NATIONAL Assessment Centre Services [NAC / Jurong] NJNAC1608100I

Date In: 21/06/2019 15:49	Job description	Date & Time Completed	Done by
Ref No: SDL 8030A	SAS e-filing		
Veh No: SJB8031C/90110137Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 20/06/2019 11:30	i-Motor Claim Form	MT1050013-001	21/06/2019 14:23
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: SJB8031C 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

NB1904628

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) 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 : Idw DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
(1)*			
*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: Idw Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

07-MAY-2019 16:39

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 witholding 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	21/06/2019 15:49
Date Of Accident	20/06/2019 11:30
Exact Location Of Accident	CARPENTER STREET OUTSIDE HOUSE NO: 40
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDL8030A
Insured/Policyholder	
Name Of Registered Owner	POON SENG FATT
NRIC No	S1832501B
Email Address	CHOOKANGSIANG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81819999
Alternative Phone No	OTHERS-81185960
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078558223-03
Cover Note Number	
Driver	
Name of Driver	CHOO KANG SIANG
NRIC No	S0019130B
Date Of Birth	28/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81819999
Fax Number	
Contact Number	OTHERS-81185960
EMail Address	CHOOKANGSIANG@YAHOO.COM.SG

Address	BLK 65 COMMONWEALTH DRIVE #05-303
Postcode	140065
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	2
Passenger 1	NAME: : BOSS SON GENDER: : MALE

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	SHB8031C
Vehicle Make/Model/Colour	HYUNDAI I30
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIEW KIM THONG
NRIC/Passport Number	S2550760F
Contact Number	96865110
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.
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. 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.

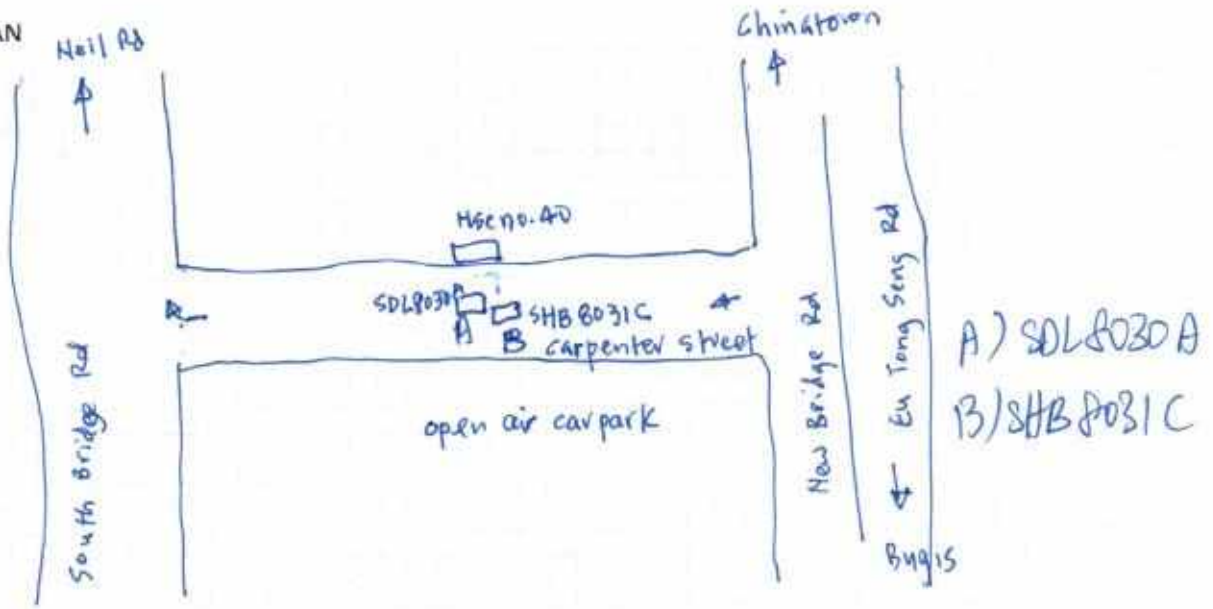
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	Chee Kang Siang Driver's Signature (If driver is not the policyholder) Date & Time: 21/06/2019 10.49am	21/06/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/06/2019 around 11.30am I sent my boss son to 39 Carpenter Street. Due to heavy traffic condition I have to stop in front of house no. 40 to drop-off my passenger. While my passenger was about to disembark, we felt a violent jerk on our car. I get down of my car SDL8030A and saw SHB 8031C front right bumper stuck on my vehicle's rear left bumper. The driver of SHB 8031C disclose that he is a diabetic and cancer patient and driver taxi is a form of earning income to cover his medical expenses.

