

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA11906893**

Date In: 12/19-14:34	Job description	Date & Time Completed	Done by
Ref No: MA/INC1906893/24	SAS e-filing		
Veh No: 1M053244	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 12/19-11:25	i-Motor Claim Form	MA/1044343-001	12/19 21:20
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **1M053244** 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

NA11903576 Invoice Preparation Checklist

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
Cat. 2 / 3:	8) NTUC Additional Services:-		
	9) N12: Idao Mobile 30		
	* 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		
	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 14:34
Date Of Accident	10/05/2019 11:35
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5734H
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Insured/Policyholder

Name Of Registered Owner	LOW KANG HUA (LUO KANGHUA)
NRIC No	S7203790A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96662845
Alternative Phone No	OFFICE-96662845

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103783192
Cover Note Number	

Driver

Name of Driver	LOW KANG HUA (LUO KANGHUA)
NRIC No	S7203790A
Date Of Birth	30/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96662845
Fax Number	
Contact Number	OFFICE-96662845
EMail Address	NOEMAIL

Address	BLK 682C WOODLANDS DRIVE 73 #04-247
Postcode	733682
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

REFER TO 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	SKF8438G
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:

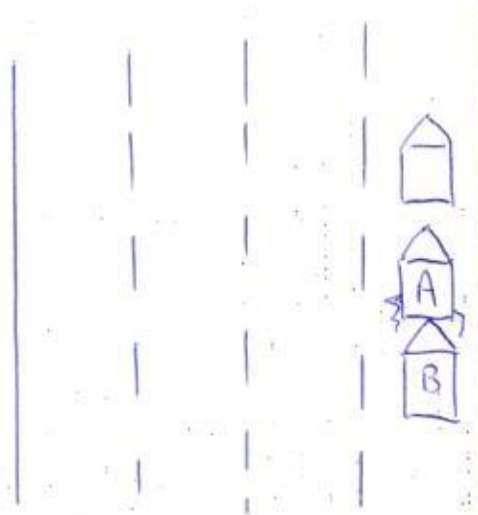


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



PIE

DOA: 10/5/19
A: SMD 5734H
B: SKF 8438G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car slowed down so I followed suit but
veh B failed to brake in time hit onto
my veh rear portion

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.:

Personal Particulars

Date of Accident: 10/5/19

Time of Accident: 11.35 AM

Exact Location of Accident: PIE towards Turis

Owner's Name: Low Kang Hua NRIC No: S7203790A HP No: 96662845

Driver's Name: _____ NRIC No: u HP No: u

Date of Birth: 30/1/1972 Driving Licence Passing Date: 21/9/1996 Occupation: Indoor / Outdoor

Address: B1F 682C Woodlands Dr 73 #04-247 (733682)

Relationship of Driver with Insured: Owner Email Address: _____

Vehicle No: _____ SMD 5734H Make & Model: Toyota

Insurance Co: NTUC Coverage: _____ Policy No: 5103783192

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work

*Weather Condition ? Clear / Raining / Others: _____ Wet / Dry / Others: _____

* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: _____ C: _____ D: _____

*Was Anybody Injured ? (Yes / No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police ?

No Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

No Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/ No)

Third Party Driver's Particulars

Vehicle B No: SKF 8438G Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

A0131427



NIC No. S7203790A



Blood Group Date of issue
O+ 08-05-2002

Address

APT BLK 6B2C WOODLANDS DRIVE 73
#04-247
SINGAPORE 733692

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles ec 208 CC
 Class 2A Motorcycles between 261 CC and 488 CC
 Class 3 Motor cars ec 2000 kg with ec 7 passengers, excluding of the driver, and motor tractors ec 2500 kg
 Class 4 Heavy motor cars and motor tractors > 2500 kg
 Class 5 Motor vehicles > 2500 kg not constructed to carry any load

25 Apr 1996
15 Jul 2014
21 Nov 1996
15 Feb 1997
22 Apr 1997

S7203790A

S/No. 9000207093

NP 428A

License No: S7203790A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7203790A

Name



LOW KANG HUA
(LUO KANGHUA)

罗康华

Race CHINESE

Date of Birth 30-01-1972

Sex M

Country of Birth SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number
Name

S7203790A

LOW KANG HUA
(LUO KANGHUA)

Birth Date: 30 Jan 1972

Issue Date: 20 Mar 2003



000304173K

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103783192		LOW KANG HUA (LUO KANGHUA)	S7203790A	GPC	drivo CLASSIC	SMD5734H	SMD5734H	11/09/2018	10/09/2019

Continue

▼ **Policy Information**

Policy No.	5103783192	Policyholder Name	LOW KANG HUA (LUO KANGHUA	Policyholder NRIC	S7203790A
Certificate No.					
Address	BLK 682C #04-247 WOODLANDS DRIVE 73 SINGAPORE 733682				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/09/2018	Effective Date	11/09/2018 00:00	Expiry Date	10/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	KA-HUP VEHICLES TRADING	Agent Tel.	64589997	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 682C #04-247	Address 2	WOODLANDS DRIVE 73	Address 3	SINGAPORE 733682
Address 4		Address Type	Singapore address	Post Code	733682
Unit No.		Related Policy Number	5103783192		

▶ **Insured Object: SMD5734H**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

- Exit

Accident MT/1044343

Policy No.	5103783192	Vehicle No.	SMDS734H	GST Registration No.	
Certificate No.					
Policyholder Name	LOW KANG HUA (LUO KANGHUA)	Policyholder NRIC	57203790A		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96662845	Contact No.(Office)	0	Contact No.(Home)	0
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	Yes
Accident Details					
Report Date	13/05/2019 21:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/05/2019	Time of Accident hh:mm	11:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
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 682C #04-247	Address 2	WOODLANDS DRIVE 73	Address 3	SINGAPORE 733682
Address 4		Address Type	Singapore address	Post Code	733682
Unit No.		Related Policy Number	5103783192		
OT Driver Info					
Driver Name	LOW KANG HUA (LUO KANGHUA)	Driver Type	Main Driver	Driver DOB	30/01/1972
Unnamed driver Name		Driver NRIC	S7203790A	Driving Experience	22
Register Date of Driver License	21/09/1996	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	96662845	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 682C	Address 2	WOODLANDS DRIVE 73	Address 3	SINGAPORE 733682
Address 4		Address Type	Singapore address	Post Code	733682
Unit No.	04-247				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LOW KANG HUA (LUO KANGHUA)	Insured NRIC	57203790A	
Contact No.(Mobile)	96662845	Contact No.(Home)	08942914	Contact No.(Office)		
Email Address	zrancisap5623@yahoo.com.sg	OT Vehicle Number	SMDS734H	TP Vehicle Number	SKF8438G	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SMDS734H / SKF8438G ON 10 May 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	13/05/2019 21:32	Claim Close Date		Date Received	13/05/2019 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						
<input type="button" value="Save"/> <input type="button" value="Submit"/>						

Attachment

Accident No.	MT/1044343	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/05/2019 21:33
Path *		Category *	
	<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>
		Confidential	Urgency *
		<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>
		<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>
		<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>

Please Select

TV

Normal

Please Select

TV

Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	SAS	Normal	SAS 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	Photos	Normal	Photos 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	Photos	Normal	Photos 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	Photos	Normal	Photos 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	Photos	Normal	Photos 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	Photos	Normal	Photos 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	Photos	Normal	Photos 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	Photos	Normal	Photos 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	Photos	Normal	Photos 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	Photos	Normal	Photos 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	Photos	Normal	Photos 2019-5-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 May 2019 21:33	Photos	Normal	Photos 2019-5-13		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action