

NATIONAL Assessment Centre Services

Date In: 15/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19010623/13	SAS e-filing		
Veh No: SLU9917T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/06/19 2230	i-Motor Claim Form	MT/1048728-002	
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/Wksp		

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

TP Particulars:	Veh No: SMA6923M	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%; F: 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

NA1904467

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
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		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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		
	9) N12: Idac 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	15/06/2019 10:02
Date Of Accident	10/06/2019 23:30
Exact Location Of Accident	JB CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9917T
Insured/Policyholder	
Name Of Registered Owner	NG CHIN GUAN (HUANG JINGYUAN)
NRIC No	S9716227A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86669917
Alternative Phone No	OTHERS-86669917

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108159034
Cover Note Number	

Driver

Name of Driver	NG BOON KIAN
NRIC No	S7119427B
Date Of Birth	14/06/1971
Occupation	INDOOR
Date Of Driving Pass	11/05/1992
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86669917
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 890A TAMPINES AVENUE 1 #14-311
Postcode	521890
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	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

PLS REFER TO THE 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	SMA6923M
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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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

JB Check Point

A) SLU 99177
B) SMA 6923m



Check Point
Barrier

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 10/06/2019 AT ABOUT 23:30 HRS I WAS AT JB CHECK POINT & AFTER CHECK MY PASSPORT I WALK OUT OF THE CHECKPOINT. SUDDENLY I FELT A BUMP ON MY LEFT. I LOOK DOWN & SAW A CAR SMA 6923m BANG ON TO THE FRONT LEFT OF MY CAR SLU 99177. I WAS ALREADY 3/4 OUT OF THE LADE ALREADY.

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.:

15/06/19

NOTICE OF REPORTING

This is to confirm that Ng Boon Kian, NRIC: S7119427B, has reported to the Police a non-injury traffic accident which occurred within Johor Bahru Checkpoint, Malaysia on 10/06/2019 at 2330hrs involving the following vehicles:

- SLU9917T (Toyota Vellfire / Black)
- SMA6923M (Volkswagen / Black)

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Eunos NPP
Unit 429 Bedok Reservoir Road
801-1620 Singapore 470635
Tel: 1800-4439290

Rank / Name of Issuing officer: **SGT(3) Lim Wei Siang**

Date: 11/06/2019

Time: 1255hrs

S/D Ref: 13

Police Post/ Unit: Eunos Neighbourhood Police Post

Original - To be issued to informant

Duplicate- to be submitted to Traffic Police

ACCIDENT STATEMENT

ACCIDENT DATE: (10/06/2019) (DD/MM/YYYY), TIME: (13:30) (HH:MM)

LOCATION: T-B checkpoint Tanjong Pagar

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 9917 T
 b) INSURANCE COMPANY: NTC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Vellfire
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: going home
 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 Boon Guan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9716227A CONTACT: 86669912
 c) ADDRESS: 890A Tampines Ave 1 #14-311

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Boon Guan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9716227B CONTACT: 86669912
 c) ADDRESS: 890A Tampines Ave 1 #14-311

* d) DATE OF BIRTH: (14/06/1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: SMA 6923M MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
 (including driver)
 (1)

No of passengers
 (including driver)
 ()

No of passengers
 (including driver)
 ()


Email = ker_nbk@yahoo.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD S7119427B



NG BOON KIAN
黄文健
CHINESE
Date of Birth: 14-05-1971 M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7119427B
Name: NG BOON KIAN
Birth Date: 14 Jun 1971
Issue Date: 07 Oct 2004

001292229K

AP072020

S7119427B

23-10-2001

APT BLK 800A TAMPINES AVENUE 1 #14-311
SINGAPORE S21090
NRIC No: S7119427B Date: 00/01/2015

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

Class 3 Motor Cars: <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor factors <= 2500 kg

PASS DATE: 11 May 2012

1992

Licence No: S7119427B

For LKK/NAC Use Only

For LKK/NAC Use Only

NP 426A

Hello, NAC_PAYA_UBI_800601

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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"/>	5108159034		NG CHIN GUAN (HUANG JINGYUAN)	S9716227A	GPC	drive CLASSIC	SLU9917T	SLU9917T	13/03/2019	12/03/2020

Claim Handling

Accident MT/1048728

Policy No.	5108159034	Vehicle No.	SLU9917T	GST Registration No.
Certificate No.				
Policyholder Name	NG CHIN GUAN (HUANG JINGYUAN)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	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	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	12/06/2019 14:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/06/2019	Time of Accident hh:mm	23:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS CROSSING TO JB CHECKPOINT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

▼ 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 890A #14-311	Address 2	TAMPINES AVENUE 1	Address 3
Address 4	SINGAPORE 521890	Address Type	Singapore address	Post Code
Unit No.	14-311	Related Policy Number	5108159034	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	NG CHIN GUAN
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SLU991
Claim Description	SLU9917T / SMA6923M ON 10 Jun 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Report No.	Preferred Repair Option	Preferred Workshop, Name unknown	
Finalisation	GIA report	Received	
Date Registered	15/06/2019 11:11	Claim Close Date	
Report Taken By	ROS LINDA	Workshop Repairer	

☒ Print AK letter

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Attachment

Accident No. MT/1048728 Claim No. 002
Last Doc. Received ☒ Yes ☐ No Upload Date 15/06/2019 00:00

Path *

Category *

Confidential

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 11:11	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 11:11	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 11:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 11:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 11:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 11:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 11:10	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 11:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 11:10	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

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