

NATIONAL Assessment Centre Services

Date In	25/02/2019 13:33	Job description	Date & Time Completed	Done by
Ref No	NA/INC19003438/K4	SAS e-filing		
Veh No	SMG 5273E	E-mail (within 8hrs, A/C 2hrs)		
DOA	23/02/2019 13:00	i-Motor Claim Form	MT/1033512-001	25/2/19 15:05
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:	SKT3663G	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

NA1901438

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100);	INC (\$80)		
	3) TF : Towing Fee	\$40/\$45		
	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		
Driver/Owner:	8) NTUC Additional Services:-			
	OP*			
	*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 (N/n INC) against INC	\$20		
	9) N12: Idac Mobile	\$0		
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Contact No:				
Damaged Portion:				
QC Checked by (Engr-In-Charge):				
Auditors' Comments :-				
at 1:				
at 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	25/02/2019 13:33
Date Of Accident	23/02/2019 13:00
Exact Location Of Accident	PARAGON SHOPPING MALL (BASEMENT CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5273E
Insured/Policyholder	
Name Of Registered Owner	SOO WAI FUN
NRIC No	S8378333H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81384639
Alternative Phone No	OTHERS-81384639

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	5106479775
Cover Note Number	

Driver

Name of Driver	CHEONG KAH LOK
NRIC No	S8361555I
Date Of Birth	15/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81384639
Fax Number	
Contact Number	OTHERS-81384639
Email Address	NOEMAIL

Address	BLK 699C HOUGANG STREET 52 #16-43
Postcode	533699
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)	4
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKT3663G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN ZHENG WEI
NRIC/Passport Number	S8935691A

Contact Number

94368535

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

A-SMG 523E
B-SKT 3663G

Paragon Shopping Mall
Basement
Carpark.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was at Paragon Shopping Mall Basement Carpark. When Vehicle A was coming out from the Basement Carpark and Vehicle B slow down and Vehicle A stop ^{moment} and suddenly Vehicle B hit on Vehicle A rear portion and the damage of Vehicle A was slightly damage at the rear portion.

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. S83615551



Name
CHEONG KAH LOK

张嘉洛

Race
CHINESE

Date of birth
15-09-1983

Sex
M

Country of birth
MALAYSIA




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S83615551

Name
CHEONG KAH LOK

Birth Date: 15 Sep 1983

Issue Date: 04 Nov 2013




002241410A

9161780



NRIC No. S83615551



Nationality
MALAYSIAN

Date of issue
20-04-2012

APT BLK 699C HOUGANG STREET 52 #16-43
SINGAPORE 533699

NRIC No: S83615551 Date: 13/01/2013 No: 7256578


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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	04 Feb 2012
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	04 Feb 2012

NP 428A

Licence No: S83615551



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="23/02/2019 13:00"/>
Vehicle No.(For Motor)	<input type="text" value="SMG5273E"/>	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 type="radio"/>	5106479775		SOO WAI FUN	S8378333H	GPC	drivo CLASSIC	SMG5273E	SMG5273E	24/12/2018	23/12/2019

▼ Policy Information

Policy No.	5106479775	Policyholder Name	SOO WAI FUN	Policyholder NRIC	S8378333H
Certificate No.					
Address	BLK 699C #16-43 HOUGANG STREET 52 SINGAPORE 533699				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	24/12/2018	Effective Date	24/12/2018 00:00	Expiry Date	23/12/2019 23:59
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		
Agent	DICKSON INSURANCE AGENCY I	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 699C #16-43	Address 2	HOUGANG STREET 52	Address 3	SINGAPORE 533699
Address 4		Address Type	Singapore address	Post Code	533699
Unit No.		Related Policy Number	5106479775		

► Insured Object: SMG5273E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/12/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 26 Dec 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: OCBC BANK LTD CHASSIS NUMBER: ZYX102137189 ENGINE NUMBER: 2ZR2A98475 VEHICLE REGISTRATION NUMBER: SMG5273E ORIGINAL REGISTRATION DATE: 24 Dec 2018

Continue

Cancel

Claim Handling

Accident MT/1033512

Policy No.	5106479775	Vehicle No.	SMG5273E	GST Registration No.
Certificate No.				
Policyholder Name	SOO WAI FUN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81384639	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(%)	0	Private Hire

▼ Accident Details

Report Date	25/02/2019 14:56	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/02/2019	Time of Accident hh:mm	13:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PARAGON SHOPPING MALL (BASEMENT CARPARK)			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 699C #16-43	Address 2	HOUANG STREET 52	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5106479775	

▼ OI Driver Info

Driver Name	CHEONG KAH LOK	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S83615551	Driver DOB
Register Date of Driver License	04/02/2012	Driver Age	35	Driving Experience
Contact No.(Mobile)	81384639	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 699C #	Address 2	HOUANG STREET 52	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SOO W.
Contact No.(Mobile)	81614118	Contact No.(Home)	
Email Address		OI Vehicle Number	SMG52
Claim Description	SMG5273E / SKT3663G ON 23 Feb 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	25/02/2019 15:06
		Workshop Repairer	

Print AK letter

Attachment

Accident No.	MT/1033512	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/02/2019 15:00

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 15:05	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 15:04	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 15:03	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 15:02	Photos	Normal	Photos
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