

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/19 078690

Date In: 12/6/19-1445	Job description	Date & Time Completed	Done by
Ref No: NA/INC 192 052424	SAS e-filing		
Veh No: 531 38143	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/6/19-08:20	i-Motor Claim Form	M/1049310-001	17/6/19 15:11
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: SKA 6859T	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

<p>NAHOYJAY</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Ref. 1:</p> <p>Ref. 2 / 3:</p>	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
	1st Bill	Add Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
Q1:				
*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	\$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 willful 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	17/06/2019 14:55
Date Of Accident	16/06/2019 08:20
Exact Location Of Accident	157 UPP EAST COAST RD SPC PETROL KIOSK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3814J
Insured/Policyholder	
Name Of Registered Owner	LAI ZHENGHAO
NRIC No	S8838263C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91188490
Alternative Phone No	OFFICE-91188490

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L AT RSZ
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5102912386-01
Cover Note Number	

Driver

Name of Driver	KOH TONG CHUAN (XU DONGQUAN)
NRIC No	S8802138Z
Date Of Birth	25/01/1988
Occupation	INDOOR
Date Of Driving Pass	23/09/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85060919
Fax Number	
Contact Number	OFFICE-85060919
Email Address	NOEMAIL

Address	BLK 15 MARINE TERRACE #13-26
Postcode	440015
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ6889T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHOO CHYE HOCK
NRIC/Passport Number	S0080766D
Contact Number	98478558
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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:



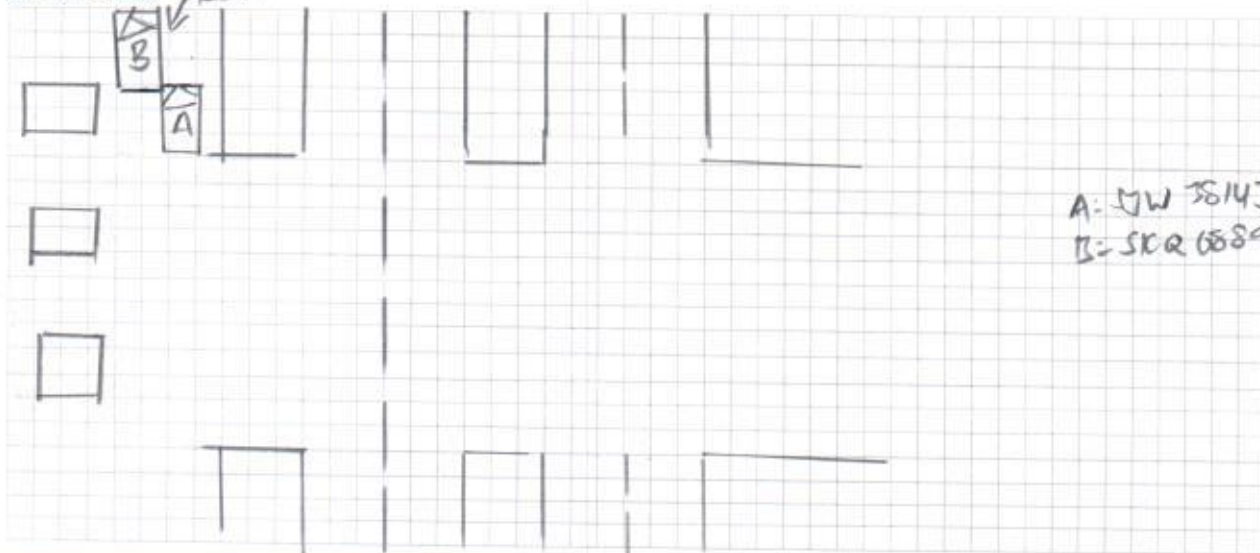
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

157 Upper East Coast Rd.

SKETCH PLAN

Reversed

SPR 16-01 16-08K



A: JW 3814J
B: SKR 0889T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8802138Z**

Name: **KOH TONG CHUAN**
(XU DONGQUAN)

