

# NATIONAL Assessment Centre Services. [ver 1 Jan'03] MNA 119023397

Date In: 19/12/19 17:04	Job description	Date & Time Completed	Done by
Ref No: WNA/INC/19003096164	SAS e-filing		
Veh No: SLC 4435U	E-mail (within 3hrs, AIC 2hrs)		
DOA: 18/12/19 18:45	I-Motor Claim Form	MT/1032782-001	19/12/19 17:38
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: SJP 8653 K	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:
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Date/Time	Actions

MNA 1901304	Invoice / Repairation Checklist	Am (S)	St. Add (S)
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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Ref. 1:	6) TR: Re-Inspection \$75		
	7) NI: Idao 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		
	TE (Nil): 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	19/02/2019 17:04
Date Of Accident	18/02/2019 18:45
Exact Location Of Accident	SIMEI AVE OPPO ITE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC4435U
Insured/Policyholder	
Name Of Registered Owner	LOK PENG KOK
NRIC No	S1268195Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98180477
Alternative Phone No	OFFICE-98180477
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA
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	5091881887-01
Cover Note Number	-
Driver	
Name of Driver	LOK PENG KOK
NRIC No	S1268195Z
Date Of Birth	29/09/1957
Occupation	INDOOR
Date Of Driving Pass	27/10/1978
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98180477
Fax Number	
Contact Number	OFFICE-98180477
EMail Address	NOEMAIL

Address	BLK 326 UBI AVE 1 #06-693
Postcode	400326
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 SIMEI AVE ON THE CENTER LANE, I ACCIDENTALLY HIT ONTO VEH B (BEARING NO SJP8653K) 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	SJP8653K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH SENG HOCK @ JOHARI BIN OTHMAN KOH
NRIC/Passport Number	S1300379C
Contact Number	
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

Sketch Plan area with grid lines and handwritten notes:

A = SLG 4435 U  
B = SJP 9653 K

Simcoi Ave Opposite ITE

Diagram showing two vehicles, A and B, positioned vertically on a road. Vehicle B is above Vehicle A. Both vehicles are represented by simple rectangular shapes with arrows indicating their orientation.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident area with horizontal lines for text entry. The text "Please Refer to Statement" is written across the top lines. A large diagonal line is drawn across the remaining lines, indicating that the details are referred to in the statement.

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. S1268195Z



Name  
LOK PENG KOK

駱炳捆

Race  
CHINESE

Date of Birth  
29-09-1957

Sex  
M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1268195Z

Name  
LOK PENG KOK

Birth Date 29 Sep 1957

Issue Date 08 Oct 2003




0566636



NRIC No. S1268195Z



Blood Group Date of issue  
AB+ 13-10-1992

APT K 326 UBI AVENUE 1 #06-693  
SINGAPORE 400326

NRIC No: S1268195Z Date: 29-07-2006 (R) No: 5424738

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	24 Oct 1979
Class 2A Motorcycles between 201 cc and 400 cc	24 Oct 1979
Class 2 Motorcycles exceeding 400 cc	24 Oct 1979
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Oct 1978
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	07 Aug 1986

NP 428A

Licence No: S1268195Z



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="18/02/2019 16:58"/>
Vehicle No.(For Motor)	<input type="text" value="SLC4435U"/>	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 checked="" type="radio"/>	5091881887-01		LOK PENG KOK	S1268195Z	GPC	drivo CLASSIC	SLC4435U	SLC4435U	29/07/2018	28/07/2019

## Claim Handling

Accident MT/1032788

Policy No.	5091881887-01	Vehicle No.	SLC4435U	GST Registration No.	
Certificate No.					
Policyholder Name	LOK PENG KOK			Policyholder NRIC	S1268
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98180477	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

## ▼ Accident Details

Report Date	19/02/2019 17:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	18/02/2019	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMEI AVE OPPO JTE				

## ▼ Excess

Own damage Excess	500.00	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 Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 326 #06-693	Address 2	UBI AVENUE 1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	400321
Unit No.		Related Policy Number	5091881887-01		

## ▼ O1 Driver Info

Driver Name	LOK PENG KOK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1268195Z	Driver DOB	29/09/1958
Register Date of Driver License	27/10/1978	Driver Age	61	Driving Experience	40
Contact No.(Mobile)	98180477	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 326 #06-693	Address 2	UBI AVENUE 1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	400321
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
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LOK PENG KOK
Contact No.(Mobile)	98180477	Contact No.(Home)	NIL
Email Address		O1 Vehicle Number	SLC4435U
Claim Description	SLC4435U / SJP8653K ON 18 Feb 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault
Date Registered	19/02/2019 17:38	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By	LIEW SHAN HUI	GIA report	Received
Print AK letter	<input checked="" type="checkbox"/>		

Save Submit

## Attachment

Accident No. MT/1032788

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

19/02/2019 17:38

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 17:38	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 17:38	SAS	Normal	SAS 2019-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 17:38	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 17:38	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 17:38	Photos	Normal	Photos 2019-2-19
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 17:38	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 17:38	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 17:38	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 17:38	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 17:38	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 17:38	Photos	Normal	Photos 2019-2-19

Video List

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