

NATIONAL Assessment Centre Services. [part 1 Jan'03] MVA 119061432

Date In: 13/5/19 09:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008371/h4	SAS e-filing		
Veh No: SLS 7681X	E-mail (within 3hrs, AIC 2hrs)		
DDA: 12/5/19 13:25	I-Motor Claim Form	M7/1044212-001	13/5/19 14:07
OD: <input checked="" type="radio"/> 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/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SDR 9699H	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 Routine: 6/21/00/00)	Date of completion:	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

NA/903416	Invoice Breakdown (Checklist)	Amo (\$)	Valid (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	32.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wof 10 Jan 2005)		
Tel. 1:	6) TR: Re-Inspection \$75		
Tel. 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) INC against INC \$20		
	9) N12: Idao 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	13/05/2019 09:03
Date Of Accident	12/05/2019 13:25
Exact Location Of Accident	BENCOOLEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7681X
Insured/Policyholder	
Name Of Registered Owner	KOH CHENG KOK (XU ZHENGUO)
NRIC No	S7442424D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83382788
Alternative Phone No	OFFICE-83382788

Vehicle Particulars

Manufacturer	AUDI
Model	A3
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	5094823038-01
Cover Note Number	-

Driver

Name of Driver	KOH CHENG KOK (XU ZHENGUO)
NRIC No	S7442424D
Date Of Birth	22/12/1974
Occupation	INDOOR
Date Of Driving Pass	02/09/1996
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83382788
Fax Number	
Contact Number	OFFICE-83382788
Email Address	NOEMAIL

Address	BLK 137 BEDOK NORTH AVE 3 #09-168
Postcode	460137
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	3
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN 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

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	SDR9699H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	NG GEK KHIM
NRIC/Passport Number	
Contact Number	96633380
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKH446A
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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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

Sketch plan on grid paper showing vehicle positions A, B, and C. A is a car, B and C are trucks. Middle Rd and Bencaolen Street are labeled.

A = SLS 7681X
B = SDR 9699H
C = SKH 446A

Middle Rd

Bencaolen Street


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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:

