

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MA119015676**

Date In: 11/2/19 14:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022434/24	SAS e-filing		
Veh No: 5H26870A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/2/19 - 22-20	i-Motor Claim Form	11/2/19 14:48-201	11/2/19 22:27
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: 5HD1580 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

	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
Cat. 1:	8) NTUC Additional Services:-		
	9) N12: Idnc Mobile		
Cat. 2 / 3:	*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 (N-in 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	11/02/2019 14:08
Date Of Accident	08/02/2019 22:30
Exact Location Of Accident	BLK 401 HOUGANG AVE 10 GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK6870A
Insured/Policyholder	
Name Of Registered Owner	KOH ZHI KAI
NRIC No	S9034273H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91140090
Alternative Phone No	OFFICE-91140090

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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	5103202870
Cover Note Number	

Driver

Name of Driver	KOH ZHI KAI
NRIC No	S9034273H
Date Of Birth	15/09/1990
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91140090
Fax Number	
Contact Number	OFFICE-91140090
EEmail Address	NOEMAIL

Address	BLK 413 HOUGANG AVENUE 10 #07-1208
Postcode	530413
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 - MAJOR/MINOR RD
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?	YES
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B MAKE A RIGHT TURN FROM MINOR RD AND HIT ONTO MY VEHICLE RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1338U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SAM
NRIC/Passport Number	S1845589G
Contact Number	97357235
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	KOH ZHI KAI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGK6870A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

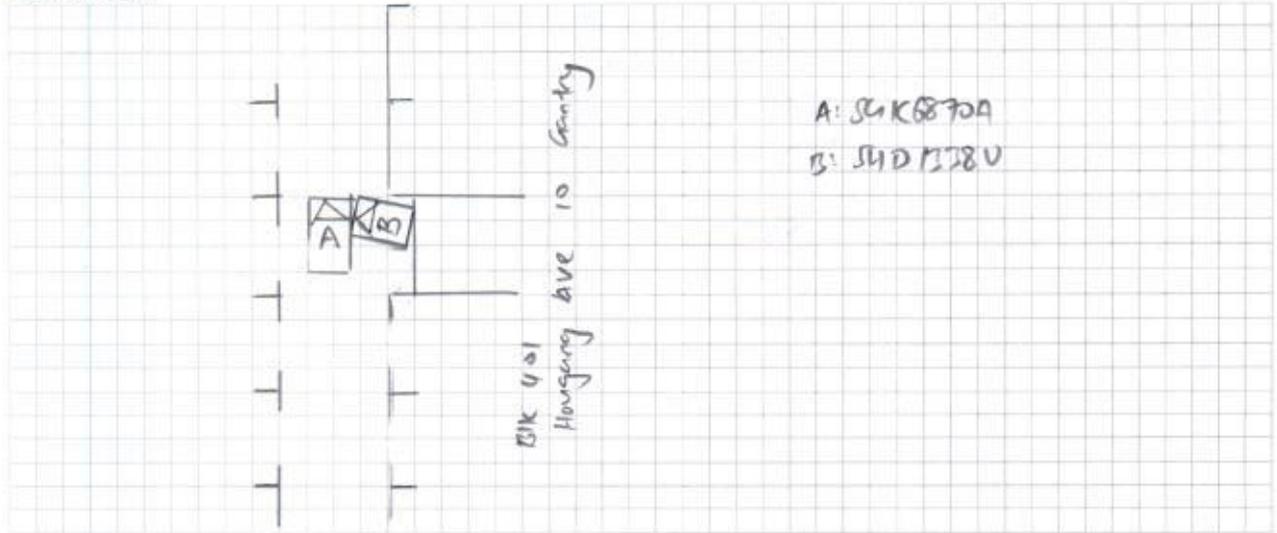
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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
 ENTITY CARD NO. S9034273H



Name
 KOH ZHI KAI
 許智凱

Race
 CHINESE

Date of birth
 15-09-1990

Sex
 M

Country of birth
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9034273H
 Name
 KOH ZHI KAI

Birth Date 15 Sep 1990
 Issue Date 19 Mar 2013

002162673A

4213



NRIC No. S9034273H



Date of issue
 15-04-2008

Address
 APT BLK 413 HOUGANG AVENUE 10
 #07-1208
 SINGAPORE 530413

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	17 Dec 2014
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	19 Mar 2013

S / No. 9000214842

S9034273H

NR 429A

Licence No: S9034273H

Hello, NAC_PAYA_UBI_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
 Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103202870		KOH ZHI KAI	S9034273H	GPC	drive CLASSIC	SGK6870A	SGK6870A	22/08/2018	22/05/2019

 Policy Information

Policy No.	5103202870	Policyholder Name	KOH ZHI KAI	Policyholder NRIC	S9034273H
Certificate No.					
Address	BLK 413 #07-1208 HOUGANG AVENUE 10 SINGAPORE 530413				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/08/2018	Effective Date	22/08/2018 00:00	Expiry Date	22/05/2019 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	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 413 #07-1208	Address 2	HOUGANG AVENUE 10	Address 3	SINGAPORE 530413
Address 4		Address Type	Singapore address	Post Code	530413
Unit No.		Related Policy Number	5103202870		

 Insured Object: SGK6870A

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	22/08/2018 00:00	NCD Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We have confirmed that the NCD entitlement from your previous insurer is 20% and not 40% as declared in your policy application. In view of the reduction of NCD, an additional premium of \$403.79 (inclusive of GST) is payable under your present policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 22 Aug 2018 TO 22 May 2019 In view of this amendment, a refund of \$403.79 (inclusive of GST) will be adjusted against the outstanding premium.</p>
2	11/01/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	

Continue Cancel

Claim Handling

Exit

Accident MT/1031498

Policy No.	5103202870	Vehicle No.	SGK6870A	GST Registration No.	
Certificate No.					
Policyholder Name	KOH ZHI KAI	Policyholder NRIC	S9034273H		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91140090	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
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(%)	20	Private Hire	No
Accident Details					
Report Date	11/02/2019 21:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	08/02/2019	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 401 HOUGANG AVE 10 GANTRY				
Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed 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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 413 #07-1208	Address 2	HOUGANG AVENUE 10	Address 3	SINGAPORE 530413
Address 4		Address Type	Singapore address	Post Code	530413
Unit No.		Related Policy Number	5103202870		

DI Driver Info

Driver Name	KOH ZHI KAI	Driver Type	Main Driver	Driver DOB	15/09/1990
Unnamed driver Name		Driver NRIC	S9034273H	Driving Experience	5
Register Date of Driver License	19/03/2013	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	91140090	Contact No.(Office)	0	Address 3	SINGAPORE 530413
Address 1	BLK 413	Address 2	HOUGANG AVENUE 10	Post Code	530413
Address 4		Address Type	Singapore address		
Unit No.	07-1208				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KOH ZHI KAI	Insured NRIC	S9034273H	
Contact No.(Mobile)	91140090	Contact No.(Home)		Contact No.(Office)		
Email Address	KOHZHIKAI@YMAIL.COM	DI Vehicle Number	SGK6870A	TP Vehicle Number	SHD1338U	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SGK6870A / SHD1338U DN 8 Feb 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	11/02/2019 21:27	Claim Close Date		Date Received	11/02/2019 00:00	
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1031498	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/02/2019 21:28

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Please Select

Please Select

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-11		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:28	SAS	Normal	SAS 2019-2-11		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:28	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:28	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:28	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:28	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:28	Photos	Normal	Photos 2019-2-11		Edit
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	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:28	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:28	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:28	Photos	Normal	Photos 2019-2-11		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"/>				