

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 04/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19005955/13	SAS e-filing		
Veh No: 5GR886H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/04/19 0710	i-Motor Claim Form	MT/1038763-001	
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: SFA1800A	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

NA1902592	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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: Idac 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: Idac Mobile \$30			
QC Checked by (Engr-In-Charge):	Invoice date/	Fee Charged		
Auditors' Comments:-	Invoice dated	Fee Charged		
Cat. 1:				
Cat. 2 / 3:				

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	04/04/2019 10:44
Date Of Accident	03/04/2019 07:10
Exact Location Of Accident	JUNC OF PRINCESS OF WHALES RD & CORONATION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR886H
Insured/Policyholder	
Name Of Registered Owner	ONG IONG SHEUNN
NRIC No	S7534084B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91258098
Alternative Phone No	OTHERS-91258098

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5065802883-04
Cover Note Number	

Driver

Name of Driver	BAHARUDDIN BIN A GHANI
NRIC No	S2175566D
Date Of Birth	07/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1984
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87520725
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 107 COMMONWEALTH CRESCENT #05-224
Postcode	140107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PERSONNEL DRIVER
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	RAINING
Road Surface	WET

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: : MARCUS ONG GENDER: : MALE
Passenger 2	NAME: : EMILY ONG 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 FROM PRINCESS OF WHALES RD TURNING RIGHT INTO CORONATION RD. AFTER MAKING A RIGHT TURN SUDDENLY INFRT OF MY VEH E-BRAKE, I HAVE NOT ENOUGH TIME TO REACT AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

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	SFA1800A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE HUI LING
NRIC/Passport Number	S8097140J
Contact Number	94740970

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.

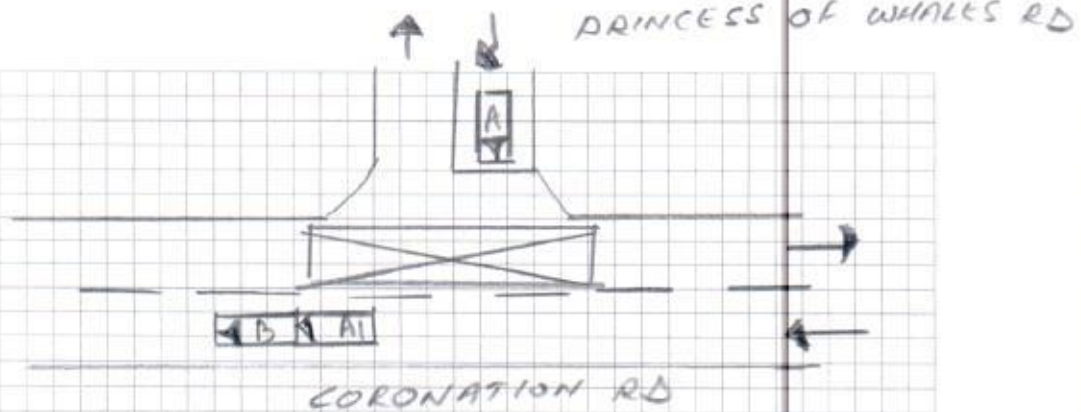
Policyholder's Signature
Date & Time:

 4/4/2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 04/04/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A- SGR 886H
B- SFA 1800A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

p/s refer to the 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. S2175566D



BAHARUDDIN BIN A GHANI
بهارالدين بن عبدالغني
Race: MALAY
Date of Birth: 07-04-1959 Sex: M
Country of Birth: JOHORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S2175566D
Name: BAHARUDDIN BIN A GHANI
Birth Date: 07 Apr 1959
Issue Date: 10 Feb 2003




NRIC No: S2175566D



Blood Group: O+ Date of Issue: 06-04-1994

APT BLK 107 COMMONWEALTH CRESCENT #05-224
SINGAPORE 140107
NRIC No: S2175566D Date: 12/03/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B	Motorcycles not exceeding 200 cc	ISS DATE: 22 Feb 1984
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Apr 1984

428A



License No: S2175566D

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="03/04/2019 07:10"/>							
Vehicle No.(For Motor)	<input type="text" value="SGR886H"/>	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"/>	5065802883-04		ONG IONG SHEUNN	S75340848	GPC	drivo CLASSIC	SGR886H	SGR886H	10/08/2018	09/08/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1038763

Policy No.	5065802883-04	Vehicle No.	SGR886H	GST Registration No.
Certificate No.				
Policyholder Name	ONG IONG SHEUNN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91258098	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	0	Private Hire
▼ Accident Details				
Report Date	04/04/2019 11:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/04/2019	Time of Accident hh:mm	07:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF PRINCESS OF WHALES RD & CORONATION RD			
▼ Excess				
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
▼ Benefits				
Coverage		Sum Insured		
Excess Waiver		99999999.99		
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	Yes	
Modification History				
▼ Policyholder Mailing Address				
Address 1	65 BRANKSOME ROAD	Address 2	SINGAPORE 439596	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5065802883-04	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	BAHARUDDIN BIN A GHANI	Driver NRIC	S2175566D	Driving Experience
Register Date of Driver License	19/04/1984	Driver Age	59	Contact No.(Home)
Contact No.(Mobile)	87520725	Contact No.(Office)	0	Address 3
Address 1	BLK 107	Address 2	COMMONWEALTH CRESCENT	Post Code
Address 4	SINGAPORE 140107	Address Type	Singapore address	
Unit No.	#05-224			
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	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ONG IC
Contact No.(Mobile)	91258098	Contact No. (Home)	646200
Email Address		OI Vehicle Number	SGR886H
Claim Description	SGR886H / SFA1800A ON 3 Apr 2019		
Preferred Workshop	Yes	Insured Liability	Fully at Fault
Contact No. Finalisation		Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	04/04/2019 11:59
		Workshop Repairer	ROSLINDA

[Print AK letter](#)[Save](#) [Submit](#)**Attachment**

Accident No.	MT/1038763	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/04/2019 00:00
Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 11:59	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 11:59	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 11:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 11:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 11:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 11:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 11:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 11:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 11:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2019 11:59	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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