

NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

MMA 119035508-

Date In: 18/13/19 10:46	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MMA1MUC1900 4828164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SGW 8762 C	I-Motor Claim Form	MT/1036243-001	18/13/19 11:40
D.O.A: 17/13/19 13:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (P) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel: (Fax: (
TP Particulars:	Veh No: SJK1010M	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)	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

Client's Particulars:	MMA1901990	Invoice Preparation Checklist	Am (\$)	PAID (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey \$120		
Auditors Comments:		5) PT: Follow-Through Survey (Resurvey) \$30		
Ref 1:		For claiming against INC Only (wef 10 Jan 2005)		
Ref 2/3:		6) TR: Re-inspection \$75		
		7) N1: Idan DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		ON:		
		*N5: Courtesy Car / Tpt Allowance \$3		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$3		
		TP (N11): TP (85% INC) against INC \$20		
		9) N12: Idan 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	18/03/2019 10:46
Date Of Accident	17/03/2019 13:20
Exact Location Of Accident	YISHUN AVE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGW8762C
Insured/Policyholder	
Name Of Registered Owner	HO HAO YI
NRIC No	S8617881H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93858617
Alternative Phone No	OFFICE-93858617
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ 1.4M
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	5097436626-01
Cover Note Number	-
Driver	
Name of Driver	HO HAO YI
NRIC No	S8617881H
Date Of Birth	13/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93858617
Fax Number	
Contact Number	OFFICE-93858617
Email Address	NOEMAIL

Address	BLK 289B COMPASSVALE CRESCENT #15-327
Postcode	542289
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

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	SJK1010M
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

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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.



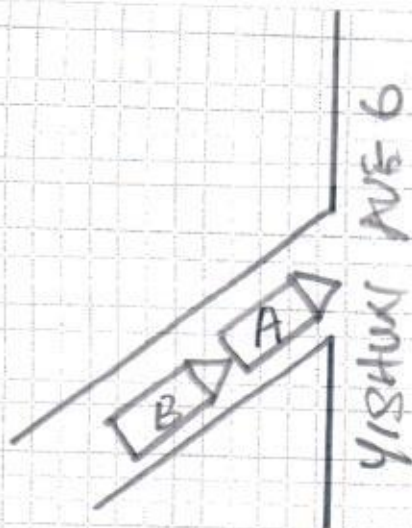
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN




A-86W8762C
B-8JK1010M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


MY VEH WAS STATIONARY AT SLIP ROAD. OUT OF SUDDEN
I FELT AN IMPACT FROM MY VEH 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.:



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SGPW8762C

MAKE/MODEL: HONDA

DATE OF ACCIDENT

17/03/2019
DAY/MONTH/YEAR

TIME

13 HR

MIN

20

AM/PM

LOCATION OF ACCIDENT

YISHUN AVE 6.

EXACT PURPOSE USE DURING ACCIDENT

STAYING HOME WORKING

CAR OWNER

NAME OF CAR OWNER

HO HAO YI

CONTACT NO

9385867

NRIC

S8617881H

CLAIM TYPE

☐ OD

☒ THIRD PARTY

☐ REPORTING ONLY

INSURANCE COMPANY

NTUC

TYPE OF COVERAGE

☒ COMPREHENSIVE

☐ THIRD PARTY

☐ THIRD PARTY FIRE & THEFT

POLICY NO

ACCIDENT DRIVER

☐ AS ABOVE

☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

HO HAO YI

NRIC

S8617881H

NO OF PASSENGER/S

0

DATE OF BIRTH

13 JUL 1986

OCCUPATION

☒ OUTDOOR

☐ INDOOR

DATE OF DRIVING PASS

22/02/2008

GENDER

☒ MALE

☐ FEMALE

CONTACT NO

ADDRESS

289B COMPARSUANE CRESENT #15-327 (E) 54289

DRIVER OWN ANY VEHIC

NO/ IF YES- REGISTRATION NO

RELATIONSHIP

EMPLOYEE/

IF NOT:

OWNER

WEATHER CONDITION

☒ CLEAR

RAINING

OTHER:

ROAD SURFACE

☒ DRY

WET

OTHER:

ANY INJURIES

NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT

NO/ IF YES- LOCATION:

VIDEO FOOTAGE

NO/ YES

3RD PARTY INFO

VEHICLE B NO

87K1010M.

NO OF PASSENGER/S

0

NAME

CONTACT NO

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8617881H**

NAME:

HO HAO YI
(HE HAOYI)

Birth Date: **13 Jul 1986**

Issue Date: **08 Dec 2005**

001386626E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8617881H**



Name

HO HAO YI
(HE HAOYI)

何豪亿

Race

CHINESE

Date of birth

13-07-1986

Country/Place of birth

SINGAPORE

Sex

M

5704532



NRIC NO. **S8617881H**



Date of issue

21-02-2017

Address

APT BLK 289B COMPASSVALE CRESCENT
#15-327
SINGAPORE 542289

DRIVE VEHICLES WITH THIS LICENCE

Class 2B	Motorcycles <= 200 CC	08 Dec 2005
Class 2A	Motorcycles between 201 CC and 400 CC	19 Jan 2007
Class 2	Motorcycles > 400 CC	06 May 2008
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	22 Feb 2008

S8617881H

S / No. 9000071107

Licence No: S8617881H

NP 228A

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="17/03/2019 10:45"/>
Vehicle No.(For Motor)	<input type="text" value="SGW8762C"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097436626-01		HO HAO YI	S8617881H	GCV	Comprehensive	SGW8762C	SGW8762C	01/02/2019	31/01/2020

Continue

Claim Handling

Accident MT/1036243

Policy No.	5097436626-01	Vehicle No.	SGW8762C	GST Registration No.	
Certificate No.					
Policyholder Name	HO HAO YI			Policyholder NRIC	586171
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93858617	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	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	18/03/2019 11:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	17/03/2019	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 6				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		No	
Modification History					

Policyholder Mailing Address					
Address 1	BLK 289B #15-327	Address 2	COMPASSVALE CRESCENT	Address 3	COMPA
Address 4	SINGAPORE 542289	Address Type	Singapore address	Post Code	542285
Unit No.	15-327	Related Policy Number	5097436626-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HO HAO YI	Driver NRIC	S8617881H	Driver DOB	13/07/
Register Date of Driver License	22/02/2008	Driver Age	32	Driving Experience	11
Contact No.(Mobile)	93858617	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 289B #15-327	Address 2	COMPASSVALE CRESCENT	Address 3	COMPA
Address 4	SINGAPORE 542289	Address Type	Singapore address	Post Code	542285
Unit No.	15-327				
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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HO HAO YI
Contact No.(Mobile)	93858617	Contact No. (Home)	
Email Address	haoyi232002@hotmail.com	OI Vehicle Number	SGW8762C
Claim Description	SGW8762C / 5JK1010M ON 17 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered		Claim Close Date	18/03/2019 11:39
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			
<div>Save</div> <div>Submit</div>			

Attachment

Accident No.	MT/1036243	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

18/03/2019 11:40

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

Clear

Category *

Confidential

Urgency *

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

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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 11:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:40	SAS	Normal	SAS 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:40	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:40	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:40	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:40	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:39	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:39	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:39	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:39	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:39	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:39	Photos	Normal	Photos 2019-3-18

Video List

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