

*NATIONAL Assessment Centre Services.*

[over 1 Jan 02]

MN/A 119034448

Date In: 1413119 17:00	Job description	Date & Time Completed	Done by
Ref No: MAT1MC190046761h4.	SAS e-filing		
Veh No: SGJ 37100.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1313119 13:45.	I-Motor Claim Form	MAT11035843 <sup>-002</sup>	1513119 16:37.
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (		Tel:	Fax:
TP Particulars:	Veh No: SJ0765	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: 6789 6616)	Date & Time Completed	Completed by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

**Injury :** \_\_\_\_\_

[illegible]

Human's Particulars:		Invoice Itemization Checklist:		Amo (\$)	Amo (\$)
Driver/Owner:				30.00	Add bill
Contact No:		1) AR: Accident Reporting (\$30);			
Managed Portion:		2) DA: Damage Assessment (\$100);	INC (\$80)		
Checked by (Engr-In-Charge):		3) TP: Towing Fee	\$40/\$45		
Supervisors' Comments:		4) PT: Follow-Through Survey	\$120		
		5) PT: Follow-Through Survey (Re-survey)	\$30		
		For retaining against INC Only (w/o 10 Jan 2005)			
		6) TR: Re-Inspection	\$75		
		7) NI: Idno DA + SMRT Survey	\$160		
		8) NTUC Additional Services:			
		QD:			
		*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-in INC) against INC	\$20		
		9) N12: Idno Mobile	\$0		
2/3:		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	14/03/2019 17:00
Date Of Accident	13/03/2019 13:45
Exact Location Of Accident	AYE EXIT LOWER DELTA RD (SLIP RD)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGJ3710D
Insured/Policyholder	
Name Of Registered Owner	CHEONG KWOK KEE
NRIC No	S1807439G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96881822
Alternative Phone No	OFFICE-96881822
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS 1.5E A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5021786386-11
Cover Note Number	-
Driver	
Name of Driver	PHANG SAM MOI
NRIC No	S7071639I
Date Of Birth	16/08/1970
Occupation	INDOOR
Date Of Driving Pass	05/05/1995
Driving Experience	23 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97380990
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	62 BAYSHORE RD #12-08
Postcode	469983
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?	
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

PLEASE REFER TO 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	SJD76S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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.
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:

14/03/2019  
1.15p.m

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/03/2019  
1.15p.m

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





# ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 3 / 19) (DD/MM/YYYY), TIME: (13:45) (HH:MM)

LOCATION: Lower Delta Rd. Slip Rd AYE Ext Lower Delta Rd CSlip Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGJ 3710D.  
 b) INSURANCE COMPANY: INC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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: Cheong Kwok Kee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 9688 8888  
 c) ADDRESS: 1822

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Phang Sam Mei (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 97380990  
 c) ADDRESS:

\*d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5/5/1995

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

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: SJO 765. MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (Including driver)  
 (1)

\* No of passengers  
 (Including driver)  
 ( )

\* No of passengers  
 (Including driver)  
 ( )

Wong Dk. (driver).

Email = shetaphang@gmail.com

fax =

VIDEO = No.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7071639I



Name  
**PHANG SAM MOI**

Race  
**CHINESE**

Date of Birth  
**16-08-1970**

Sex  
**F**

Country of Birth  
**MALAYSIA**



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1807439G



Name  
**CHEONG KWOK KEE**

Race  
**CHINESE**

Date of birth  
**26-01-1967**

Sex  
**M**

Country of Birth  
**SINGAPORE**

蒋国基



A0139061



NRIC No. S7071639I



Blood Group  
**A+**

Date of issue  
**30-05-2002**

62 BAYSHORE ROAD #12-08  
SINGAPORE 469983

S7071639I 30/01/2014

3637396



NRIC No. S1807439G



Date of issue  
**29-10-2004**

62 BAYSHORE ROAD #12-08  
SINGAPORE 469983

S1807439G 30/01/2014



**SINGAPORE  
POLICE FORCE**

## PAYMENT

### TAX INVOICE

Invoice No: SPF2019031501000381  
Date/Time: 15/03/2019 16:18:59

Application Paid Via: Master  
GST Reference No: -

Service Type	Service Fee	eService Reference No	Unit Price (S\$)	GST (S\$)	Qty	Amount (S\$)
1 Qualified Driving Licence	Licence Fee	Q000048002	25.00	0.00	1	25.00
Total (S\$)						25.00

This is a computer-generated invoice. No signature is required.

Please print a copy of the invoice for your reference.

A FORCE FOR THE NATION





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="13/03/2019 13:45"/>							
Vehicle No. (For Motor)	<input type="text" value="SGJ3710D"/>	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="checkbox"/>	5021786386-11		CHEONG KWOK KEE	S1807439G	GPC	Third Party, Fire & Theft	SGJ3710D	SGJ3710D	10/07/2018	09/07/2019
<input type="button" value="Continue"/>										



## Claim Handling

Accident MT/1035843

Policy No.	5021786386-11	Vehicle No.	SGJ3710D	GST Registration No.	
Certificate No.					
Policyholder Name	CHEONG KWOK KEE			Policyholder NRIC	S1807+
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	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	Not avi
<b>Accident Details</b>					
Report Date	14/03/2019 10:56	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	13/03/2019	Time of Accident hh:mm	13:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	62 BAYSHORE ROAD	Address 2	#12-08 BAYSHORE PARK	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46998
Unit No.		Related Policy Number	5021786386-11		
<b>OI Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	CHEONG KWOK KEE
Contact No.(Mobile)	96881822	Contact No. (Home)	66101822
Email Address	garycheong2003@yahoo.com.sg	OI Vehicle Number	SGJ3710D
Claim Description	SGJ3710D / SJD765 ON 13 Mar 2019		
Preferred Workshop	0	Insured Liability	Fully at fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/03/2019 16:35	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1035843	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/03/2019 16:37
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal

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

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:37	SAS	Normal	SAS 2019-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:37	Photos	Normal	Photos 2019-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:37	Photos	Normal	Photos 2019-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:36	Photos	Normal	Photos 2019-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:36	Photos	Normal	Photos 2019-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:36	Photos	Normal	Photos 2019-3-15
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:36	Photos	Normal	Photos 2019-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:35	Photos	Normal	Photos 2019-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:35	Photos	Normal	Photos 2019-3-15
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:35	Photos	Normal	Photos 2019-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Mar 2019 16:35	Photos	Normal	Photos 2019-3-15

Video List

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