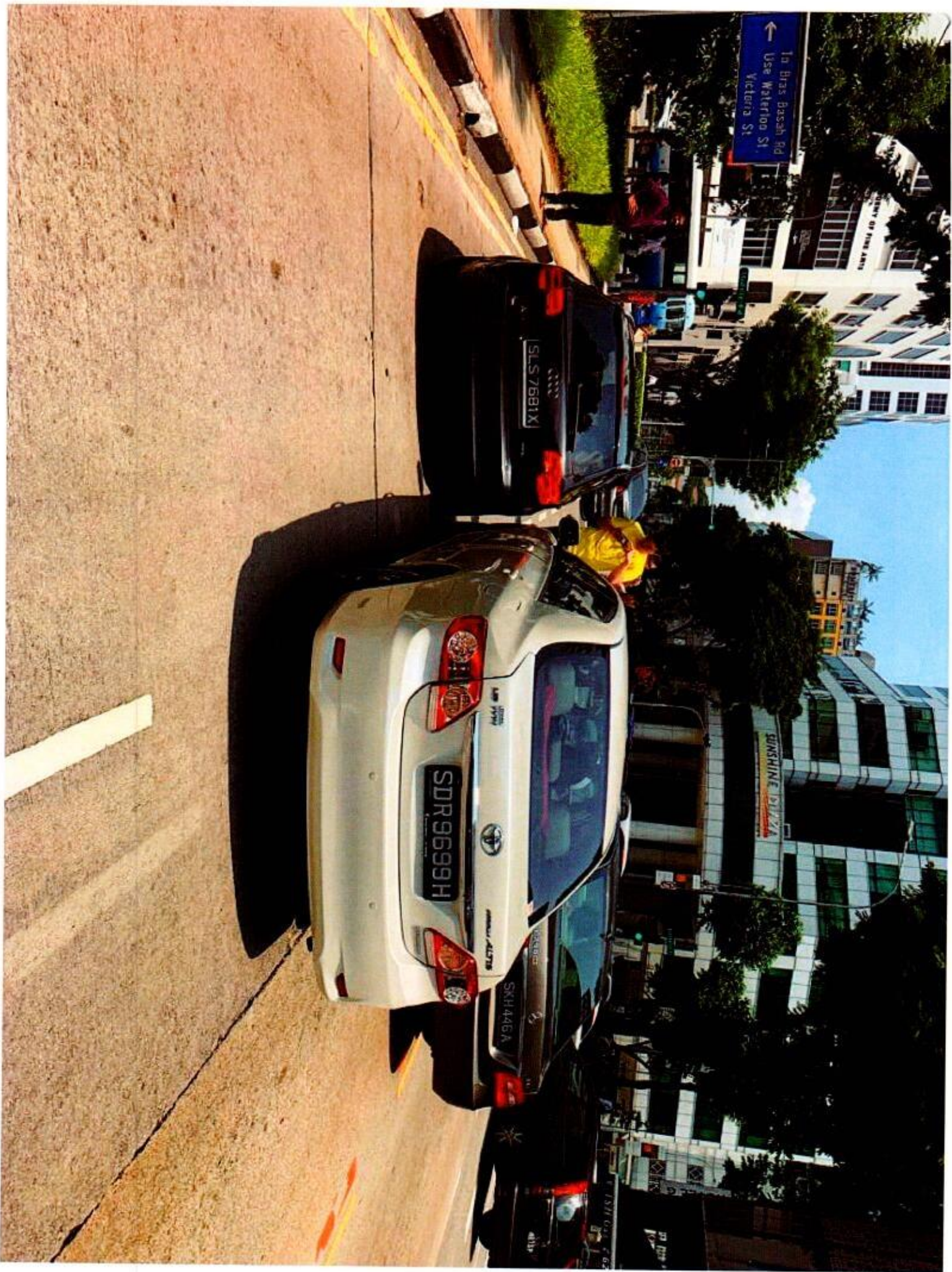

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date

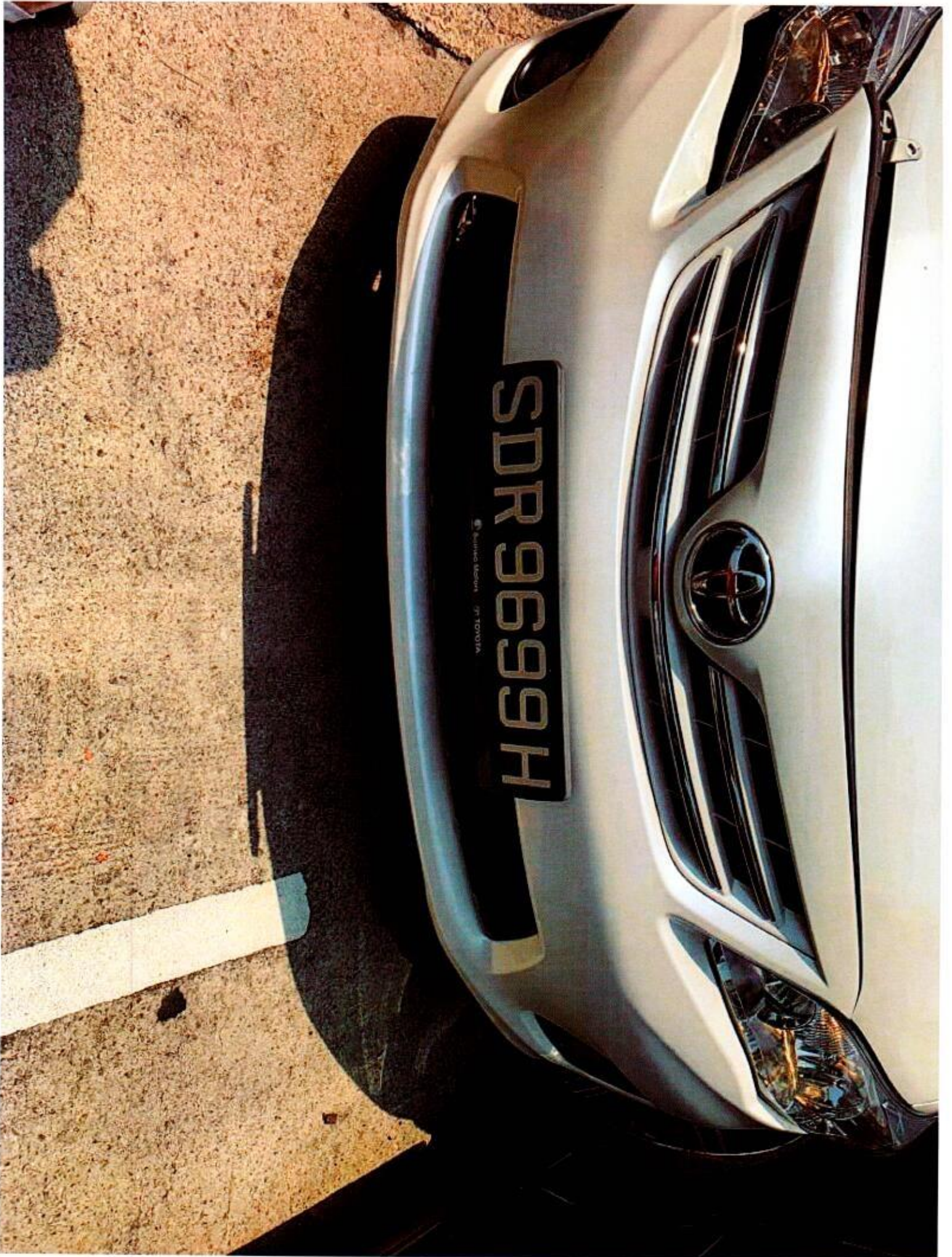
No.