Birth Date: **25 Jan 1988**

Issue Date: **23 Sep 2016**

002612651A

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8802138Z**

Name: **KOH TONG CHUAN**
(XU DONGQUAN) **許棟銓**

Race: **CHINESE**

Date of birth: **25-01-1988**

Country/Place of birth: **SINGAPORE**

Sex: **M**

5694111

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

EFFECTIVE DATE: **23 Sep 2016**

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

NP 428A

Licence No: **S8802138Z**

For LKK/NAC Use Only

5694111

NRIC No. **S8802138Z**

Date of issue: **09-01-2017**

Address: **APT BLK 15 MARINE TERRACE**
#13-26
SINGAPORE 440015

eBaoTech

GeneralClaim

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 type="radio"/>	5102912386-01		LAI ZHENGHAO	S8838263C	GFT	drive CLASSIC	SJW3814J	SJW3814J	04/04/2019	

Policy Information

Policy No.	5102912386-01	Policyholder Name	LAI ZHENGHAO	Policyholder NRIC	S8838263C
Certificate No.					
Address	BLK 186B #02-26 BEDOK NORTH STREET 4 SINGAPORE 462186				
Product Name	FLEET INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	16/11/2018	Effective Date	03/12/2018 00:00	Expiry Date	02/12/2019 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	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 186B #02-26	Address 2	BEDOK NORTH STREET 4	Address 3	SINGAPORE 462186
Address 4		Address Type	Singapore address	Post Code	462186
Unit No.		Related Policy Number	5106553169		

Insured Object: SJW3814J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	03/12/2018 00:00	Basic Information Endorsement	000001286945625	Endorsement Take Effective	<p>amend org reg date for SLF2037H</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJQ4930G 11-12-2018 \$1,072.80 In view of this amendment, an additional premium of \$1,072.80 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	10/12/2018 00:00	Basic Information Endorsement	000001286960178	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 11 Dec 2018, the following amendment(s) is/are made to this policy for Vehicle Number SJQ4930G: NAMED DRIVER: 1. ASWAN BIN JUSRI</p> <p>Thank you for giving us the opportunity to serve you. We</p>
3	11/12/2018 00:00	Basic Information Endorsement	000001286960962	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We</p>

Claim Handling

Exit

Accident MT/1049310

Policy No.	5102912386-01	Vehicle No.	SIW3814J	GST Registration No.	
Certificate No.					
Policyholder Name	LAI ZHENGHAD	Cover Type	drive CLASSIC	Policyholder NRIC	58836263C
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	91188490	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	17/06/2019 15:08	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	16/06/2019	Time of Accident h:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	157 UPP EAST COAST RD SPC PETROL KIOSK				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninjured Driver Excess		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 188B #02-26	Address 2	BEDOK NORTH STREET 4	Address 3	SINGAPORE 462186
Address 4		Address Type	Singapore address	Post Code	462186
Unit No.		Related Policy Number	5106553169		
Driver Info					
Driver Name	Koh Tong Chuan (Xu Dongquan)	Driver Type	Named Driver	Driver DOB	25/01/1968
Unnamed Driver Name		Driver NRIC	S8802138Z	Driving Experience	2
Register Date of Driver License	23/09/2016	Driver Age	31	Contact No. (Home)	0
Contact No. (Mobile)	85060919	Contact No. (Office)	0	Address 3	MARINE TERRACE BREEZE
Address 1	BLK 15	Address 2	MARINE TERRACE	Post Code	440015
Address 4	SINGAPORE 440015	Address Type	Singapore address		
Unit No.	13-26				
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	LAI ZHENGHAD	Insured NRIC	58836263C
Contact No. (Mobile)	91188490	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		O1 Vehicle Number	SIW3814J	TP Vehicle Number	SKQ6889T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIW3814J / SKQ6889T ON 16 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/06/2019 15:11	Claim Close Date		Date Received	17/06/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No. MT/1049310 Last Doc. Received <input checked="" type="radio"/> Yes <input type="radio"/> No Claim No. 001 Upload Date 17/06/2019 15:13					
Path *	Category *	Confidential	Urgency *	Description *	
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal		
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal		
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal		
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal		

Browse...
Clear

Please Select
NO

Browse...
Clear

Please Select
NO

Normal
Normal

Send Message
Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	SAS	Normal	SAS 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jun 2019 15:12	Photos	Normal	Photos 2019-6-17		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around;"> Display in New Window Scan and uploading </div>				