No	OTHERS-97367221

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K
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	5074890891-03
Cover Note Number	

Driver

Name of Driver	HEO HYUNWOO
NRIC No	S7762007I
Date Of Birth	20/03/1977
Occupation	INDOOR
Date Of Driving Pass	15/07/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98240498
Fax Number	
Contact Number	OTHERS-97367221
Email Address	SSKANG73@GMAIL.COM

Address	38 DOVER RISE #14-07
Postcode	138684
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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

PLEASE REFER TO SKETCH PLAN

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	SMG7353U
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HELEN
NRIC/Passport Number	
Contact Number	97513694
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:

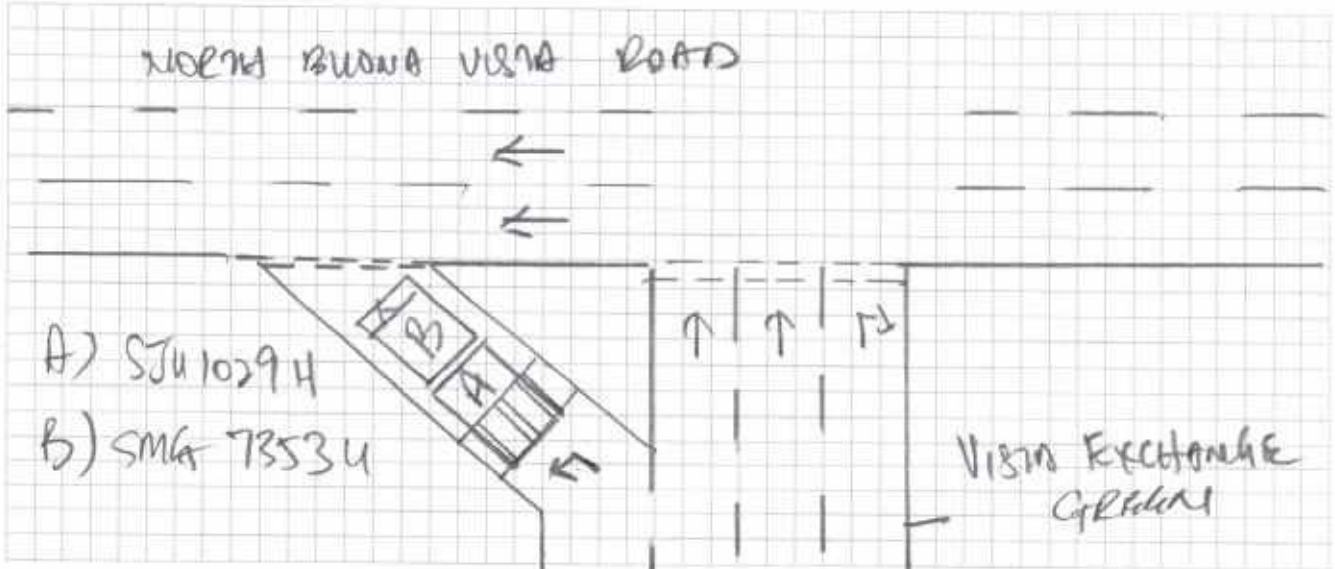
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car suddenly stopped and I pressed brakes immediately. But my car plate touched front car backside bumper. It resulted into minor scratch on the backside bumper.

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.:

Claim Handling

Accident NT/1030097

Policy No.	5074890891-03	Vehicle No.	SJU1029H	GST Registration No.	
Certificate No.					
Policyholder Name	KANG SUNGSIG	Cover Type	drive CLASSIC	Policyholder NRIC	S7364551D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	98340498	Special Remark		Contact No.(Home)	
Email Address		TCA	= No / Yes	eCode	No +
KPI	= No / Yes	NCD Endorsement(%)	50	eCode Reason	
NCD Protection	Yes			Private hire	No

