

NATIONAL Assessment Centre Services.

[wef 1 Jan'00]

NA119061322

Date In: 11/05/2019 15:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC/19008367/Y	SAS e-illing		
Veh No: SKR 9221S	E-mail (w/ data sheet, AIC sheet)		
D.O.A: 11/05/2019 15:05	I-Motor Claims Form	NA/1044041-001	11/05/2019
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:36
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLG 6235X	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: NA/INC/19008367/Y

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

Injury: _____

Date/Time	Action

NA1903328

Claimant Particulars:	1) AR: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$75
	For claiming against INC Only (wef 10 Jan 2002)	\$160
	6) TR: Re-inspection	
	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	TP (Nil): TP (Non INC) against INC	\$20
	9) NI1: Idas 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	11/05/2019 15:05
Date Of Accident	11/05/2019 12:05
Exact Location Of Accident	JUNCTION OF RIVERVALE DRIVE/SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR9221S
Insured/Policyholder	
Name Of Registered Owner	ANG KIM HOCK
NRIC No	S1329229I
Email Address	ANG.KIMHOCK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91172166
Alternative Phone No	OTHERS-91172166

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (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	THIRD PARTY
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	5078810031-03
Cover Note Number	

Driver

Name of Driver	ANG KIM HOCK
NRIC No	S1329229I
Date Of Birth	10/11/1958
Occupation	INDOOR
Date Of Driving Pass	19/12/1979
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91172166
Fax Number	
Contact Number	OTHERS-91172166
Email Address	ANG.KIMHOCK@YAHOO.COM.SG

Address	BLK 123 RIVERVALE DRIVE #07-147
Postcode	542123
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 - CROSS JUNCTION
Weather Conditions	AFTER RAIN
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)	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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6235X
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEE CHEE SIONG
NRIC/Passport Number	S7176923B
Contact Number	88090637
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

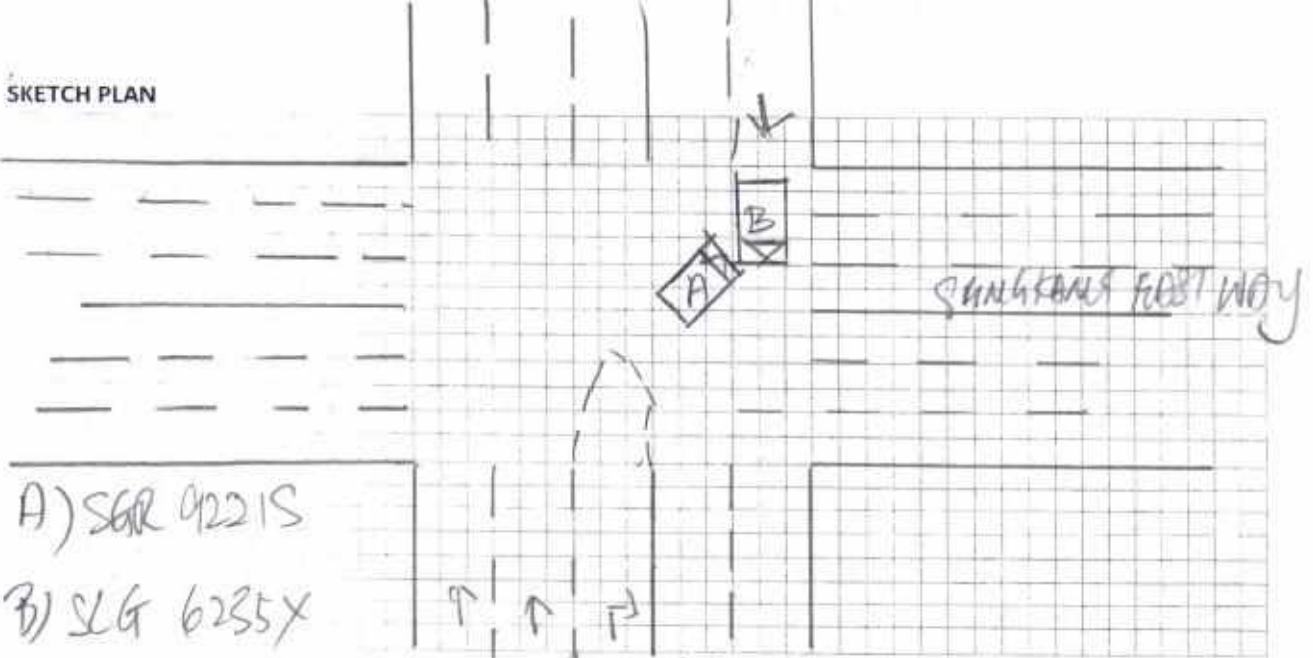
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: *R. S. L. Lathar*
NRIC/FIN No.:

