

NATIONAL Assessment Centre Services. (wef 1 Jan'05) M11195646

Date In: 2/1/19-12:15	Job description	Date & Time Completed	Done by
Ref No: 110/111195646/24	SAS e-filing		
Veh No: 46C 71953	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/1/19-16:15	i-Motor Claim Form	M11195646-202	2/1/19 22:37
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: SKRNGC	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: 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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Am't (\$) Est. Bill	Am't (\$) Add. Bill
	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) RT: 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:-			
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 (N-in INC) against INC \$20				
9) N12: Idac 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	02/05/2019 12:15
Date Of Accident	30/04/2019 16:15
Exact Location Of Accident	BLK 1004 TOA PAYOH NORTH OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGC7195B
Insured/Policyholder	
Name Of Registered Owner	ENG SING HING @ NG CHENG GUAN
NRIC No	S1834647H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92959670
Alternative Phone No	OFFICE-92959670
Vehicle Particulars	
Manufacturer	NISSAN
Model	SUNNY 1.6EXM
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	5018290755-12
Cover Note Number	
Driver	
Name of Driver	NG KWEE HUAT
NRIC No	S1808562C
Date Of Birth	02/05/1967
Occupation	INDOOR
Date Of Driving Pass	15/02/1986
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96557812
Fax Number	
Contact Number	OFFICE-96557812
Email Address	NOEMAIL

Address	BLK 206 TOA PAYOH NORTH #11-1219
Postcode	310206
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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

REFER TO STATEMENT. AFTER AN IMPACT, MY VEHICLE SWERVE TO THE RIGHT AND MY VEHICLE HIT ONTO THE BARRIER

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	SKR1139C
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)	1

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

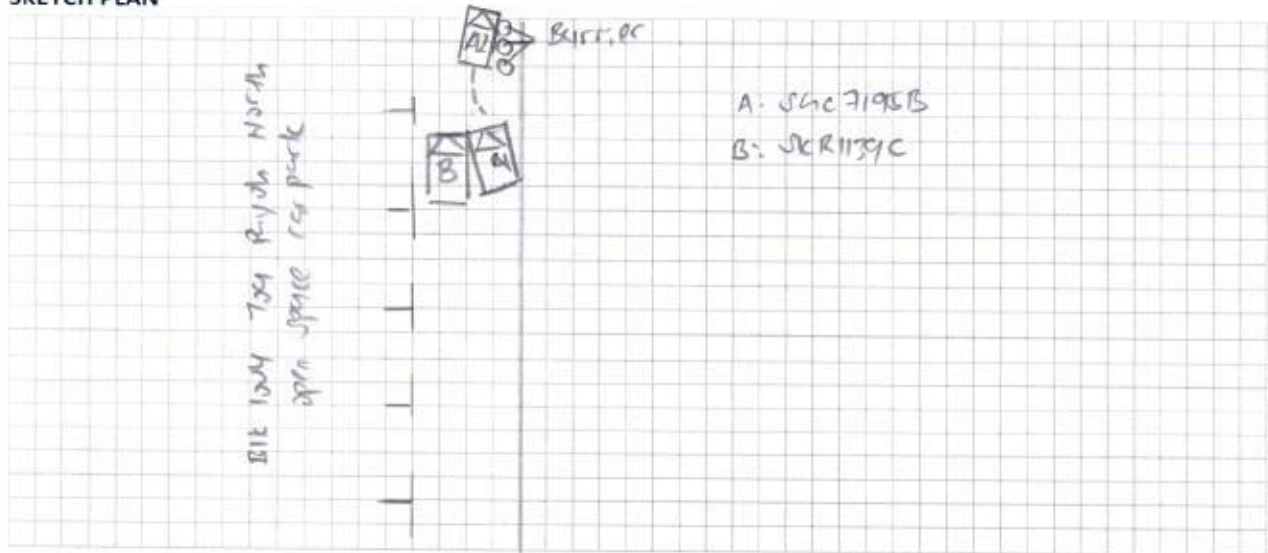
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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.:

SGC7195B

On 30/4/2019 at about 4.15pm, my vehicle A (SGC7195B) was ~~parked~~^{stationary} along Blk 1004 Toa Payoh North Carpark and prepared to move out. Whilst moving out, I hit into the front right side of vehicle B ~~SGC~~ (SKR1139C).

