

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NA/19064340

Date In: 17/05/2019 15:40	Job description	Date & Time Completed	Done by
Ref No: NA/19064340	SAS e-filing		
Veh No: SY 914CK	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 16/05/2019 17:10	I-Motor Claim Form	17/05/2019 16:35	
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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SYL 4057B	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:	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

NA/1903722	Invoice
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damage Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$20
	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idea DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*NS: Courtesy Car / Tpl Allowance \$3
	*NG: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (Nil): TP (Non INC) against INC \$20
	9) N12: Idea 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	17/05/2019 15:40
Date Of Accident	16/05/2019 17:10
Exact Location Of Accident	ALONG KAMPONG BAHRU RD TOWARDS JLN BUKIT MERAH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV9140K
Insured/Policyholder	
Name Of Registered Owner	NG KOK HUA
NRIC No	S1632171J
Email Address	KOKHUA64@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91073321
Alternative Phone No	OTHERS-91073321
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.8 L RSZ (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103259655
Cover Note Number	
Driver	
Name of Driver	NG KOK HUA
NRIC No	S1632171J
Date Of Birth	16/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91073321
Fax Number	
Contact Number	OTHERS-91073321
Email Address	KOKHUA64@GMAIL.COM

Address	BLK 718 JURONG WEST STREET 71 #06-101
Postcode	640718
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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFL4057B
Vehicle Make/Model/Colour	JAGUAR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DEDAR SINGH GILL
NRIC/Passport Number	
Contact Number	97531789
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

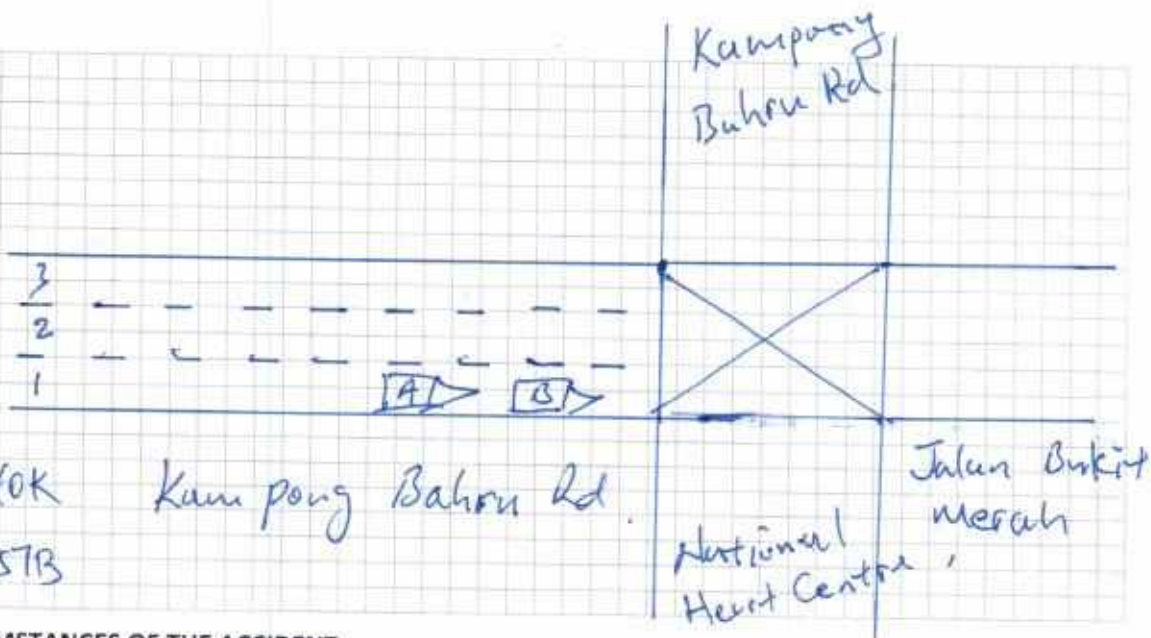
Cc 17/5/19
14:14 hrs.

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

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

an 17/05/2019
Rishi
17052019

SKETCH PLAN



A) SJV 9140K

Kampung Bahru Rd

B) SFL4057B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/05/2019 at about 1710HRS I WAS AT KAMPONG BAHRU TRAVELLING TOWARDS JALAN BUKIT MERAH. STOP AT THE JUNCTION FOR THE RED LIGHT TO CHANGE. AT THAT POINT OF TIME I TRY TO PICK UP MY WATER BOTTLE AND NOT NOTICE THAT MY CAR LIFT UP THE BRAKE & MY CAR SJV9140K MOVE FORWARD A BUMP INTO THE REAR OF THE CAR SFL4057B THAT ALL DAMAGE OF THE CAR WAS ONLY SCRATCHES ON THE BUMPER.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 16/5/19 14:27 hrs

