

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MWA 119035430

Date In: 18/13/19 10:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA(INC 19004823/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJX 5293T	I-Motor Claim Form	MT/1036236-001	18/13/19 11:17
D.O.A: 17/13/19 12:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (TP) Reporting Only	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: SJY 1867J	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 repolter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: INC Hotline: 6788 6616

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:

Date/Time	Actions

MA1901993

Claimant's Particulars:	Invoice Ref: 119035430	Amc (\$): 30.00	PAmt (\$):
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bgr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Sat. 1:	For claiming against INC Only (ver 10 Jan 2005)		
at 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 (Non INC) against INC \$20		
	9) N12: Idan Mobile 30		
	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 willful 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	18/03/2019 10:01
Date Of Accident	17/03/2019 12:00
Exact Location Of Accident	BEDOK NORTH RD TRAFFIC LIGHT NEAR BLK 503
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX5293T
Insured/Policyholder	
Name Of Registered Owner	HOO CHIANG HAN KELVIN
NRIC No	S8333485A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81684991
Alternative Phone No	OFFICE-81684991
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	5101134226
Cover Note Number	-
Driver	
Name of Driver	HOO CHIANG HAN KELVIN
NRIC No	S8333485A
Date Of Birth	20/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81684991
Fax Number	
Contact Number	OFFICE-81684991
EMail Address	NOEMAIL

Address	BLK 501 BEDOK NORTH ST 3 #14-20
Postcode	460501
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : CHUA YEE LING 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

I WAS TRAVELLING ALONG BEDOK NORTH RD, WHILE APPROACHING TRAFFIC LIGHT NEAR BLK 503, VEH C (BEARING NO SKZ6482K) WHICH WAS IN FRONT OF ME SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP, ALL OF A SUDDEN, I FELT AN STRONG IMPACT FROM BEHIND. DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD HIT ONTO VEH C REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJY1867J) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY1867J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DESMOND SIM TZE PENG
NRIC/Passport Number	S8076451J
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKZ6482K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MOHAMED YUNOS BIN ZAINAL ABIDEEN
NRIC/Passport Number S1114108J
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA YEE LING
Approximate Age
Injuries Sustain PREGNANT
Injured person in which vehicle? SJX5293T
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:

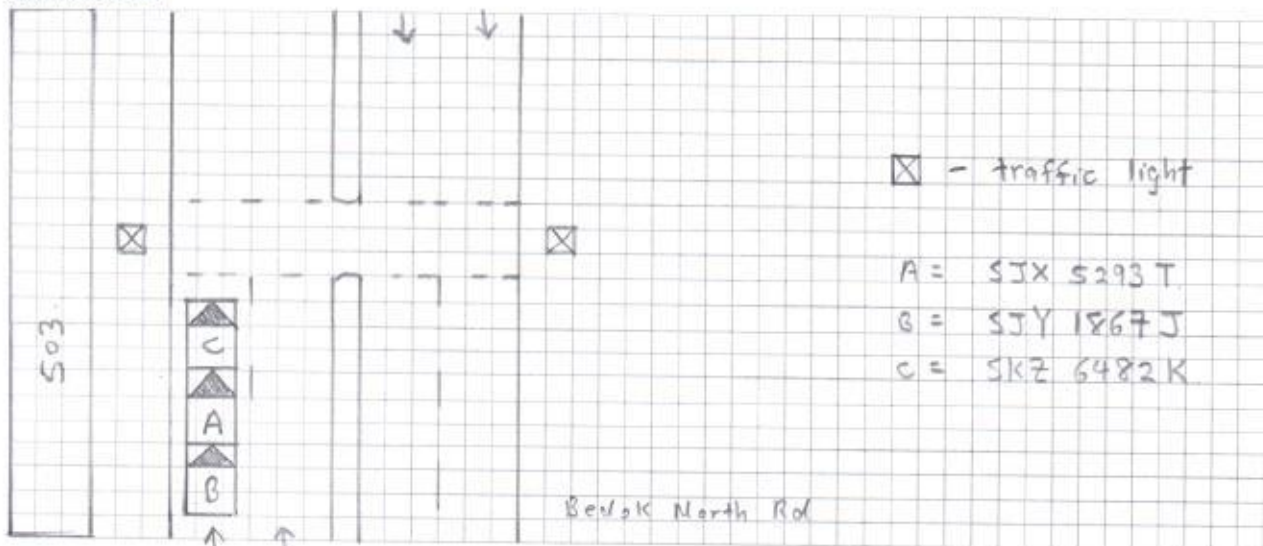
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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. S8333485A



Name
HOO CHIANG HAN, KELVIN

胡 江 汉

Race
CHINESE

Date of birth
20-10-1983

Country/Place of birth
SINGAPORE

Sex
M




Portrait of Hoo Chiang Han, Kelvin

Name
HOO CHIANG HAN, KELVIN

Birth Date 20 Oct 1983

Issue Date 09 Jul 2005



001363587H

5241130



NRIC No S8333485A



Date of issue
22-11-2013


Address
APT BLK 501 BEDOK NORTH STREET 3
#14-20
SINGAPORE 460501

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles <= 200 CC	13 Nov 2002
Class 2A	Motorcycles between 201 CC and 400 CC	16 Aug 2005
Class 2	Motorcycles > 400 CC	14 Mar 2008
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	18 Aug 2008

S / No. 9000080643

Licence No: S8333485A



NP 42

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="17/03/2019 09:36"/>
Vehicle No.(For Motor)	<input type="text" value="SJX5293T"/>	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 checked="" type="radio"/>	5101134226		HOO CHIANG HAN KELVIN	S8333485A	GPC	drive CLASSIC	SJX5293T	SJX5293T	05/06/2018	04/06/2019

Claim Handling

Accident MT/1036236

Policy No.	5101134226	Vehicle No.	SJX5293T	GST Registration No.	
Certificate No.					
Policyholder Name	HOO CHIANG HAN KELVIN	Cover Type	drivo CLASSIC	Policyholder NRIC	S8333
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81684991	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	18/03/2019 11:13	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	17/03/2019	Time of Accident hh:mm	12:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH RD TRAFFIC LIGHT NEAR BLK 503				

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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 501 #14-20	Address 2	BEDOK NORTH STREET 3	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46050
Unit No.		Related Policy Number	5101134226		

OI Driver Info

Driver Name	HOO CHIANG HAN, KELVIN	Driver Type	Main Driver	Driver DOB	20/10/
Unnamed driver Name		Driver NRIC	S8333485A	Driving Experience	10
Register Date of Driver License	18/08/2008	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	81684991	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 501 #14-20	Address 2	BEDOK NORTH STREET 3	Post Code	46050
Address 4		Address Type	Singapore address		
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HOO CHIANG HAN KELVIN
Contact No.(Mobile)	81684991	Contact No.(Home)	67832869
Email Address	KELVINHOO83@GMAIL.COM	Vehicle Number	SJX5293T
Claim Description	SJX5293T / SJY18671 ON 17 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	18/03/2019 11:15	GIA report	Received
Report Taken By	LIEW SHAN HUI	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1036236	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

18/03/2019 11:17

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

Choose File No file chosen

Message Read

Category *	Confidential	Urgency *
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:17	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:16	SAS	Normal	SAS 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:16	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:16	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:16	Photos	Normal	Photos 2019-3-18
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:15	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:15	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:15	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:15	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:15	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:15	Photos	Normal	Photos 2019-3-18

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Scan and uploading