Dated May 12th at 1:26 p.m. My car is
stationary at Bencoolen Street before the ^{red-} traffic
light. Suddenly, SDR9699H hit the back of my
car with a bang. I got off and take picture.

ESPP









REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7442424D



Name

KOH CHENG KOK
(XU ZHENGUO)

許振國

Race

CHINESE

Date of Birth

22-12-1974

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7442424D
Name

KOH CHENG KOK
(XU ZHENGUO)

Birth Date: 22 Dec 1974

Issue Date: 02 Aug 2003



000710878H



3303975

NRIC No. S7442424D



Blood Group

Date of issue

08-02-2003

Address

APT BLK 137 BEDOK NORTH AVENUE 3
#09-168
SINGAPORE 460137

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

02 Sep 1996

NP 428A



Licence No: S7442424D

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 checked="" type="radio"/>	5094823038-01		KOH CHENG KOK (XU ZHENGUO)	S7442424D	GPC	drivo CLASSIC	SLS7681X	SLS7681X	29/10/2018	28/10/2019

Claim Handling

Accident MT/1044212

Policy No.	5094823038-01	Vehicle No.	SLS7681X	GST Registration No.	
Certificate No.					
Policyholder Name	KOH CHENG KOK (XU ZHENGUO)			Policyholder NRIC	S7442
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83382788	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	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	13/05/2019 13:59	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	12/05/2019	Time of Accident hh:mm	13:25	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BENCOOLEN STREET				
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 137 #09-168	Address 2	BEDOK NORTH AVENUE 3	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46013
Unit No.	09-168	Related Policy Number	5094823038-01		
DI Driver Info					
Driver Name	KOH CHENG KOK (XU ZHENGUO)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7442424D	Driver DOB	22/12/
Register Date of Driver License	02/09/1996	Driver Age	44	Driving Experience	22
Contact No.(Mobile)	83382788	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 137 #09-168	Address 2	BEDOK NORTH AVENUE 3	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46013
Unit No.	09-168				
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	KOH CHENG KOK (XU ZHENGUO)
Contact No.(Mobile)	92319978	Contact No. (Home)	68760306
Email Address	kohking@singnet.com.sg	DI Vehicle Number	SLS7681X
Claim Description	SLS7681X / SDR9699H ON 12 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	13/05/2019 14:06	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1044212	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

13/05/2019 14:07

Path *

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

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Category *Please Select

ConfidentialNO

Urgency *Normal

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Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 14:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 14:07	SAS	Normal	SAS 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 14:07	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 14:07	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 14:07	Photos	Normal	Photos 2019-5-13
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 14:06	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 14:06	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 14:06	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 14:06	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 14:06	Photos	Normal	Photos 2019-5-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2019 14:06	Photos	Normal	Photos 2019-5-13

Video List

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