The weather was clear and road was dry, traffic was slightly heavy with vehicle queuing to enter the open air car park.

— End —

DECLARATION

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

Policyholder's Signature Date & Time:	Chew Kang Siang Driver's Signature (If driver is not the policyholder) Date & Time: 21/06/2019 10.49am	21/06/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Claim Handling

Accident MT/1050013

Policy No.	5078558223-03	Vehicle No.	SDL8035A	GST Registration No.	
Certificate No.					
Policyholder Name	POON SENG FATT			Policyholder NRIC	S1832501B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81819999	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPE	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	21/06/2019 16:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/06/2019	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CARPENTER STREET OUTSIDE HOUSE NO: 40				

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

Coverage	Sum Insured
Accessory	3000

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	28 KIM TIAN ROAD	Address 2	#16-06 TWIN REGENCY	Address 3	SINGAPORE 169278
Address 4		Address Type	Singapore address	Post Code	169278
Unit No.		Related Policy Number	5078558223-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHOO KANG SIANG	Driver NRIC	S0019130B	Driver DOB	28/06/1963
Register Date of Driver License	11/03/1977	Driver Age	55	Driving Experience	42
Contact No.(Mobile)	91185990	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 65 #05-303	Address 2	COMMONWEALTH DRIVE	Address 3	COMMONWEALTH GREEN
Address 4	SINGAPORE 140065	Address Type	Foreign address	Post Code	140065
Unit No.	05-303				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SDL8030A	Driver Insurer Company	NTUC

Declaration

Breathaliser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 New

Claim Type *			OD-MX	Insured Name	POON SENG FATT
Contact No.(Mobile)			81819999	Contact No. (Home)	NIL
Email Address			JOHN@VCASSET.COM	OI Vehicle Number	SDL8030A
Claim Description			SDL8030A / SHB8031C ON 20 Jun 2019		
Preferred Workshop		Insured Liability	Not at Fault		
Existing Contact No.	Yes	Preferred Repair Option	Preferred Workshop. Name unknown	GIA report	Received
Finalisation Date Registered			21/06/2019 16:20	Claim Close Date	
Report Taken By			ROSLI WAHAB		

Insured NRIC: S1832501B
Contact No. (Office):
TP Vehicle Number: SHB8031C
Name of Preferred Workshop:
Date Received: 21/06/2019 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1050013	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/06/2019 16:23

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 16:23	Photos	Normal	Photos 2019-6-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 16:23	Photos	Normal	Photos 2019-6-21	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 16:22	Photos	Normal	Photos 2019-6-21
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 16:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-21

▼ Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 06 / 2019) (DD/MM/YYYY), TIME: (11 : 30) (HH:MM)

LOCATION: Carpenter Street outside house no. 40

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SDL 8030A
   b) INSURANCE COMPANY: Income
   c) POLICY NUMBER: 5078558223-03
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Toyota/Estima,
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Transportation
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (~~THIRD PARTY CLAIM/ REPORTING ONLY~~) T/P

2. INSURED / POLICY HOLDER
   A) NAME: Poon Seng Fatt (MALE / ~~FEMALE~~)
   b) NRIC/~~FIN/PASSPORT~~: S1832501B CONTACT: 81819999
   c) ADDRESS: 28 Kim Tian Road #36-06 Twin Regency

BOSS (SDM)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\#No of passenger (including driver) (2)

DRIVER
   a) NAME: Choo Kang Siang (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S0019130B CONTACT: 81185960
   c) ADDRESS: Blk 65 Commonwealth Drive #05-303 S140065
   *d) DATE OF BIRTH: (28 / 06 / 1953) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 1977

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / ~~NO~~)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
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: SHB8031C MODEL: Hyundai i30
   b) DRIVER'S NAME: Liew Kim Thong
   c) NRIC/FIN/PASSPORT: S2550760F CONTACT: 96865110

\#No of passenger (including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

\#No of passenger (including driver) (__)

email = choo kang siang @ yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0019130B

Name
CHOO KANG SIANG

朱 江 森

Race
CHINESE
Date of birth
28-06-1953
Sex
M
Country/Place of birth
SINGAPORE

8118596O

For LKK/NAC Use Only

5955393

NRIC No. S0019130B

8118596O

Address
APT BLK 65 COMMONWEALTH DRIVE
#05-303
SINGAPORE 140065

For LKK/NAC Use Only

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SDL8030A

Date of Accident 20/06/2019 10:52

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5078558223-03		POON SENG FATT	S1832501B	GPC	drive CLASSIC	SDL8030A	SDL8030A	31/03/2019	30/03/2020

Continue