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number: S1808562C

Name: NG KWEE HUAT

Birth Date: 02 May 1967

Issue Date: 04 Dec 2018

002877661C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1808562C

Name: NG KWEE HUAT

黄贵发

Race: CHINESE

Date of Birth: 02-05-1967

Sex: M

Country of Birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	15 Feb 1986
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	12 Dec 1990
Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	

Licence No: S1808562C

NP 428A

1128981

Barcode

NRIC No: S1808562C

Fingerprint

Blood Group: B+

Date of issue: 21-07-1993

APT BLK 305 TOA PAYOH NORTH #11-1219

SINGAPORE 310208

NRIC No: S1808562C

Date: 07-01-1995

No: 2478828

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5018290755-12		ENG SING HING @ NG CHENG GUAN	S1834647H	GPC	Third Party, Fire & Theft	SGC7195B	SGC7195B	24/01/2019	23/01/2020

Claim Handling

Exit

Accident MT/1042579

Policy No.	5018290755-12	Vehicle No.	SGC7195B	GST Registration No.	
Certificate No.					
Policyholder Name	ENG SING HING @ NG CHENG GUAN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S1834647H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92959670	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	#Code Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	02/05/2019 13:01	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/04/2019	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	BLK 1004 TOA PAYOH NORTH OPEN SPACE CARPARK				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 206 #11-1219	Address 2	TOA PAYOH NORTH	Address 3	SINGAPORE 310206
Address 4		Address Type	Singapore address	Post Code	310206
Unit No.		Related Policy Number	5018290755-12		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/05/1967
Unnamed driver Name	NG KWEE HUAT	Driver NRIC	S1808562C	Driving Experience	33
Register Date of Driver License	15/02/1986	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	96557812	Contact No.(Office)		Address 3	TOA PAYOH NORTH
Address 1	BLK 206 #11-1219	Address 2	TOA PAYOH NORTH	Post Code	310206
Address 4	SINGAPORE 310206	Address Type	Singapore address		
Unit No.	11-1219				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	ENG SING HING @ NG CHENG GUAN	Insured NRIC	S1834647H
Contact No.(Mobile)	95005505	Contact No.(Home)	62562040	Contact No.(Office)	
Email Address		OT Vehicle Number	SGC7195B	TP Vehicle Number	SKR1139C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGC7195B / SKR1139C ON 30 Apr 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	02/05/2019 20:57	Claim Close Date		Date Received	02/05/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1042579	Claim No.	002
Last Doc: Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/05/2019 20:59
Path *		Category *	Confidential
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Attachment List		Send Message					Sign	
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 20:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-2		Edit		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 20:59	SAS	Normal	SAS 2019-5-2		Edit		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 20:58	Photos	Normal	Photos 2019-5-2		Edit		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 20:58	Photos	Normal	Photos 2019-5-2		Edit		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 20:58	Photos	Normal	Photos 2019-5-2		Edit		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 20:58	Photos	Normal	Photos 2019-5-2		Edit		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 20:58	Photos	Normal	Photos 2019-5-2		Edit		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 20:58	Photos	Normal	Photos 2019-5-2		Edit		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 20:58	Photos	Normal	Photos 2019-5-2		Edit		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 20:58	Photos	Normal	Photos 2019-5-2		Edit		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 20:58	Photos	Normal	Photos 2019-5-2		Edit		
Video List								
Uploaded By/Date	Folder Date	File Name	Source	Action				
Display in New Window		Scan and uploading						