SKETCH PLAN



A) SGR 9221S

B) SLG 6235X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT RIVERVALE DRIVE

ON 11/05/2019 AT ABOUT 12:05 HRS I WAS AT RIVERVALE DRIVE & WANTED TO TURN RIGHT TO SUNSHINE FAST WAY THE TRAFFIC LIGHT WAS AMBER & THE OPPOSITE DIRECTION A CAR SLG 6235X DID NOT STOP ON THE RED LIGHT & HEAD ON COLLISION WITH MY CAR SGR 9221S

VIDEO FOOTAGE ATTACH.

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:

11/05/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ROSE KORTARS

Claim Handling

Accident MT/1044041

Policy No.	5078810031-03	Vehicle No.	SGR9221S	GST Registration No.
Certificate No.				
Policyholder Name	ANG KIM HOCK			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91172166	Contact No.(Office)		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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	11/05/2019 15:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/05/2019	Time of Accident hh:mm	12:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF RIVERVALE DRIVE/SENGKANG EAST WAY			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	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 Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 123-B #07-147	Address 2	RIVERVALE DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5078810031-03	

▼ OI Driver Info

Driver Name	ANG KIM HOCK	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1329229I	Driving Experience
Register Date of Driver License	19/12/1979	Driver Age	60	Contact No.(Home)
Contact No.(Mobile)	91172166	Contact No.(Office)		Address 3
Address 1	BLK 123-B #07-147	Address 2	RIVERVALE DRIVE	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SGR9221S	Driver Insurer Comp

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	ANG KIM
Contact No.(Mobile)	91172166	Contact No. (Home)	6386709I
Email Address		OI Vehicle Number	SGR9221
Claim Description	SGR9221S / SLG6235X ON 11 May 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	11/05/2019 15:35	GIA report	Received
Report Taken By	ROSLI WAHAB	Claim Close Date	
<input type="checkbox"/> Print AK letter			

Confidential

Please Select ▼ NO ▼

Attachment List

▼ **Video List**

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (11/05/2019) (DD/MM/YYYY), TIME: (12:05) (HH:MM)

LOCATION: SINGAPORE EASTWAY / RIVERVALE DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGR 9221 S
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5078810031-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MITSUBISHI LANCEA 1.6A
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: AS Bekwood (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ANG Kim Hock (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1529209D CONTACT: 91172166
 c) ADDRESS: 1123 RIVERVALE DR #07-147

* d) DATE OF BIRTH: (10/11/1958) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 19.12.1979

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS AFTER RAIN)
 b) ROAD SURFACE: (DRY / WET / OTHERS WET)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SIG 6235X MODEL:
 b) DRIVER'S NAME: TEE CHEE SIONA
 c) NRIC/FIN/PASSPORT: S7176923B CONTACT: 88090637

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

email = ang.kim.hock@yahoo.com.sg

VIDEO



Type	Country Code	Passport No
PA	SGP	E5778025F
Name		



E5778025F

Sex	Nationality
M	SINGAPORE CITIZEN
Date of birth	Place of birth
10 NOV 1958	SINGAPORE
Date of issue	Date of expiry
05 JAN 2016	18 JUL 2021
Modifications	Authority
SEE PAGE 2	MINISTRY OF HOME AFFAIRS
National ID No	
S13292291	

[illegible]

E5778025F7SGP5811100M2107187S1329229I<<<<<42

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man with glasses and a mustache.

Licence Number: S13292291

Name: ANG KIM HOCK

Birth Date: 10 Nov 1958

Valid Date: 23 Jan 2003

Barcode: 0001471029

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

Class	Description	Valid Date
Class 3	Motor Cars and Motor Tractors the weight of which laden does not exceed 2500 kilograms	10 Dec 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which laden exceeds 2500 kilograms	26 Aug 1982

NP 476A

Barcode: Licence No. S13292291

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"/>	5078810031-03		ANG KIM HOCK	513292291	GPC	Third Party, Fire & Theft	SGR9221S	SGR9221S	26/02/2019	25/02/2020