

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA119036598

Date In: <u>19/1/19-10:39</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/NC1904947/24</u>	SAS e-filing		
Veh No: <u>5JF-9316M</u>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <u>18/1/19-20:15</u>	i-Motor Claim Form	<u>M7/1036634-02</u>	<u>19/1/19 19:35</u>
OD / TP / 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: (

Tel:

Fax:

TP Particulars:

Veh No: 5JF 916L

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

NA1903072

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

(In Bill)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 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) N1: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON*		
*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: Idao 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 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	19/03/2019 16:39
Date Of Accident	18/03/2019 20:15
Exact Location Of Accident	JUNC SIMS AVE TWDS SIMS WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4316M
Insured/Policyholder	
Name Of Registered Owner	GWEE KHOR KENG
NRIC No	S1251348H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93389684
Alternative Phone No	OFFICE-93389684

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100608665
Cover Note Number	

Driver

Name of Driver	GWEE KHOR KENG
NRIC No	S1251348H
Date Of Birth	14/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1977
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93389684
Fax Number	
Contact Number	OFFICE-93389684
Email Address	NOEMAIL

Address	BLK 330 UBI AVENUE 1 #04-635
Postcode	400330
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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. I ACCIDENTALLY RELEASE MY BRAKE. AS A RESULT, MY VEHICLE ROLL TO THE FRONT AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

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	SHC7161L
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)	2

Passenger 1

NAME: :

GENDER: :


SKETCH PLAN


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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

A: SJF 4316M.
B: SHC 7161L.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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 DRIVING LICENCE

Control Number: S1251348H

Name: GWEE KHOR KENG

Birth Date: 14 May 1956

Valid Date: 11 Feb 2003

000190188H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1251348H

Name: GWEE KHOR KENG

魏可庚

Race: CHINESE

Date of birth: 14-05-1956

Sex: M

Country of birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Date
Class 2B	Motorcycles not exceeding 250 cc	19 Apr 1977
Class 2A	Motorcycles between 201 cc and 400 cc	19 Apr 1977
Class 2	Motorcycles exceeding 400 cc	19 Apr 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Mar 1977

License No: S1251348H

NP 428H

4628885

NRIC No: S1251348H

Date of issue: 21-09-2010

APT BLK 330 UBI AVENUE 1 #04-635
SINGAPORE 400330

NRIC No: S1251348H
SINGAPORE 400411

Date: 29/04/2018

eBaoTech

GeneralClaim

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="18/03/2019 20:15"/>							
Vehicle No. (For Motor)	<input type="text" value="SJF4316M"/>	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="radio"/>	5100608665		GWEE KHOR KENG	S1251348H	GPC	drivo CLASSIC	SJF4316M	SJF4316M	21/05/2018	29/05/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5100608665	Policyholder Name	GWEE KHOR KENG	Policyholder NRIC	S1251348H
Certificate No.					
Address	BLK 411 #17-124 EUNOS ROAD 5 SINGAPORE 400411				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/05/2018	Effective Date	21/05/2018 00:00	Expiry Date	29/05/2019 23:59
Excess Type		All Claims Excess			
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	Young/Inexperience Driver Excess	
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 330 #04-835	Address 2	UBI AVENUE 1	Address 3	KAMPUNG UBI ESTATE
Address 4	SINGAPORE 400330	Address Type	Singapore address	Post Code	400330
Unit No.	04-835	Related Policy Number	5100608665		

▶ Insured Object: SJF4316M

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

Claim Handling

Accident MT/1036634

Exit

Policy No.	S100608665	Vehicle No.	SJF4316M	GST Registration No.	
Certificate No.					
Policyholder Name	GWEE KHOR KENG	Cover Type	drive CLASSIC	Policyholder NRIC	S1251348H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93389584	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	sCode	<input type="text" value="N"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	sCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	19/03/2019 19:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/03/2019	Time of Accident hh:mm	20:15	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	JUNC SIMS AVE TWDS SIMS WAY				

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 330 #04-835	Address 2	UBI AVENUE 1	Address 3	KAMPUNG UBI ESTATE
Address 4	SINGAPORE 400330	Address Type	Singapore address	Post Code	400330
Unit No.	04-835	Related Policy Number	S100608665		

OI Driver Info

Driver Name	GWEE KHOR KENG	Driver Type	Main Driver	Driver DOB	14/05/1956
Unnamed driver Name		Driver NRIC	S1251348H	Driving Experience	42
Register Date of Driver License	12/03/1977	Driver Age	52	Contact No.(Home)	0
Contact No.(Mobile)	93389584	Contact No.(Office)	0	Address 3	KAMPUNG UBI ESTATE
Address 1	BLK 330	Address 2	UBI AVENUE 1	Post Code	400330
Address 4	SINGAPORE 400330	Address Type	Singapore address		
Unit No.	04-835				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	GWEE KHOR KENG	Insured NRIC	S1251348H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SJF4316M	TP Vehicle Number	SHC7161L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJF4316M / SHC7161L ON 18 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/03/2019 19:55	Claim Close Date		Date Received	19/03/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment










Accident No.	MT/1036634	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2019 19:55

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> No	Normal	

Browse...		Clear	Please Select	7/10	Normal	
Browse...		Clear	Please Select	7/10	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Mar 2019 19:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Mar 2019 19:55	SAS	Normal	SAS 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Mar 2019 19:55	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Mar 2019 19:55	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Mar 2019 19:55	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Mar 2019 19:55	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Mar 2019 19:55	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Mar 2019 19:55	Photos	Normal	Photos 2019-3-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Mar 2019 19:55	Photos	Normal	Photos 2019-3-19		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				