

NATIONAL Assessment Centre Services

(Ref: 1 Jan 2005)

Date In: 07/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002234/13	SAS e-filing		
Veh No: 5LB8804	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/02/19 1515	i-Motor Claim Form	MT/1031160 - 001	
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: 5LB8881T	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%; F: 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

NA1901041

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac 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		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

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 07/02/2019 14:50
 Date Of Accident 04/02/2019 15:15
 Exact Location Of Accident ANG MO KIO AVE 1
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK1880U
Insured/Policyholder
 Name Of Registered Owner CARSONRENT
 Co Reg No 53320759B
 Email Address JASONYAPCAR@GMAIL.COM
 Mobile Phone No
 Alternative Phone No OFFICE-91816096

Vehicle Particulars

Manufacturer TOYOTA
 Model AXIO
 Exact Purpose for which vehicle was being used at time of accident GRAB
 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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5087375929-02
 Cover Note Number

Driver

Name of Driver SNG WOEI CHOON(SUN WEIJUN)
 NRIC No S7145859H
 Date Of Birth 23/12/1971
 Occupation OUTDOOR
 Date Of Driving Pass 08/05/1992
 Driving Experience 26 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-86911818
 Fax Number
 Contact Number
 Email Address SWJLUVHLZ@GMAIL.COM

Address	BLK 662A EDGEDALE PLAINS #15-664
Postcode	821662
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

MY VEH WAS STATIONARY ON THE EXTREME RIGHT LANE AT ANG MO KIO AVE 1 DUE TO THE RED TRAFFIC LIGHT AHEAD. SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

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	SLB8881T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JENNY TAN SOK HOON(CHEN SHUFEN)
NRIC/Passport Number	S7728614D
Contact Number	97930383
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.

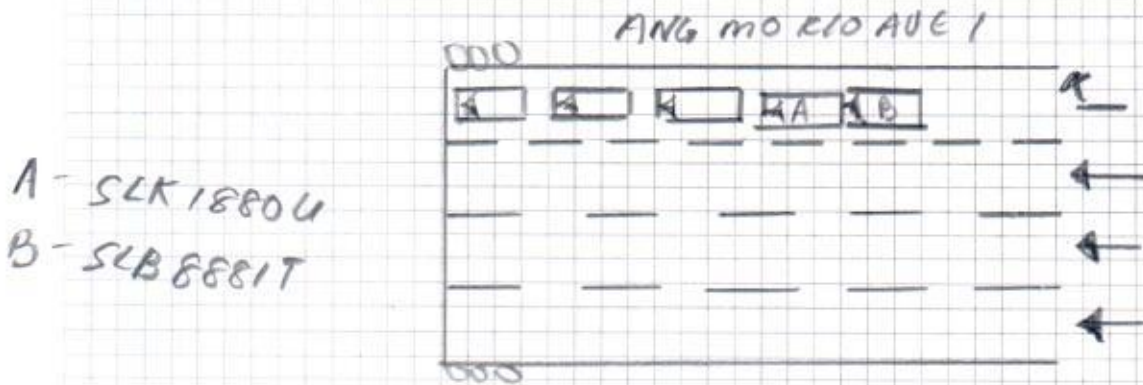


Policyholder's Signature
Date & Time:

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

Pls refer to the 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.:

[Signature] 07/02/19

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S7145859H**

Name: **SNG WOEI CHOON**

Issue Date: **25/4/2011**

Please visit www.lta.gov.sg to check the status of this vocational licence

PDVL/TDVL
33 888 8888
256192

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	17/04/2000
02	TAXI VL	20/05/2002
04	BUS ATTENDANT	17/04/2000

Licence Number **S7145859H**

SNG WOEI CHOON
(SUN WEIJUN)

Birth Date: **23 Dec 1971**

Issue Date: **08 Dec 2003**

001041596H

NOT LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

PASS DATE
03 Aug 1983
05 May 1992

Motorcycles not exceeding 200 cc
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: **S7145859H**

NP 426A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7145859H**

Name
SNG WOEI CHOON
(SUN WEIJUN)
孫偉俊

Race
CHINESE

Date of birth
23-12-1971

Sex
M

Country of birth
SINGAPORE

4022633

NRIC No. **S7145859H**

Date of issue
29-03-2007

APT BLK 662A EDGE DALE PLAINS #15-664
SINGAPORE 821662

NRIC No: **S7145859H** Date: **31/08/2016**

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="04/02/2019 15:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SLK1880U"/>	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"/>	5087375929-02		CARSONRENT	53320759B	GPC	drivo CLASSIC	SLK1880U	SLK1880U	09/01/2019	08/01/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1031160

Policy No.	5087375929-02	Vehicle No.	SLK1880U	GST Registration No.
Certificate No.				
Policyholder Name	CARSONRENT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91816096	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	30	Private Hire

▼ Accident Details

Report Date	08/02/2019 19:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/02/2019	Time of Accident hh:mm	15:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ANG MO KIO AVE 1			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#03-47 PREMIER @ KAKI BUKIT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-03	Related Policy Number	5107297704	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SNG WOEL CHOON(SUN WEIJUN)	Driver NRIC	57145859H	Driver DOB
Register Date of Driver License	08/05/1992	Driver Age	47	Driving Experience
Contact No.(Mobile)	86911818	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 662A	Address 2	EDGE DALE PLAINS	Address 3
Address 4	SINGAPORE 821662	Address Type	Singapore address	Post Code
Unit No.	#15-664			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	CARSONRENT
Contact No.(Mobile)	91557911	Contact No. (Home)	
Email Address		OI Vehicle Number	SLK188
Claim Description	SLK1880U / SLB8881T ON 4 Feb 2019		
Preferred Workshop	Preferred	Insured Liability	Not at Fault ▼
Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Received ▼
Date Registered	08/02/2019 19:16	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	












Print AK letter

Attachment

Accident No.	MT/1031160	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/02/2019 00:00

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:16	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:16	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 19:15	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		