Accident Details

Report Date	30/01/2019 09:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/01/2019	Time of Accident hh:mm	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	VISTA EXCHANGE GREEN SLIP RD INFO BUONA VISTA RD				

Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured 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	39 DOVER RIDGE	Address 2	#14-07 DOVER PARKVIEW	Address 3	SINGAPORE 139684
Address 4		Address Type	Singapore address	Post Code	139684
Unit No.		Related Policy Number	5074890891-03		

01 Driver Info:

Driver Name	HEO HYUN WOO	Driver Type	Named Driver	Driver DOB	30/03/1977
Unnamed driver Name		Driver NRIC	S7362097I	Driving Experience	10
Register Date of Driver License	16/07/2008	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	97387221	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	= Yes / No	Driver Vehicle No.	SJU1029H	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes / No
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Modification History

Claim 001 OD-MX **Itax**

Claim Type *	OD-MX	Insured Name	KANG SUNGSIG	Insured NRIC	S7364551D
Contact No.(Mobile)	97374516	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	tskang@ins.com	OT Vehicle Number	SJU1029H	TP Vehicle Number	SHG7353U
Claim Description	SJU1029H ON 29 Jan 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Repair Option	Yes	Preferred Workshop, Name unknown			
Date Registered	30/01/2019 09:29	Claim Close Date		Date Received	30/01/2019 00:00
Report Taken By	SUCOLI WAHAR	Workshop Referrer		Total Loss but Reported	

☐ Print AK letter

Save Submit

Attachment

Accident No.	NT/1030097	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/01/2019 09:33

Path *

Choose File	No file chosen	Clear	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	ND	Normal	
Choose File	No file chosen	Clear	Please Select	ND	Normal	
Choose File	No file chosen	Clear	Please Select	ND	Normal	
Choose File	No file chosen	Clear	Please Select	ND	Normal	
Choose File	No file chosen	Clear	Please Select	ND	Normal	
Choose File	No file chosen	Clear	Please Select	ND	Normal	
Message Read		Clear	Please Select	ND	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_802676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30	

Send Message



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30
NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30
NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 09:33	SAS	Normal	SAS 2019-1-30
NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 09:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-30

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (29/Jan/2019) (DD/MM/YYYY). TIME: (7:20 AM) (HH:MM)

LOCATION: Near Bona Vista MRT Station

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU 1029 H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: ME
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 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)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Kang Suing Sig (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S73645510 CONTACT: 9824-0498
 c) ADDRESS: 20 Dover Rise #14-02 Dover Parkview
 138624

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Heo Hyun Woo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7762007I CONTACT: 9736-7221
 c) ADDRESS: 20 Dover Rise #14-02 Dover Parkview
 138624

* d) DATE OF BIRTH: (22/03/1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15 Jul 2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: SMGT7353U MODEL: Mazda 3
 b) DRIVER'S NAME: Helen
 c) NRIC/FIN/PASSPORT: CONTACT: 9751-3694

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = sskang73@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S77620071



Name

HEO HYUNWOO

Race

KOREAN

Date of birth

20-03-1977 F

Country of birth

KOREA, SOUTH



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S77620071

Name

HEO HYUNWOO

Birth Date: 20 Mar 1977

Issue Date: 15 Jul 2010



001574917G



8820291

NRIC No. S77620071



Nationality

KOREAN, SOUTH

Date of issue

20-01-2007

38 DOVER RISE #14-07
SINGAPORE 138884

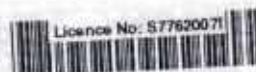
S77620071

12/07/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg 15 Jul 2010



Licence No. S77620071

NP 428A

Hello, NAC_BUKIT_MERAH_800676

[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="29/01/2019 18:00"/>
Vehicle No.(For Motor)	<input type="text" value="SJU1029H"/>	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"/>	S074890891-03		KANG SUNGSIG	S7364551D	GPC	drive CLASSIC	SJU1029H	SJU1029H	18/11/2018	17/11/2019