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

Reporting Centre Personnel's Signature
Name: 16/05/2019
NRIC/FIN No.: [Signature]

Claim Handling

Accident MT/1045041

Policy No.	5103259655	Vehicle No.	SJY9140K	GST Registration No.	
Certificate No.					
Policyholder Name	NG KOK HUA			Policyholder NRIC	S1632171J
Product Code	PRIVATE CAR INSURANCE	Cover Type	0110-CLASSIC	Leading	0
Contact No.(Mobile)	91073321	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

Accident Details

Report Date	17/05/2019 16:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/05/2019	Time of Accident (h:mm)	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG KAMPONG BAHU RD TOWARDS 3/4 SUKIT MERAH				

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 718 #06-101	Address 2	JURONG WEST STREET 71	Address 3	SINGAPORE 640718
Address 4		Address Type	Singapore address	Post Code	640718
Unit No.		Related Policy Number	5103259655		

Of Driver Info

Driver Name	NG KOK HUA	Driver Type	Main Driver	Driver DOB	16/06/1964
Unnamed driver Name		Driver NRIC	S1632171J	Driving Experience	21
Register Date of Driver License	01/06/1997	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	91073321	Contact No.(Office)		Address 1	SINGAPORE 640718
Address 1	BLK 718 #06-101	Address 2	JURONG WEST STREET 71	Address 3	SINGAPORE 640718
Address 4		Address Type	Singapore address	Post Code	640718
Unit No.					
Does he own a Singapore registered car?	Yes	Driver Vehicle No.	SJY9140K	Driver Insurer Company	640718

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes		

Modification History

Claim 001

New

Claim Type *	OD-HX	Insured Name	NG KOK HUA	Insured NRIC	S1632171J
Contact No.(Mobile)	91073321	Contact No.(Home)	67928879	Contact No.(Office)	
Email Address	kokhua64@hotmail.com	Vehicle Number	SJY9140K	TP Vehicle Number	SJY9140K
Claim Description	SJY9140K / SJY9140K On 16 May 2019				
Preferred Workshop		Insured Liability	Full at Fault		
Insured No.	Yes	Insured Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/05/2019 16:34	Claim Close Date		Date Received	17/05/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1045041	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/05/2019 19:39
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 May 2019 16:35	Photos	Normal	Photos 2019-5-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 May 2019 16:35	Photos	Normal	Photos 2019-5-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 May 2019 16:35	Photos	Normal	Photos 2019-5-17	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 May 2019 16:35	Photos	Normal	Photos 2019-5-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 May 2019 16:34	Photos	Normal	Photos 2019-5-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 May 2019 16:34	Photos	Normal	Photos 2019-5-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 May 2019 16:34	Photos	Normal	Photos 2019-5-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 May 2019 16:34	Photos	Normal	Photos 2019-5-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 May 2019 16:34	SAS	Normal	SAS 2019-5-17	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 May 2019 16:34	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-5-17	
Video List					
Uploaded By/Date	Folder Date	File Name	?	Source	Action
		Display in new Window		Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 05 / 2019 (DD/MM/YYYY), TIME: 17:10 (HH:MM)

LOCATION: Kampong Bahru

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STV 9140 K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5103 25-9655
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA Stream 1.8L RSZ
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Grab
 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: Ng Kok Hua (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 16321717 CONTACT: 91073321
 c) ADDRESS: 21k 718 Jurong West St #7, #06-101
CC 640718

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 16 / 06 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21-06-1984

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

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

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: SFL 4057 B MODEL: JAGUAR
 b) DRIVER'S NAME: Pedar Singh Gill
 c) NRIC/FIN/PASSPORT: 12844324 CONTACT: 9753 1789

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email = kothuaby@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1632171J



Name
NG KOK HUA

黃國華

Race
CHINESE

Date of birth
15-05-1964

Sex
M

Country of birth
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1632171J

Name
NG KOK HUA

Birth Date 15 Jun 1964

Issue Date 03 Jun 2003



4253107



NRIC No. S1632171J



Date of issue
23-09-2008

Address
APT BLK 718 JURONG WEST STREET 71
#05-101
SINGAPORE 640718

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

Class	Description	Valid Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Aug 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	23 May 1984
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	27 Jul 1989

Pass Date

AP 4253

Licence No: S1632171J



Hello, NAC_BUKIT_MERAH_800676

[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="16/05/2019 14:06"/>							
Vehicle No.(For Motor)	<input type="text" value="SJV9140K"/>	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 checked="" type="radio"/>	5103259655		NG KOK HUA	S1632171J	GPC	drivo CLASSIC	SJV9140K	SJV9140K	23/08/2018	22/08/2019
<input type="button" value="Continue"/>										