

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In 26/02/19	Job description	Date & Time Completed	Done by
Ref No NA/INL19003552/13	SAS e-filing		
Veh No 5MA8500L	E-mail (w/dan 8hrs, AIC 2hrs)		
D.O.A 25/02/19 1130	i-Motor Claim Form	MT/1033809 - 001	
OD (P) 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: (**Autoworkz**) Tel: Fax:)

TP Particulars: Veh No: **SHD6835C** 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

NA1901514

Invoice Preparation Checklist

Amt (\$) Amt (\$) Ist Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 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) NI: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) NI12: Idac Mobile 30

Invoice date/ 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	26/02/2019 12:22
Date Of Accident	25/02/2019 11:30
Exact Location Of Accident	ALONG UPP CROSS ST @ STATE COURT DROP-OFF
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8500L
Insured/Policyholder	
Name Of Registered Owner	LAW HONG SENG
NRIC No	S7703619I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83333893
Alternative Phone No	OTHERS-83333893

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5102550500
Cover Note Number	

Driver

Name of Driver	LAW HONG SENG
NRIC No	S7703619I
Date Of Birth	31/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	05/07/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83333893
Fax Number	
Contact Number	OTHERS-83333893
EMail Address	NOEMAIL

Address	BLK 272 TAMPINES ST 22 #02-02
Postcode	520272
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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	SHD6835C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

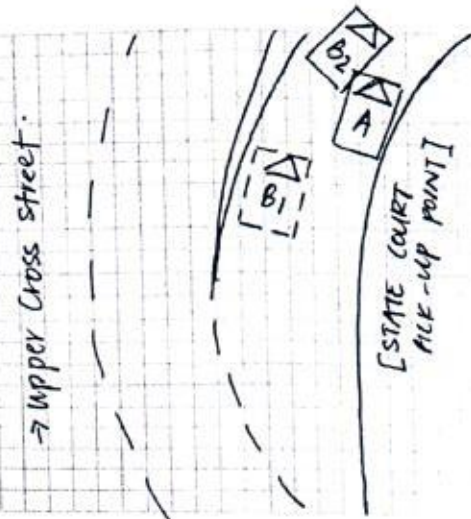
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A: SMA8500L
VEHICLE B: SHD6835C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, SMA8500L, was on the stated venue picking up passengers. After they had boarded, I slowly inch forward in a straight manner. Suddenly, vehicle B, SHD6835C, cut in front of my vehicle and collided onto my vehicle's front left 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 02 / 2019) (DD/MM/YYYY), TIME: (11 : 30) (HH:MM)

LOCATION: Along upp. cross street, @ state court drop-off

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMA8500L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5102550500
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Chevrolet Cruze
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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: Law Hong Seng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S77038191 CONTACT: 8333 3893
 c) ADDRESS: 292 Tampines St 22, #02-02 S(520272)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

No of passenger
 (including driver)
 (03)

2 male passenger

- * d) DATE OF BIRTH: (31 / 01 / 1977) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 14 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SHD6835C MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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

No of passenger
 (including driver)
 ()

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S77036191



Name

LAW HONG SENG

刘宏昇

Race

CHINESE

Date of Birth

31-01-1977

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: S77036191

Name:

LAW HONG SENG

Birth Date: 31 Jan 1977

Issue Date: 10 Sep 2003



Scanned by CamScanner

A0181404



S7703619I

Expiry Date: 24-06-2002

Address:

APT BLK 272 TAMPINES STREET 22
#02-02
SINGAPORE 520272

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

Class 2B	Motorcycles not exceeding 200 cc
Class 2A	Motorcycles between 201 cc and 400 cc
Class 2	Motorcycles exceeding 400 cc
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE

26 Oct 1994
11 Feb 1997
16 Dec 2003
05 Jul 2004

S7703619I

S / No. 9000017480

NP 428A



Licence No: S7703619I

Hello, NAC_PAYA_UBI_800601

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

[My Desktop](#)

[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

25/02/2019 11:30

Vehicle No.(For Motor)

SMA8500L

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102550500		LAW HONG SENG	S7703619J	GPC	Third Party	SMA8500L	SMA8500L	21/07/2018	25/08/2019

Continue

Claim Handling

Accident MT/1033809

Policy No.	5102550500	Vehicle No.	SMA8500L	GST Registration No.
Certificate No.				
Policyholder Name	LAW HONG SENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	83333893	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	26/02/2019 18:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/02/2019	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG UPP CROSS ST @ STATE COURT DROP-OFF			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
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	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 272 #02-02	Address 2	TAMPINES STREET 22	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5102550500	

▼ OI Driver Info

Driver Name	LAW HONG SENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7703619I	Driver DOB
Register Date of Driver License	05/07/2004	Driver Age	42	Driving Experience
Contact No.(Mobile)	83333893	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 272	Address 2	TAMPINES STREET 22	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-02			
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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LAW HC
Contact No.(Mobile)	98385828	Contact No. (Home)	678967
Email Address	devin_9085@yahoo.com	OT Vehicle Number	SMA8500L
Claim Description	SMA8500L / SHD6835C ON 25 Feb 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Workshop No.	Preferred Repair Option	Preferred Workshop (refer below)	GIA report
Finalisation	Yes	Received	
Date Registered	26/02/2019 18:16	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment



Accident No.	MT/1033809	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/02/2019 00:00

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> 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 26 Feb 2019 18:16	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:16	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:16	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2019 18:15	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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