

NATIONAL Assessment Centre Services.

[Part 1 Jan 2005]

MMA 119 07 26 32

Date In: 4/6/19 10:19	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 1900 9823164	SAS e-filing		
Veh No: SGG 1686 U	E-mail (within 2hrs, AIC 2hrs)		
ETA: 3/6/19 15:55	I-Motor Claim Form	MA1/1047684 ⁰⁰¹	6/6/19 09:00
U1: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Invoicer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (

Tel:

Fax:

)

TP Particulars:

Veh No:

SHA 4190 H

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 Allocation & Billing)

Incident

Details

by

by

by

by

by

by

by

1) Apply for Transport Allowance (

) / Courtesy Car (

)

2) QC Check / Post Repair Inspection

(

)

3) Upload Resurvey Photo [Repair Cost > \$3000]

(

)

Injury:

Date/Time:

Action:

MA1904206	Amount (\$)	Amount (\$)
Chassis Particular:	1) AR: Accident Reporting (\$30)	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engn-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors Comments:	For claiming against INC Only (see 10 Jan 2005)	
Sal L:	6) TR: Re-inspection	\$75
	7) NL: Ideal DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance	\$5
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (N11) / TP (N12) against INC	\$20
	9) N12: Ideal 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	04/06/2019 10:19
Date Of Accident	03/06/2019 15:55
Exact Location Of Accident	VICOM AT BUKIT BATOK INSPECTION CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG1686U
Insured/Policyholder	
Name Of Registered Owner	WONG CHRONG JONG
NRIC No	S1645499J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92985974
Alternative Phone No	OFFICE-92985974

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	5063566339-05
Cover Note Number	-

Driver

Name of Driver	HUO DONGYUAN
NRIC No	S8984649H
Date Of Birth	02/05/1989
Occupation	INDOOR
Date Of Driving Pass	13/12/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93851099
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	22 BUKIT BATOK ST 52 #21-04
Postcode	659245
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	DRIZZLING
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?	
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 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	SHA4190H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:
NRIC/FIN No.:

SKETCH PLAN

Please Refer to Sketch

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:

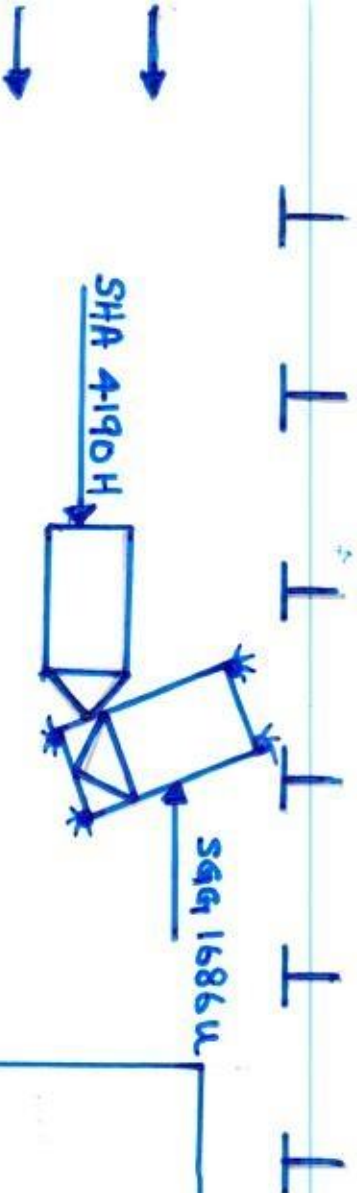
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VICOM AT BUKIT BATOK INSPECTION.

CENTRE

3.53 PM

3/6/2019



NO PARKING

ON THE 2ND OF JUNE 2019, 3.53 PM I HAD GONE TO VICOM INSPECTION CENTRE, LOCATED AT BUKIT BATOK TO CHECK ON MY ERP CASH CARD IN MY CAR,

SgG 1686U. I HAD STOP AND CHECK THE BLIND SPOT, BEFORE I REVERSE INTO THE PARKING LOT. I HAD PUT ON MY HAZARD LIGHT AND AFTER A FEW SECONDS START TO REVERSE MY CAR.

SUDDENLY WITHOUT WARNING, I HEAR A LOUD BANG, AFTER THE INSPECTION, I FOUND OUT THAT, TAXI SHA 4190H, HAD HIT INTO MY CAR.

Huo Dong Xuan



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8984649H



Name

HUO DONGYUAN

霍东元

Race

CHINESE

Date of birth

02-05-1989

Country/Place of birth

CHINA

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8984649H

First Name

HUO DONGYUAN

Birth Date: 02 May 1989

Issue Date: 15 Nov 2018



9484649



NRIC No: S8984649H



Nationality

CHINESE

Date of issue

09-05-2018

Address

22 BUKIT BATOK STREET 52
#21-04
SINGAPORE 659245

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 13 Dec 2013

NP 428A



Hello, NAC_PAYA_UBI_800601

[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="03/06/2019 10:17"/>
Vehicle No. (For Motor)	<input type="text" value="SGG1686U"/>	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 type="radio"/>	5063566339-05		WONG CHRONG JONG	S1645499J	GPC	Third Party, Fire & Theft	SGG1686U	SGG1686U	03/05/2019	02/05/2020

Claim Handling

Accident MT/1047684

Policy No.	5063566339-05	Vehicle No.	SGG1686U	GST Registration No.	
Certificate No.					
Policyholder Name	WONG CHRONG JONG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S164
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92985974	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	06/06/2019 08:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Impact
Date of Accident	03/06/2019	Time of Accident hh:mm	15:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	VICOM AT BUKIT BATOK INSPECTION CENTRE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Cover
Additional Excess	0.00				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	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 345 #09-194	Address 2	WOODLANDS STREET 32	Address 3	WOODLANDS STREET 32
Address 4	SINGAPORE 730345	Address Type	Singapore address	Post Code	730345
Unit No.		Related Policy Number	5063566339-05		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/01
Unnamed driver Name	HUO DONGYUAN	Driver NRIC	S8984649H	Driving Experience	5
Register Date of Driver License	13/12/2013	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	93851099	Contact No.(Office)		Address 3	SINGAPORE
Address 1	22 BUKIT BATOK STREET 52	Address 2	#21-04 GUILIN VIEW	Post Code	659245
Address 4		Address Type	Singapore address		
Unit No.	21-04				
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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	WONG CHRONG JONG
Contact No.(Mobile)	92985974	Contact No.(Home)	66107389
Email Address	cjwong148@yahoo.com.sg	OI Vehicle Number	SGG1686U
Claim Description	SGG1686U / SHA4190H ON 3 Jun 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	06/06/2019 08:57	Claim Close Date	
Report Taken By	LIEW SHAN HUI	Workshop Repairer	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.

MT/1047684

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

06/06/2019 09:00

Path *

Category *

Confidential

Urgency *

Choose File

No file chosen

Clear

Please Select

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No file chosen

Clear

Please Select

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No file chosen

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No file chosen

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Please Select

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No file chosen

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No file chosen

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2019 09:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2019 08:59	SAS	Normal	SAS 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2019 08:59	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2019 08:59	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2019 08:59	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2019 08:59	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2019 08:59	Photos	Normal	Photos 2019-6-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2019 08:59	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jun 2019 08:59	Photos	Normal	Photos 2019-6-6

Video List

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